

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

**WEDNESDAY, 25TH JANUARY, 2012**

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

Councillors C Fox, S Armitage, J Chapman,  
A Hussain, W Hyde, J Illingworth, S Varley,  
K Groves and A Khan

Co-opted Members – J Fisher, S Morgan, E  
Smithson and P Truswell

## **53 Opening remarks**

The Chair opened the meeting and welcomed everyone in attendance, in particular those members of the Board attending as nominated substitutes.

## **54 Late Items**

Although there were no formal late items, the Board was in receipt of the following supplementary information for consideration at the meeting:

- The draft Leeds Tobacco Action Plan (2012 – 2015) – the draft action plan (minute 58 refers);
- Major Trauma in Yorkshire and the Humber – local implications – submission from Leeds Teaching Hospitals NHS Trust (minute 60 refers);
- Review of Children’s Neurosurgical Services – local implications – submission from Leeds Teaching Hospitals NHS Trust (minute 61 refers);
- Draft report of the working group considering the arrangements for meeting the needs of blind and visually impaired people in Leeds (minute 62 refers).

## **55 Declarations of Interest**

The following declarations were made at the meeting:

- Cllr Mulherin declared a personal interest in the Review of Children’s Neurosurgical Services (minute 61 refers) as a member of Epilepsy Action;
- Cllr Chapman declared a general personal interest due to:
  - a close family member being an NHS employee; and,
  - a close family member currently accessing mental health services;
- Cllr Khan declared a general personal interest due to a close family member currently accessing mental health services;

- Cllr Illingworth declared a general personal interest due to a close family member currently accessing mental health services.

## 56 Apologies for Absence and Notification of Substitutes

Apologies for absence and notification of substitutes we received as follows:

- Cllr. Charlwood – with Cllr. Asghar Khan attending as a substitute;
- Cllr. Bruce – with Cllr. Kim Groves attending as a substitute;
- Cllr. Graham Kirkland

## 57 Minutes

### RESOLVED –

That the minutes of the Scrutiny Board (Health and Well-being and Adult Social Care) meeting held on 21<sup>st</sup> December 2011 be approved subject to the following amendments to minute 47, Yorkshire Ambulance Service (YAS) – Foundation Trust Proposals:

- References to the ‘traditional 4 Ridings’ to be amended to read ‘the 4 sub-regions of Yorkshire’; and,
- References to ‘the East, West, North and South Ridings of Yorkshire’ to be amended to read ‘East, West, North and South Yorkshire’.

Cllr. A Hussain joined the meeting during the discussion of this item at 10:05am.

## 58 Reducing Smoking - the draft Leeds Tobacco Action Plan 2012 - 2015

The Board considered a report of the Head of Scrutiny and Member Development providing background information on the development of the draft Leeds Tobacco Action Plan and were presented with a copy of the current draft plan for consideration.

The report outlined that the action plan aimed to implement the national tobacco action plan (*Healthy Lives, Healthy People: A Tobacco Control Plan for England*) at a local level in Leeds and therefore reflected the following key themes:

- Stopping the promotion of tobacco
- Making tobacco less affordable
- Effective regulation of tobacco products
- Helping tobacco users to quit
- Reducing exposure to second-hand smoke
- Effective communications for tobacco control

The report also outlined that a Leeds Tobacco Control Management group responsible for achieving the commitment and agreement of Leeds City Council (LCC) directorates and partner organisations for the

proposed action plan and summarised the associated timescales as follows:

- Production of 1<sup>st</sup> Draft of Strategic Action Plan: January 2012
- Consultation on 1<sup>st</sup> Draft of Strategic Action Plan: February/March 2012
- Production of final Strategic Action Plan: April 2012
- Strategy and Action Plan approved by Health and Wellbeing Board: April 2012
- Action Plan published and launched: May 2012

The Board welcomed the following representatives who attended for this item:

- Dr Ian Cameron (Joint Director of Public Health) – Leeds City Council / NHS Airedale, Bradford and Leeds
- Heather Thomson (Head of Health Improvement) – NHS Airedale, Bradford and Leeds
- David Lodge (Divisional Manager (Fair Trading)) – West Yorkshire Joint Services

Reference was made to the previous action plan that had seen smoking levels in Leeds reduced from 30% to 23%. However, it was also reported that difficulties in maintaining the level at 23% were being experienced. It was outlined that the draft action plan sought to target activities in the following areas:

- Establishing an infrastructure to achieve comprehensive tobacco control;
- Preventing the uptake of smoking;
- Tobacco cessation; and,
- Protecting the population from the environmental impacts of tobacco.

