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

**WEDNESDAY, 21ST DECEMBER, 2011**

**PRESENT:** Councillor L Mulherin in the Chair

Councillors C Fox, J Chapman, A Hussain, J Illingworth, G Kirkland, S Varley, G Driver, M Robinson and N Walshaw

Co-opted Members – J Fisher and P Truswell

## 44 Declarations of Interest

No declarations of interest were made at this point, although a declaration was made later in the meeting (minute 50 refers)

## 45 Apologies for Absence and Notification of Substitutes

Apologies for absence were received from:

Councillor Bruce who was substituted by Councillor Driver
Councillor Charlwood who was substituted by Councillor Walshaw
Councillor Hyde who was substituted by Councillor Robinson
Councillor Armitage
Sally Morgan – Equality Issues
Betty Smithson – Leeds LINk

The possibility of obtaining substitutes for Co-opted Members who had given their apologies was raised. It was understood that the Council's constitution precluded this, but it was agreed that this would be discussed with the Council's Head of Scrutiny and Member Development

## 46 Minutes of the Previous Meeting

**RESOLVED -** That the minutes of the Scrutiny Board (Health and Well-being and Adult Social Care) meeting held on 25th November 2011 be approved

## 47 Yorkshire Ambulance Service (YAS) - Foundation Trust Proposals

Further to minute 41 of the Board's meeting held on 25th November 2011, where Members received a report on the Yorkshire Ambulance Service (YAS) NHS Trust's proposals to become a Foundation NHS Trust (FT), the Board

considered a further report. Appended to the report was a copy of the consultation document prepared by YAS; a list of issues/queries raised by the Board at the previous meeting with written responses provided by YAS together with a copy of the Board's interim consultation response

Attending for this item and representing YAS were:

- David Whiting –Chief Executive – YAS
- Fiona Barr – Foundation Trust Programme Director – YAS
- Paul Mudd – Operations Manager – YAS

Members queried and commented on the following matters:

- funding for new ambulances, with the Board being informed that the A&E ambulances were a relatively young fleet but that some improvements were proposed to the Patient Transport Service fleet
- whether two Local Authority representatives were sufficient to properly represent such a large population which differed considerably in terms of geography, demographics, communities and needs. On this matter, the Board was informed that the Foundation Trust legislation only required one Local Authority representative to be an Appointed Governor but that two places were being proposed; these being one representing rural areas which would be East Riding of Yorkshire Council and one representing cities, which would be Sheffield City Council. It was the view of the YAS Executive that while trying to balance the diversity of the Yorkshire region, the Council of Governors should be manageable in number and be active and well developed. Advice obtained from other FT Ambulance Services had highlighted the importance of a relatively small Council of Governors as a large Governing Body could become unwieldy
- details of the process which had been undertaken to select these two Local Authority representatives was requested. Mr Whiting stated that this had been discussed at their Board level. Concerns were raised by the Board that there had not been a democratic process carried out on this issue
- the process for electing Public Governors; the measures in place to ensure these would properly represent the region across all areas; how hard to reach groups would be represented; the need for equality and whether any positive discrimination would be applied. Ms Barr informed the Board that links had been made with many groups and that early indications were that there was a good mix of people wishing to become governors. YAS sought advice from Leeds City Council on how to ensure all groups were represented
- the importance of recruiting actively from under-represented areas. On this matter, Members were informed that as part of the tests for FT status, YAS would need to demonstrate their membership was representative of its area. The Board was also advised there would be a drive to encourage membership early in 2012
- the Government's position on FTs and whether, given a choice, YAS would currently be seeking to become a FT. Mr Whiting stated that

irrespective of the requirement to either become a FT by April 2014 or be merged with another FT, YAS would be seeking FT status; that the very planning for this had led to improvements in service. It was stated that YAS could make a positive contribution to the quality of services that would align with the Government's aim of providing more services to patients in their own homes – resulting in lower hospital admissions

- the working relationship between the FT and Local Authorities with concerns about whether Leeds would receive what it needed from the service. The Board was informed that moving to FT status would not hinder the way YAS worked locally
- the regulation role of Monitor in the authorisation process and beyond
- funding/financial issues and the transfer of assets to the Foundation Trust. Mr Whiting highlighted the importance of demonstrating financial stability and that it was for YAS to create a level playing field before authorisation. In terms of income, this would not change but FT status would allow for greater borrowing which would help initiate some of the developments and improvements YAS wished to carry out. As part of the work towards FT status, YAS's 5 year plan would be rigorously tested by Monitor
- cross-border work and funding, with Mr Whiting explaining the process of mutual aid which operates across all 11 Ambulance Trusts

