

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

In my first year as Chair of the Health Scrutiny Board, it is with a great deal of satisfaction and sense of pride that I submit this year's annual report.

The year has been particularly challenging as we have strived to make a significant contribution to the well being of the people of Leeds. The Board has taken a very proactive role in raising and responding to public concerns over some proposals put forward by some of our key NHS partners. In order to protect local health services and the patients they support, we have robustly challenged proposals and sought clarity from a wide range of NHS organisations on a number of issues.

We have covered a considerable range of areas and different issues over the course of the year. The main issues and areas covered include:

- Scrutiny inquiry into Promoting Good Public Health;
- Renal Services in Leeds;
- Dermatology Services; and,
- Leeds Teaching Hospitals NHS Trust – Foundation Trust proposals.

A brief outline of these areas is provided elsewhere in this report, along with an summary of the Board's full work programme. However, I think some of the Boards highlights over the year have been:

- Identifying the need to strengthen the consideration of 'health implications' within the Council's decision-making processes – similar in nature to legal and financial implications;
- Recognition of the Board's work, leading to a positive profile across an increasing range of local, regional and national NHS organisations;
- Successfully championing the views of patients – demonstrated through the work around dermatology and renal services. Specifically in terms of renal services, this included a public apology that collectively, the local NHS had failed to fully engage with the Scrutiny Board and other interested parties early enough in the process.
- Being instrumental in a significantly improved working relationship between LTHT and dermatology patients – which included the forming of a recognised dermatology patients panel;
- Receiving assurance from the Strategic Health Authority (NHS Yorkshire and the Humber) that the issues highlighted by the Board's work around renal services would be considered as part of appropriate accountability processes for both NHS Leeds and LTHT.
- Amended constituency boundaries and a clear commitment to improving patient involvement and engagement arrangements as part of LTHT's revised Foundation Trust proposals: This was a direct result of the Board's consultation response on the original proposals, which drew on the experience of the Board's work around renal services and dermatology services;

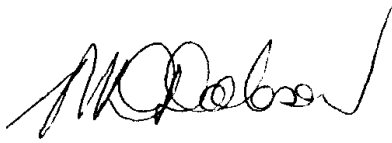
I feel that the Board has also established an approach to some aspects of its work programme that need to be maintained and developed over coming years. These include:

- Regular discussions with each of the local NHS trusts;
- Improved quarterly performance management arrangements – which includes a joint NHS Leeds and Leeds City Council performance report;
- Re-establishment of arrangements to consider potential service changes and/or developments.

However, there is still work to do – and the Board needs to be flexible to adapt to the ever changing environment it operates in. As public finances take the strain of the global economic downturn, I feel the work of the Board and the role it plays will be increasingly important. Clearly, responsibility for decisions within local NHS Trusts is not just the responsibility of Executive Directors: Trust Boards and Non-Executive Directors play a significant role, and I believe it is important to establish better working relationships in this area – by establishing clearer, and more consistent terms of engagement. In this regard, and with the Board's consent, I have written to the current Chair of each local NHS Trust seeking their views on how these relationships can be more clearly established and developed. I see this as an area for further development over the coming year.

In summary, through our work as the Council's watchdog for health, I believe that Board has effectively and significantly raised the public profile of its work – receiving regular and frequent coverage through the local media. In addition, the Board has been successful in looking beyond the traditional boundaries of our local NHS partners for contributions to its work – highlighting the cross-cutting nature of health issues. As such, I would like to thank everyone who has contributed to the work of the Board during the year, including internal and external witnesses, scrutiny and governance officers and to Members of the Board for completing our busy work programme with such enthusiasm and commitment.

I look forward to the improved ways of working continuing to develop and become more established over the coming year.

A handwritten signature in black ink, appearing to read 'Mark Dobson', written in a cursive style.