It was outlined that the current draft action plan aimed to reduce smoking levels to 22% by 2015. It was reported that the 1% reduction represented 6,000 smokers and was seen as a significant challenge. It was outlined that actions would be targeted at areas of the City with higher levels of smoking.

Arrangements for some of the enforcement work undertaken by West Yorkshire Joint Services (Trading Standards) around tobacco sales were discussed. It was reported that enforcement work had traditionally been targeted using local intelligence arising from public reports and complaints – however performance had plateaued.

Details of a project in the Armley and Middleton areas of the City were also reported. The project had identified under-age tobacco sales of around 40% compared to the city average of 18%. It was recognised that this represented a significant issue that had not been identified

through traditional means (i.e. public reporting). It was hoped that the project could be extended to other areas of the City.

A wide ranging discussion followed, with members of the Board examining a number of areas / issues, including the:

- Need for an anti-smoking Council champion / advocate;
- Cost and availability of nicotine patches;
- Importance of anti-smoking education and communication, and tailoring messages to suit different audiences and communities;
- Importance of gathering accurate and reliable data;
- Impact/prevalence of illicit tobacco sales and the role of West Yorkshire Joint Services (Trading Standards) in combating this area;
- Involvement and engagement of large organisations / institutions within the City, such as Leeds Teaching Hospitals NHS Trust and the City's universities;
- Possible correlation between smoking prevalence and the availability of health facilities across the City;
- Availability of additional funding and/or targeting of resources;
- Balance between national and local interventions;
- Relationship between age (when stopping smoking) and optimum health gains;
- Need to balance efforts on preventing smoking (particularly among children) and smoking cessation interventions;
- Relative success of smoking cessation interventions reported as being 70% at 4 weeks and 20% at 52 weeks, compared with the national averages of 55% and 13% respectively;
- Involvement of Trade Unions in the development of work based programme for smoking prevention/ cessation.

During the discussion of this item, Mr P Truswell declared a personal interest as an Honorary Vice President of the Trading standards institute.

#### **RESOLVED –**

- (a) That the information presented be noted and the representatives in attendance be thanked for their contribution to the discussion;
- (b) That a draft report/ commentary outlining the Board's main observations be presented to the meeting in March 2012.

Cllr. W Hyde left the meeting following conclusion of this item at 11:00am (approx.)

## **59 Urgent care services - Consultation**

The Board considered a report of the Head of Scrutiny and Member Development introducing NHS Airedale Bradford and Leeds' public

consultation around the future provision of urgent care services in Leeds.

The purpose of the item was to provide an opportunity for the Scrutiny Board to submit an informed response to the consultation.

The Board welcomed the following NHS Airedale, Bradford & Leeds representatives to present and discuss the consultation options:

- Nigel Gray (Deputy Director of Commissioning)
- Martin Ford (Head of Commissioning – Urgent Care Lead)

The consultation document presented three broad options, as follows:

- Option A – retaining the current configuration of urgent care services;
- Option B – reconfiguration of provision, with potential use of current A&E sites;
- Option C – reconfiguration of provision, with potential use of a new urgent care centre in or near to the city centre and in the east of the City.

The consultation document also presented information around the national NHS 111 service, due to replace the West Yorkshire Urgent Care telephone service from April 2013.

In presenting the options, it was reported that the current arrangements for the provision of urgent care services across Leeds were, at times, confusing for patients. It was highlighted that the public consultation closing date was 4 March 2012, which represented a 14-week consultation period – 2 weeks beyond the statutory 12-week period required, recognising the potential impact of the Christmas period.

It was reported that a range of public consultation meetings and events were planned and there was an intention to present the analysis of the consultation and a business case to the NHS Airedale, Bradford and Leeds Board as soon as possible after the close of the consultation period, hopefully in March 2012.

