

# Scrutiny Board (Health)



Councillor Mark Dobson  
Chair of Scrutiny Board  
(Health)

## **Membership of the Board:**

Councillor Mark Dobson (Chair)  
Councillor Sue Bentley  
Councillor Judith Chapman  
Councillor David Congreve  
Councillor David Hollingsworth (part year)  
Councillor John Illingworth  
Councillor Mohammed Iqbal  
Councillor Graham Kirkland  
Councillor Alan Lamb  
Councillor Graham Latty (part year)  
Councillor Linda Rhodes-Clayton (part year)  
Councillor Paul Wadsworth (part year)  
Councillor Lucinda Yeadon

## **Co-opted Members:**

Mr Eddie Mack (part year)  
Mr Arthur Giles (part year)

## **The Chair's summary**

***To be confirmed***

**CLlr Mark Dobson, Chair of Scrutiny Board (Health)**

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# The Role of the Council and its Partners in Promoting Good Public Health

## Summary

The overall aim of our inquiry was to make an assessment of the role of the council and its partners in developing, supporting and delivering improvements to public health. In this regard, the specific targets set out in the Leeds Health and Wellbeing Plan (2009-2012) and its associated strategies were used and considered to inform our discussions. For practical reasons we focused on the following specific areas of public health:

- Improving sexual health and reducing the level of teenage pregnancies;
- Reversing the rise in levels of obesity and promoting an increase in the levels of physical activity; and,
- Promoting responsible alcohol consumption.

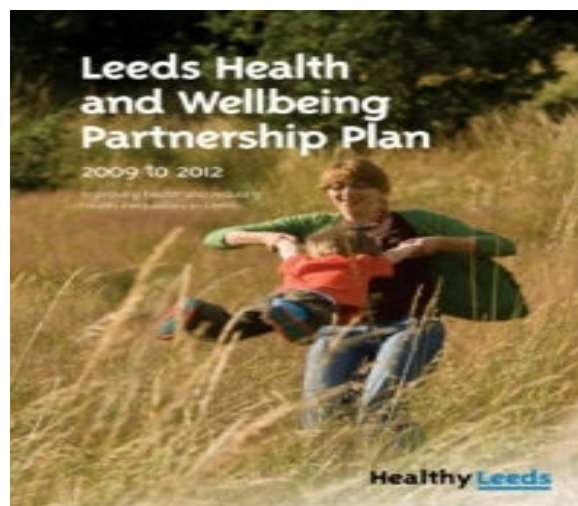
## Anticipated service benefits

The outcome of this inquiry adds to the existing body of evidence aimed at delivering improvements to public health. It also serves to further raise the profile of the importance of public health matters – publicly, professionally and politically.

### Our main recommendations

*Subject to confirmation / final agreement*

*Subject to confirmation / final agreement*



# Statement on Renal Services in Leeds

## Summary

In June 2009, we were extremely concerned to hear about proposals to abandon plans to re-provide the dialysis facilities at Leeds General Infirmary (LGI). The delivery of a 10-station renal dialysis unit at (LGI) has been a long awaited development for Leeds' kidney patients and had been a long-standing commitment of Leeds Teaching Hospitals NHS Trust (LTHT) since 2006. Despite receiving a range of information from key stakeholders, including regional and local service commissioners, LTHT and transport providers, we were not satisfied with the rationale presented and strongly opposed the approach adopted by LTHT.

## Anticipated service benefits

In the case of renal services, the needs of patients were seemingly a secondary issue and largely ignored. By acting swiftly we sent a clear message that these cannot be ignored when planning changes to services

### Our main recommendations

**Leeds Teaching Hospitals NHS Trust immediately re-affirms its commitment to re-provide dialysis facilities at Leeds General Infirmary and finalises plans for replacement dialysis facilities at Leeds General Infirmary and deliver these as soon as practicable, but no later than December 2010.**

**By May 2010, the Yorkshire and the Humber Specialised Commissioning Group review its current work programme to identify those areas of service development where overview and scrutiny committees should be actively engaged, and propose an appropriate timetable of activity.**

**Prior to finalising the draft Yorkshire and Humber Renal Network Strategy for Renal Services (2009-2014), the Yorkshire and the Humber Specialised Commissioning Group review current consultation arrangements and, through dialogue with overview and scrutiny committees across the region, develop an extensive 12-week consultation plan.**