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

That, as soon as practicable, the Director of Children's Services writes to the appropriate Minister and Government Department in an attempt secure a national direction for the delivery of consistent and high quality Sex and Relationship Education (SRE) in local schools.

That, as part of the overall Leeds Development Framework and prior to formal submission, the Director of City Development and the Director of Public Health ensure that the public health agenda and relevant *NICE* recommendations are appropriately addressed and reflected in the Core Strategy.

That, by July 2010, the Department of Health (in collaboration with any other appropriate Government Department) be strongly urged to work towards the introduction of a minimum price per unit of alcohol, as soon as practicable: This may include, but should not be restricted to, a review of current competition laws and regulations, as appropriate.

That, as soon as practicable, the Director of Public Health and the Head of Licensing and Registration, jointly write to the appropriate Minister and Government Department in an attempt to secure changes to the current licensing legislation, that would result in 'public health' considerations becoming material consideration within the licensing application process.



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.

In May 2010, despite our best efforts to seek a local resolution to this issue, the LTHT Board decided not to proceed with the previously agreed proposals. As such, we were left little option but to refer this matter to the Secretary of State for Health. We will eagerly await the outcome of any further review of the decision.

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.

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.

“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: The Trust should stop prevaricating and deliver what has been agreed and promised”.

Councillor Mark Dobson
Chair Scrutiny Board Health

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

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.



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.

The Leeds Teaching Hospitals

NHS Trust



Proposed constituencies

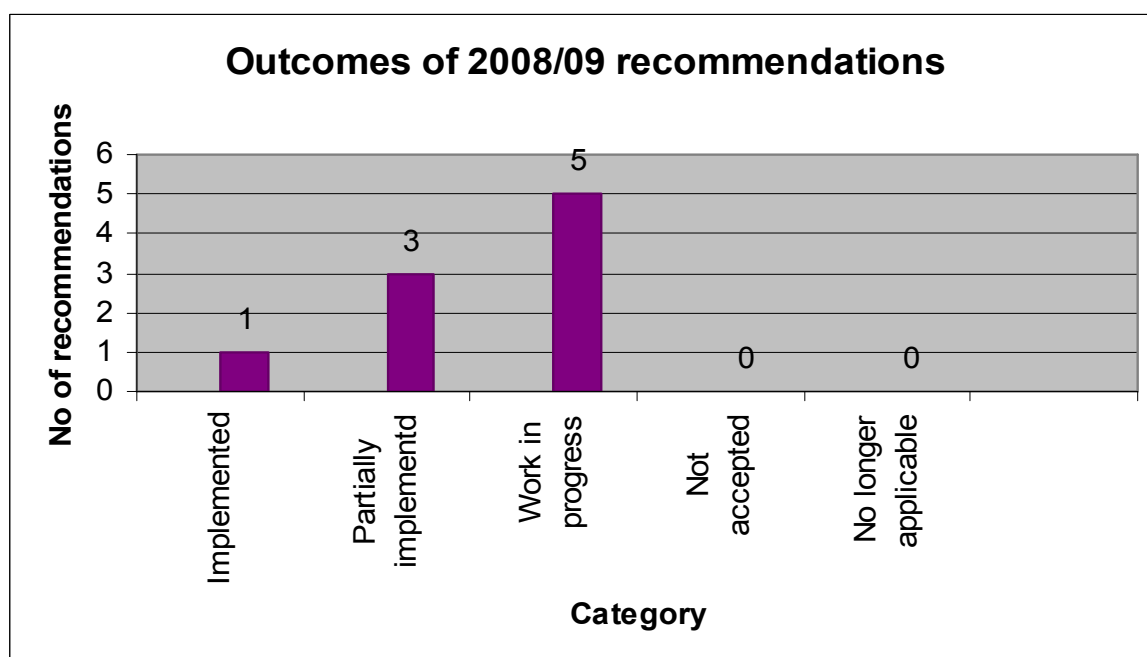
Outcome of recommendations made in 2008/09

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