A discussion on the options presented in the consultation document followed and a number of matters highlighted, including:

- Confirmation that urgent care relates to both physical and mental health;
- While much of the focus of the consultation document was around the geography or location of future urgent care services across the City, it was important to ensure sufficient consideration of the future quality of services in all urgent care settings across the City;
- The potential differences in interpretation of 'urgent' between professionals and patients/ the public;
- Potential to improve the current signage around Lexicon House;

- Some support for Option C with future provision in East Leeds and the City Centre to replace current provision at Lexicon House.

In summarising the discussion, on behalf of the Board the Chair welcomed the consultation and, in particular the extended consultation period. The Chair recognised that within the Scrutiny Board, there had been no clear consensus on a preferred option and therefore a formal consultation response could not be submitted. However, the Chair encouraged all members of the Scrutiny Board to submit individual consultation responses.

#### **RESOLVED –**

- (a) That the information presented be noted and the representatives in attendance be thanked for their contribution to the discussion;
- (b) That in the absence of a formal consultation response from the Scrutiny Board, all members of the Board be encouraged to submit individual consultation responses by 4 March 2012.

Cllr. C Fox left the meeting during the discussion of this item at 11:10am (approx.).

Cllr. A Hussain left the meeting during the discussion of this item at 11:30am (approx.)

J Fisher left the meeting following conclusion of this item at 11:45am (approx.)

## **60 Major Trauma in Yorkshire and the Humber - local implications**

The Board considered a report of the Head of Scrutiny and Member Development providing background information around proposals to change existing local patient pathways for accessing Major Trauma services across Yorkshire and the Humber.

The Board also considered written submissions from NHS Yorkshire and the Humber and Leeds Teaching Hospitals NHS Trust.

It was proposed to establish 3 sub-regional Major Trauma networks across the region, including designated Major Trauma Centres (MTC), with Leeds Teaching Hospitals NHS Trust (LTHT) due to become a designated MTC for West Yorkshire from April 2012.

The Board welcomed the following representatives who attended for this item:

- Tim Barton (Strategy Lead) – NHS Yorkshire and the Humber
- Matt Neligan (Executive Director Commissioning Development) – NHS Airedale, Bradford & Leeds
- Helen Barker (Divisional General Manager, General Surgery) – Leeds Teaching Hospitals NHS Trust
- Karl Milner (Director of Communications and External Affairs) – Leeds Teaching Hospitals NHS Trust

- Dr Jeff Perring (Director for Paediatric Intensive Care Unit (PICU) and Medical Lead for Embrace) – Sheffield Children’s Hospital
- Alison Hollett (General Manger, Critical Care Directorate (which includes Embrace)) – Sheffield Children’s Hospital
- Dr David Macklin (Associate Medical Director) – Yorkshire Ambulance Service (YAS)

It was reported that major trauma was not a common occurrence and the total number of major trauma patients across the region was relatively small. Nonetheless, the proposed changes were aimed at improving outcomes and the quality of life for patients. It was also highlighted that the proposed network approach and designation of MTC reflected the available evidence in terms of outcomes for patients.

Representatives from Leeds Teaching Hospitals NHS Trust (LTHT) reported that there were some funding issues still to be resolved, which were a result of the patient number modelling/ assumptions used to date. It was outlined that this was not an isolated issue for the Trust and reflected the national position. However, it was stated that a phased implementation was proposed, which would allow more detailed analysis of patient numbers and subsequent implications for the Trust.

Representatives from Yorkshire Ambulance Service (YAS) outlined it would be implementing a triage programme, to help in the assessment and appropriate assignment of major trauma patients across the network. It was stated that there was some nervousness around the potential volume of patients, but it was believed that the proposed phased implementation would result in a smoother transition to the new arrangements.

It was reported that the full impact on provider organisations, including LTHT, YAS and Embrace was difficult to predict at this stage. Nonetheless, the proposed phased implementation would provide an opportunity to capture actual numbers and therefore help to better describe the proposals.

LTHT outlined that current plans were based on a maximum of 521 additional patients. However, it was reported that this would result in little change for trauma patients within the Leeds boundary.