Members continued to voice their concerns at the limited Local Authority representation proposed for the Council of Governors particularly that not only was there no representation for Leeds with a population in the region of 750,000 people, but there was no representation for the Leeds City Region or for the whole of West Yorkshire. Whilst accepting there could not be a representative from each of the 13 Local Authorities, the Chair asked that consideration be given to having a representative from each of the traditional 4 Ridings

Mr Whiting agreed to take these concerns back to the YAS Executive Board for detailed debate and consideration and stated that whilst it was inevitable that some Local Authorities would not be represented individually, the suggestion of a Local Authority representative from the East, West, North and South Ridings of Yorkshire could be considered

**RESOLVED -** To note the information provided and the comments now made and that a further response from the Board would be sent on the proposals for YAS NHS Trust to become a Foundation Trust

## 48 2011/12 Quarter 2 Performance Report

Members considered a report of the Assistant Chief Executive (Customer Access and Performance) providing a summary of the quarter 2 performance data relevant to the Scrutiny Board (Health and Well-being and Adult Social Care), with two key issues being highlighted; the budget and health

inequalities. Appended to the report were detailed City Priority Plan performance reports in respect of the following priorities:

- Help protect people from the harmful effects of tobacco
- Support people to live safely in their own homes
- Give people choice and control over their health and social care services, and
- Make sure that people who are the poorest improve their health the fastest

The latest performance report from NHS Airedale, Bradford and Leeds was also provided, which gave an overview of performance against key performance indicators for the Leeds element of the NHS Airedale, Bradford and Leeds Cluster

Attending for this item were:

- Councillor Lucinda Yeadon – Executive Member (Adult Health and Social Care)
- Heather Pinches – Performance Manager Planning, Policy and Improvement LCC
- Dr Ian Cameron – Joint Director of Public Health – NHS Leeds and LCC
- Sandie Keene – Director Adult Social Services LCC
- Stuart Cameron-Strickland – Head of Policy, Performance and Improvement Adult Social Services – LCC

Considering the City Priority Performance Plan reports and the Adult Social Care Directorate Scorecard, the key areas of discussion were:

- Safeguarding referrals, the increased focus on safeguarding for adults in view of recent media coverage of incidents in other parts of the country; the multi-agency approach and the importance of Elected Members taking an interested view in Adult safeguarding
- Budgetary pressures; that the overspend was decreasing and that this could be attributed to the work being done to enable people to live in their homes for longer, thereby decreasing the amount of time people needed to spend in residential or nursing home care

Members raised concern that the print used to produce the report was especially small, which may lead to the document not being used to full effect due to the difficulties reading it

Considering the report provided by Airedale, Bradford and Leeds NHS setting out performance for Leeds, the key areas of discussion were:

- Fractured neck of femur operated within 48 hours, with concerns being raised that performance had decreased and that delays could lead to fatalities

- 30 day readmission rates, following elective discharge and that these remained too high
- Emergency home visits and that waiting times of 1 and 2 hours were lengthy
- C.difficile rates
- Diabetes treatment
- Health visitor numbers
- Stroke care, with concerns that the information provided lacked clarity
- Alcohol related harm, particularly whether there was sufficient treatment slots available for those in need

Dr Cameron responded to the points raised by Members and provided the following information:

- That the concerns raised were noted and that much work was being carried out to address the issues highlighted by the performance indicators and as a result it was hoped that an improving picture would be seen when this data was next presented
- There had been significant progress in addressing the occurance of MRSA and that addressing C.difficile rates was a top priority for the local health economy. It was confirmed that the situation was improving but it was likely that it would take time for improvement activities to translate into an improved performance indicator due to the significance of the issue
- That over recent years greater investment had been directed towards bariatric surgery to help counteract the health impacts associated with obesity, including diabetes and that further trend information would be provided
- That as part of the proposed NHS reforms, responsibility for services for 0-5s would remain with the NHS until at least 2015
- That a further written response would be provided on the performance indicator for stroke care and the actions taken to improve performance in relation to the operation times to treat fractured neck of femur episodes
- It was confirmed that currently there were not enough treatments slots for people with alcohol related issues, although additional financial investment was to be directed to this area next year, subject to priority setting

The Board discussed the possibility of receiving data captured over a longer period of time which would enable trends to be identified. In responding, Dr Cameron informed Members that they way the data had been produced had already been the subject of much debate; that any changes to the format would need to be considered by colleagues in the NHS and that he would take this request back for consideration

The Board also discussed the process for setting targets and whether these should be determined locally

In responding, Dr Cameron referred to the NHS Outcomes Framework which provided a suite of indicators aimed at measuring outcomes. It was suggested that in the future, Scrutiny Board might wish to consider how the 3 Clinical Commissioning Groups and the NHS Commissioning Board were performing against this suite of indicators