**That by June 2010, the Secretary of State for Health commissions and publishes an independent review that:**

- (a) Focuses on the lessons learned and areas for improvement, which presents an appropriate action plan;**
- (b) Reviews the financial planning processes and financial management arrangements of Leeds Teaching Hospitals NHS Trust;**
- (c) Considers the circumstances which resulted in an increase in renal dialysis capacity at Seacroft Hospital, without the engagement of the Scrutiny Board (Health) and, seemingly, NHS Leeds;**
- (d) Considers any manipulation of key information (e.g. patient survey information) which has been presented as justification for the proposals;**
- (e) Considers arrangements for the production and use of patient transport data in the performance managements arrangements between all local NHS organisations, as appropriate.**

In light of the issues identified and highlighted by this inquiry a review of the locally agreed protocol between the Scrutiny Board (Health) and NHS Bodies in Leeds be undertaken by June 2010.

That NHS Leeds, NHS Yorkshire and the Humber and the Secretary of State for Health seriously consider the content of this report, its recommendations and any subsequent responses, prior to supporting any current or future Foundation Trust application from Leeds Teaching Hospitals NHS Foundation Trust.

That this report be issued to the Secretary of State for Health seeking the appropriate action be taken to secure the immediate implementation of recommendation 1 of our report.

*"... there is a need for a city centre dialysis unit. I applaud the council for all their work with regard to scrutiny and I stand ready to meet with whoever in order to take this forward. Our patients and carers are of paramount concern to us."*

Lilian Black, from the Leeds General Infirmary Kidney Patients' Association

*"By not providing this unit, there is no local dialysis for the population of West/Northwest Leeds who require dialysis. Inpatients at the LGI who require dialysis will continue to be treated by a locally based renal support team, which is less cost effective, in staffing, than treating the patients from a static dialysis unit"*

Extract from LTHT Business Case November 2007

*"We believe that kidney patients have waited long enough for the promised re-provision of dialysis facilities at Leeds General Infirmary: Leeds Teaching Hospitals Trust should cease its prevarication and deliver what has been agreed and promised".*

Councillor Mark Dobson  
Chair Scrutiny Board Health



Entrance to Lincoln Wing at St. James's University Hospital



## Other work of the Board

### Local NHS Priorities

We received and discussed in some detail a number of briefing papers which identified key issues and priorities for NHS Leeds, Leeds Partnerships NHS Foundation Trust, and Leeds Teaching Hospitals NHS Trust. Initially helping us to develop our own work programme, we have also focused on local priorities through the established quarterly monitoring arrangements.



Leeds General Infirmary –  
Brotherton Wing

### Dermatology Patients

In October 2009, we were faced with a number of dermatology patients fearing for the future of the dedicated ward at Leeds General Infirmary. Significant concern about the impact of proposed changes or closure of the service was also expressed by the British Association of Dermatologists (BAD). Our intervention was pivotal in LTHT re-thinking proposals and subsequently engaging patients and carers in the redesign of the service. While final plans are still to be confirmed, we are pleased that our involvement has had a positive impact.

### Foundation Trust Proposals

We considered LTHT's initial proposals as part of its plans to achieve Foundation Trust status and submitted a formal consultation response. Based on our experiences around renal services and dermatology we had grave concerns about the Trust's capacity around patient and public involvement. We were also concerned about the Trust's proposed constituencies and felt these should match the Council's already established Area Committee boundaries. The Trust accepted this point and revised its proposals.