The Board discussed the proposals in more detail, with the following issues highlighted:

- LTHT leading the sub-regional network, with monthly network meetings. Consideration was also being given to rotating medical staff, to help maintain skills within units and across the network.
- The role of YAS in a major incident and helping to direct patients to an appropriate site within the capacity limits of individual units;
- LTHT was set to operate a 26-bedded trauma ward with an improved rehabilitation service for patients;

- Work was progressing to resolve the potential funding gaps likely to arise as a result of the national tariff and shift in activity across individual units;
- Commissioners and providers were working together to ensure the stability of services.

In summarising the discussion, the Chair thanked all those in attendance and proposed that, following the first phase of implementing the proposals, a further report be presented to the Board in the new municipal year that would provide a more detailed analysis of the arrangements, patient numbers and associated implications.

#### **RESOLVED –**

- (a) That the information presented be noted and the representatives in attendance be thanked for their contribution to the discussion;
- (b) That a further report, providing more detailed analysis of the arrangements, patient numbers and associated implications, be presented to the Board in the new municipal year (Autumn 2012).

Cllr. W Hyde rejoined the meeting during discussion of this item at 11:45am (approx.)

### **61 Review of Children's Neurological Services - local implications**

The Board considered a report of the Head of Scrutiny and Member Development providing background information around the national Review of Children's Neurosurgical Services.

The Board also considered written submissions from Safe and Sustainable review team (provided via Yorkshire and the Humber Specialised Commissioning Group) and Leeds Teaching Hospitals NHS Trust.

The Board welcomed the following representatives who attended for this item:

- Cathy Edwards (Director) – Yorkshire and the Humber Specialised Commissioning Group
- Stacey Hunter (Divisional General Manager, Children's Services) – Leeds Teaching Hospitals NHS Trust
- Dr Colin Ferrie (Consultant Paediatric Neurologist) – Leeds Teaching Hospitals NHS Trust
- Dr Jeff Perring (Director for Paediatric Intensive Care Unit (PICU) and Medical Lead for Embrace) – Sheffield Children's Hospital
- Alison Hollett (General Manger, Critical Care Directorate (which includes Embrace)) – Sheffield Children's Hospital
- Dr David Macklin (Associate Medical Director) – Yorkshire Ambulance Service (YAS)



The Director of Yorkshire and the Humber Specialised Commissioning Group (SCG) introduced the item, highlighting the following points:

- This was a national review being undertaken as part of the Safe and Sustainable programme;
- The review involved the following 3 key workstreams:
  - (i) Setting up Children's Neurosciences networks
  - (ii) Procurement of additional complex surgical treatments, particularly around epilepsy surgery
  - (iii) Establishing a multi disciplinary team (MDT) approach for rare and complex brain tumours
- The review was a standards based approach – identifying agreed standards of care to ensure consistency across the country.
- A significant amount of work had been undertaken in preparing the draft standards, which would be made available shortly for comments. On publications, the period to provide comments would be 3 months. There would be further opportunity for workshops with parents and other key stakeholders, alongside a web-based questionnaire to help gather comments.
- Following comments on the standards, SCGs would be responsible for establishing the configuration of neurosciences networks – likely to be completed by June 2012.
- Implementation of the new arrangements was targeted for the beginning of 2013.

It was highlighted that some priority work areas included ensuring 24/7 medical cover, robust data collection, arrangements for image sharing and governance arrangements for networks. It was also reported that there were significant links with the major trauma arrangements discussed elsewhere on the agenda.

It was reported that additional capacity around epilepsy surgery was subject to a procurement process, the outcome of which should be known in February 2012. The aim of the procurement was to:

- (i) Deliver additional surgical capacity;
- (ii) Allow earlier access to surgery;
- (iii) Organise service arrangements for 1-5 year old children.

It was emphasised that while work was progressing, it should be noted that no final decisions had been made around the arrangements and configuration of networks. As such, there would be an opportunity to influence decisions through commenting on the range of documentation soon to be published.