**RESOLVED –**

i) To note the two key issues of the budget and health inequalities which were highlighted

ii) To note the overall progress in relation to the delivery of the Health and Wellbeing City Priorities and that a Scrutiny Inquiry into Tobacco would commence in January 2012

iii) To note the information provided by NHS Airedale, Bradford and Leeds and the comments made by Dr Cameron

iv) To note that further information would be provided to the Board by Dr Cameron on the following issues:

- the layout of performance indicator reports
- bariatric surgery
- stroke care

## 49 Scrutiny Inquiry : Health Inequalities

Further to minute 39 of the meeting held on 25th November 2011 which detailed the Board's first session into its Inquiry on Health Inequalities, the Board undertook its second session

Following on from the Director of Public Health's presentation on the JSNA at the meeting on 25th November 2011, the Board considered some specific examples of the data sets which formed part of the JSNA refresh; these providing both statistical information and commentary. Appended to the report were draft data sets in respect of the following:

- Coronary heart disease (CHD)
- Active lifestyles
- Smoking and tobacco

In the context of the Inquiry, premature mortality from CHD was considered with the above data sets being explored as affecting life expectancy

The following people were present for this item

- Dr Ian Cameron – Joint Director of Public Health – NHS Leeds/LCC
- Lucy Jackson – Consultant in Public Health – NHS Airedale, Bradford and Leeds
- Nichola Stephens – Senior Information Manager – NHS Airedale, Bradford and Leeds

Dr Cameron provided information exploring the link between poverty, income and health and to assist the debate, the following draft data sets were also appended to the report:

- Homes and Housing
- Child Poverty
- Deprivation
- Incomes and Benefits

To highlight the health inequalities which existed within Leeds, information had been provided indicating health inequalities citywide as well as in deprived and non-deprived areas of Leeds. Dr Cameron provided a slide presentation which brought the issues into sharp focus when considering data relating to two different areas of Leeds; Gipton South and Adel. Details were also provided on the Leeds Observatory, a website which when completed would be the mechanism for accessing data, enabling links and searches to be made to provide both general and postcode specific profiles of a range of health and wellbeing related data

As the issue of smoking and tobacco would be the subject of a discussion in January 2012, the Chair asked that Members wait until then to discuss any specific issues in this area

In summary, the key areas of discussion were:

- the focus of the Board and whether this should be on the key causes of premature mortality or to look wider and at areas which over the long-term could lead to improved health and less inequalities
- mortality rates and differences between men and women
- housing; the impact of poor housing on health
- the link between poverty and health and the likely negative impact of changes to the benefits system
- the introduction of the health premium with concerns this could lead to pressure being placed on health professionals to register data in a certain way
- the fluid nature of the population in some areas of Leeds and the distortion to the data caused by the large student population
- whether or not significant improvements/results could be achieved
- data quality and reporting rates among local GPs
- the range of data being collected; that winter deaths should be recorded and the importance of including details of residential properties in the city which had been adapted

Dr Cameron and his colleagues responded and provided the following information

- that to secure quick wins, it was appropriate to concentrate on heart and respiratory disease. However it should be recognised that health inequalities were across the life course and that possibly greater

benefits would be seen by focusing on longer-term building blocks/health determinants and how these are affected by Council policies/strategies

- that Leeds Metropolitan University had recently concluded a major piece of work looking at health and gender issues. It was outlined that it was important to make best use of the research skills and expertise that existed within Leeds for the benefit of its citizens
- that encouraging data was being seen to suggest that the NHS Healthcheck was being taken up equally by women and men
- that data packs indicated the number of homes in the city which did not meet decency standards and that through the JSNA it was hoped to raise the profile of this important determinant
- that further information on the health premium would be provided in a future report
- that the areas identified as being deprived were not seen collectively; that there were differences and that understanding the dynamics of each area was vital to help ensure services were tailored accordingly
- that the inequalities within Leeds were often masked due to the size of the City. It was recognised that historically this had led to the City missing out on a number of funding streams

The Chair welcomed Dr Cameron's comments on the best approach to be taken and suggested that the working group looking at this subject in greater depth, invite input from representatives of Housing, Planning, Leisure and Education. It was also suggested that the working group meetings take place at venues in some of the City's deprived areas, ie Inner East, Inner South and Inner West. Consideration should also be given to inviting representatives from Leeds Metropolitan University who had carried out a study on gender and health

**RESOLVED -** To note the report, the presentation and comments now made and that a series of working groups be held in January, February and March to undertake detailed scrutiny of key issues