### The Leeds Teaching Hospitals

NHS Trust



Proposed constituencies

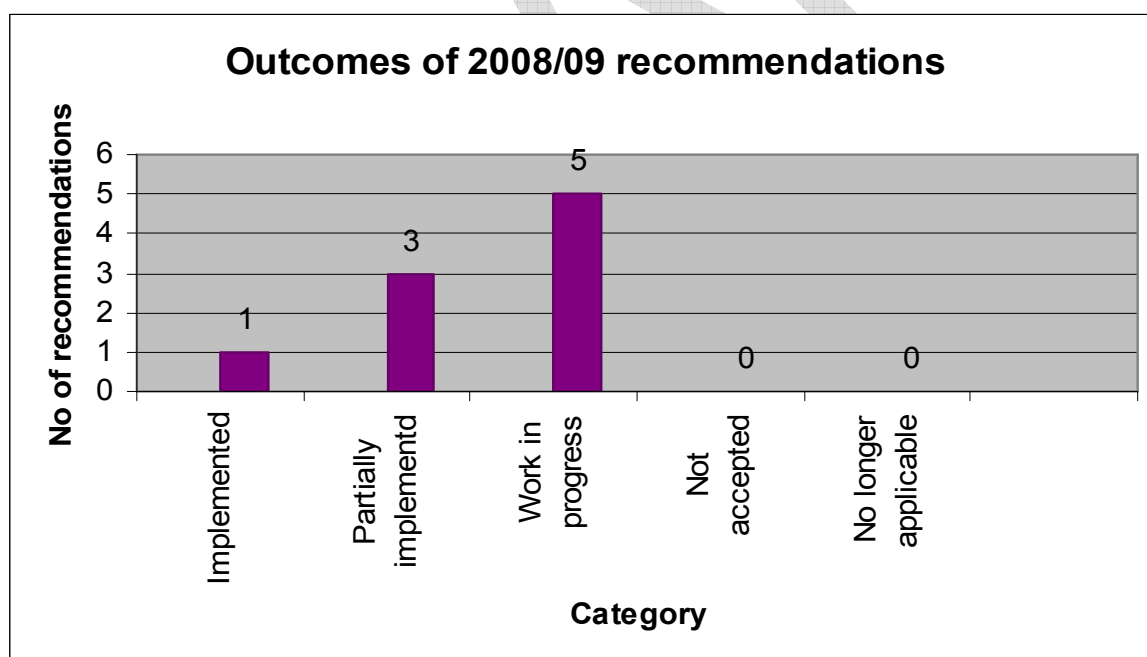
## Outcome of recommendations made in 2008/09

The previous Scrutiny Board (Health) carried out an inquiry in 2008/09 on improving sexual health among young people. The Board identified 9 recommendations and this section highlights some examples of where these recommendations have resulted in service benefits, or otherwise added value.

We recommended that NHS Leeds and Leeds City Council work together to establish a local data set as soon as possible, and that this information is regularly made available to everyone who has a role to play in tackling teenage conception.

This has resulted in an Information Sharing Agreement between all relevant partners being established. Work has commenced on establishing a local data set, identifying data leads within each partner agency and agreeing timescales to ensure the data is shared and made widely available. Partners are using the nationally recommended local dataset and ensuring all service level agreements have identified data to collect with associated performance measures to ensure the effectiveness of schemes in place. The Leeds local data set is being used to identify local teenage conception hotspots and trends to help target existing resources. NHS Leeds is providing public health information to support service planning.

The relevant departments and partner organisations have made a commitment to fully implement all 9 recommendations in the future and satisfactory progress has been made to date. We are continuing to monitor those recommendations which remain outstanding.



In addition in 2009/10 we continued to monitor a number of recommendations from inquiries held in 2007/08 which were outstanding in relation to the NHS Dental contract, Localisation and Community Development. We were pleased that 10 out of a total of 17 recommendations had been fully implemented and progress was continuing to be made with the others.

# The Board's full work programme 2009/10

A summary of the Board's full work programme is presented below.

## Requests for scrutiny

- Provision of Dermatology Services
- Renal Services - Provision at Leeds General Infirmary

## Review of existing policy

- Renal Services - Patient Transport Service
- Renal Services - Statement
- Role of the Council and its partners in promoting good public health
- Scrutiny Board response to the Leeds Teaching Hospitals NHS Trust - Foundation Trust Consultation
- Health Proposals Working Group to examine likely service change proposals

## Development of new policy

- Joint Health Scrutiny Protocol - Yorkshire and the Humber

## Monitoring scrutiny recommendations

- Scrutiny inquiry report – improving sexual health among young people
- Scrutiny inquiry report - community development and localisation
- Scrutiny Board Statement – renal services in Leeds

## Performance management

- Joint performance quarterly reports

## Briefings

- Appointment of co-opted Members
- Legislation & constitutional changes
- Leeds Local Involvement Network (LINK) - Annual Report
- KPMG Audit Report on scrutiny
- KPMG Health Inequalities report
- Update on local NHS priorities
- Leeds Teaching Hospitals NHS Trust - Foundation Trust Consultation
- The local health economy – Priorities for NHS Leeds

## Presentations

- Leeds Partnerships NHS Foundation Trust
- NHS Leeds
- Leeds Teaching Hospitals NHS Trust