Commenting on the information presented to the Board, representatives from Leeds Teaching Hospitals NHS Trust highlighted the following points:

- In terms of the procurement for additional epilepsy surgery – a consortia approach effectively representing the North East of the

country (involving Leeds, Sheffield and Newcastle Hospitals Trusts) had failed to reach agreement and had not submitted a bid to Stage II of the process. However, it was re-emphasised that the procurement process aimed to secure additional epilepsy surgery capacity.

- The potential implications for the sustainability of services associated with a range of current designations around children's services and the collective impact of individual reviews.
- The review of Children's Neurosurgical Services would impact on Children's Neurosciences Services as a whole.
- The history of the review has been professionally driven following a perception that the number of surgical centres in England was excessive and the care provided in a number of centres (i.e. not 24/7 cover) was not appropriate for modern services. It was also suggested that the number of centres did not generate the number of cases necessary to maintain the level of surgical skills required.
- There was some evidence that outcomes were not as good as they could be and there was some tension between the provision of emergency and elective (planned) services. The proposed network approach, which was likely to see current surgical centres remain open (for at least 2/3 years), was seen as a compromise and was not whole-heartedly supported by all professional bodies involved.
- An interview process, aimed at recruiting a 4<sup>th</sup> neurosurgeon, was scheduled to take place in February 2012.

Representatives from Embrace and YAS provided the following comments:

- Data collection over a 9-month period showed there had been around 170 transfers of children across the Yorkshire and Humber region; with many of these being low dependency repatriation transfers following surgery.
- It was not anticipated that many children would need to travel long distances as a result of the review.
- A by-pass service for children suffering head injuries (utilising the air ambulance) was already in place.

The information outlined in the report and supporting documents presented to the Board were given full consideration, alongside the details highlighted at the meeting.

#### **RESOLVED –**

- (a) That the information presented be noted and the representatives in attendance be thanked for their contribution to the discussion;
- (b) That consideration be given to commenting on the range of documentation due to be published in the near future.

Cllr. S Armitage left the meeting during the discussion of this item at 12:15pm (approx.).

Cllr. K Groves and P Truswell left the meeting during the discussion of this item at 12:20pm (approx.).

## **62 Work Schedule - January 2012**

The Head of Scrutiny and Member Development submitted a report together with a copy of the Board's current work programme. Minutes arising from the Executive Board meetings held on 14 December 2011 and 4 January 2012 were appended to the report, along with the Council's Forward Plan (1 January 2012 – 30 April 2012), which detailed items relating to the Board's portfolio and terms of reference. A summary of the main areas of inquiry was also detailed in the report.

The draft working group statement in relation to the provision of services for the blind and visually impaired across Leeds, presented to the Board as supplementary information, was specifically considered and discussed. The following matters were raised:

- The inclusion of 'peer support' within the recommendation detailed in paragraph 23 (g).
- Members raised some concerns regarding the regular respite afforded to carers, that resulted from previous social group meetings at Shire View. It was recognised that this matter had been one of the concerns raised by the deputation to the Scrutiny Board, at its meeting in October 2011 (minute 28 refers). However, it was also recognised that due to the emerging complexities presented, this had not been a specific consideration of the working group. The Board agreed to draw this matter to the attention of Executive Board.
- Members of the Scrutiny Board (not directly involved in the working group discussions) raised the possibility of a 'review and refresh' clause within future contractual arrangements when commissioning services. It was felt that the use of such clauses would allow the Council to consider any potential changes to the needs of service users, and specify any appropriate service changes, at regular and pre-determined intervals during the duration of a contractual agreement. While it was recognised this had not been a consideration of the working group, the Scrutiny Board agreed to draw this matter to the attention of Executive Board.

It was reported that the minutes from the Health Service Developments Working Group (referred to in the report) were not yet available and would be presented to the next meeting of the Board.

**RESOLVED –**

- (a) To note the information provided and to agree the updated work schedule, as presented in Appendix 1.
- (b) Subject to the amendments identified at the meeting, the working group statement in relation to the provision of services for the blind and visually impaired across Leeds, be submitted for consideration by the Executive Board at its meeting on 10 February 2012.

S Morgan left the meeting during the discussion of this item at 12:45pm (approx.).

### **63 Date and Time of the Next Meeting**

Wednesday 29<sup>th</sup> February 2012 at 10.00am (pre-meeting for all Board Members at 9.30am)