## 50 Scrutiny Inquiry : Consultation

Further to minute 19 of the Board's meeting held on 21st September which detailed the Board's first session on its Inquiry into Consultation, the Board undertook its second session

The Board considered a report of the Head of Scrutiny and Member Development and a report from NHS Airedale, Bradford and Leeds on consultation and patient involvement. Appended to the reports was information from the Clinical Commissioning Groups (CCGs); Leeds Involving People – a user-led charity which championed the voice of service users and carers and an NHS Confederation discussion paper of October 2011 entitled *Patient and public engagement in the new commissioning system*

Attending for this item were the following:

- Matt Neligan – Executive Director Commissioning Development – NHS Airedale, Bradford and Leeds
- Dr Andy Harris – Leeds South and East CCG (Leodis)
- Dr Jason Broch – Leeds North CCG (Calibre)
- Dr Gordon Sinclair – Leeds West CCG (H3Plus)
- Barry Naylor – Chair Leeds Involving People
- Jagdeep Passan – Chief Executive – Leeds Involving People
- Tim McSharry – Management Committee – Leeds Involving People
- Joseph Alerdice – Involvement and Development Officer – Leeds Involving People

Joy Fisher declared a personal interest through being a member of the Alliance of Service Experts which was served by Leeds Involving People which were making a presentation to the Board and through knowing many of the people present for this item

The Board heard first from the Executive Director (Commissioning Development) and the CCG representatives, receiving information on:

- the changeover process for responsibilities shifting from the PCTs to the CCGs, including an outline of the authorisation process. It was outlined that CCGs would become formal sub-committees of the PCT and that shadow arrangements would be in place from April 2012, in preparation for CCGs taking over responsibility from April 2013
- the three CCGs, the geographical areas covered, including population and number of GP practices
- the work undertaken by each of the CCGs in respect of patient and public involvement and the importance of this under the proposed NHS reforms
- the on-going feedback and dialogue that CCGs and the constituent GPs had through daily contact with patients. The invaluable resource this provided was also discussed

The Board questioned the CCG representatives, with the key points of discussion being:

- data quality
- the difficulties of setting up and maintaining community groups especially in deprived areas; that multi-issue consultation and engagement was encouraged and the need to work with partners to achieve this
- the importance of retaining and using existing resources, groups and networks
- that adequate time be allowed for consultation
- the variations between the CCGs priorities and the potential impact this may have across the City

- the importance of benchmarking and independently auditing consultations
- the timescales for achieving the required level of meaningful engagement with patients, carers and communities, as part of the authorisation process
- geography – including how cross-boundary issues would be addressed, with some parts of the city split geographically and where other areas bordered different local authority/CCG areas

The Chair stated that once the Inquiry into consultation had concluded, a Scrutiny Inquiry Report would be produced and was likely to include details of what was expected when consulting, with a set of minimum standards. Mr Neligan welcomed the proposed report and stated that any recommendations would be a key part of how the CCGs in Leeds carried out their involvement and engagement processes

The Board then heard from representatives of Leeds Involving People. Details of the work carried out by the organisation and a copy of their latest newsletter were presented for Members' information

The key points presented to the Board were:

- the definition of consultation and its role in involving people
- the amount of consultation being carried out and the importance of ensuring this remained manageable in order to keep people fully engaged
- the importance of feedback to participants following the conclusion of any consultation and associated decisions
- partnership working to obtain better outcomes from consultation and the economic efficiencies of good consultation
- that consultation should be people driven, with accessibility and inclusiveness being core elements
- the need to recognise when evaluating consultation that the number of returned surveys was not necessarily evidence of qualitative consultation and that surveys alone did not necessarily represent a good form of consultation
- that 'making reference to' or enabling people to 'comment on' issues was not involvement
- the benefits of successful consultation and involvement both to large organisations such as the Council and NHS and to groups and individuals and equally the problems which occurred following bad consultation and poor involvement
- that Leeds Involving People was an active Service-User led organisation which was constantly evolving and taking on board modern methods of involvement and could be viewed as a critical friend

The Chair thanked the Leeds Involving People representatives for their comprehensive and informative presentation

**RESOLVED -** To note the information provided and the comments now made and that the evidence gathered by the Board would be drawn up into a draft report for consideration at the February Board meeting

## 51 Work Schedule

The Head of Scrutiny and Member Development submitted a report together with a copy of the Board's current work programme. Also appended to the report was the Council's current Forward Plan – 1st December 2011 to 31st March 2012 relating to the Board's portfolio and terms of reference

**RESOLVED -** To note the information provided and to agree the work schedule presented in Appendix 1

## 52 Date and Time of the Next Meeting

Wednesday 25th January 2012 at 10.00am (pre-meeting for all Board Members at 9.30am)