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

WEDNESDAY, 18TH APRIL, 2012

PRESENT: Councillor L Mulherin in the Chair

Councillors S Armitage, K Bruce,
J Chapman, A Hussain, W Hyde,
J Illingworth, G Kirkland and S Varley

CO-OPTED MEMBERS
Joy Fisher – Alliance of Service Users
Sally Morgan – Equality Issues

87 Late Items

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

- Leeds Health and Social Care Transformation Programme: Replacement Appendix 1 (Minute 92 refers);
- A Review of Compliance report by the Care Quality Commission (CQC) following an inspection at the LGI on 29th February and 1st March 2012. The report was tabled to the Board at the pre-meeting as it was being published by the CQC on the day of the meeting (Minute 96 refers);
- A briefing note prepared for the Board by The Leeds Teaching Hospitals NHS Trust relating to nursing staff levels in relation to issues raised by the CQC's inspection (Minute 96 refers);

88 Declarations of Interest

The following Members declared personal/prejudicial interests for the purposes of Section 81(3) of the Local Government Act 2000 and paragraphs 8 to 12 of the Members Code of Conduct:

Councillor Mulherin declared a general personal interest as a member of Unison – but not the Health Branch.

Councillor Armitage declared personal interests as a member of Unison – Health Branch and as a patient currently receiving hospital treatment.

Joy Fisher declared a personal interest in respect of the Calculating progress in the delivery of personalised support through being a representative on this issue on the NESTA Board (Minute 97 refers).

89 Apologies for Absence and Notification of Substitutes

Apologies for absence were received from Councillor Fox, Councillor Charlwood, Paul Truswell and Betty Smithson.

Councillor Chapman apologised that she would need to leave the meeting before it concluded.

90 Minutes

RESOLVED - That the minutes of the Scrutiny Board (Health and Wellbeing and Adult Social Care) meeting held on 21st March 2012 be approved.

91 Scrutiny Inquiry Report: Reducing Smoking

In view of the number of items being considered at this meeting, the Board agreed to defer consideration of the draft Scrutiny Inquiry report to the May meeting.

The Chair asked that the Principal Scrutiny Adviser e-mail the draft report to all Board Members to enable them to forward any amendments and comments on the draft report.

92 Leeds Health and Social Care Transformation Programme: Update

Further to minute 69 of the Scrutiny Board (Health and Wellbeing and Adult Social Care) meeting held on 29th February 2012 where the Board considered a report on the work of the Transformation Board, Members considered a further report relating to the efficiencies identified and generated through the work of the Transformation Board and supporting projects.

Information around the NHS Airedale, Bradford and Leeds' Quality Innovation Productivity and Prevention (QIPP) programme was appended to the report. A revised report providing further information had been circulated immediately prior to the meeting.

Attending for this item was Philomena Corrigan (Executive Director for Delivery and Service Transformation) – NHS Airedale, Bradford and Leeds who introduced the report, highlighting the following points:

The Transformation Programme had been running for approximately two years, and its main aims were to:

- Improve the patient experience
- Make care much more integrated
- Make it easier for patients to navigate their way through the care system
- Smooth some care pathways
- Free up resources by making savings and improving productivity

The Executive Director added that providers were required to make 4% savings per year – 2½% inflationary and 1½% deflation on the financial value of contracts. The Executive Director for Delivery and Service Transformation then responded to Members' questions and comments, which included the following key points of discussion:

- Disappointment around the lack of clear information within the report, despite the Board's request at its February meeting. The aim of the report should have been to demonstrate the savings achieved through the work of the Transformation Board and supporting programme of work and where any savings had been reinvested.
- The need for a 'more consumable' report, in terms of its clarity, use of language and acronyms. Clear advice had been given that it should be written in plain English so it could be understood by a member of the public.
- The complex and changing nature of NHS structures and associated funding.
- Top-slicing of NHS funding and whether well-run Primary Care Trusts (PCTs) were subsidising less well-managed PCTs.
- The need for PCTs to be financially balanced by the end of 2012/13 to ensure any of the Clinical Commissioning Groups (CCGs) did not inherit a deficit.
- Significant risks likely to impact on the NHS QIPP programme, including:
    1. The Local Authority's ability to continue to support people in the community;
    2. Changes to national commissioning policies and specialised commissioning;
    3. Providers unable to meet the 4% savings target
    4. The need for continued and appropriate support for CCGs over the next 12 months.

The Executive Director accepted the Board's comments about the content of the report, explained that not all savings would be measured on a 'cash releasing' basis as some savings would be around increased productivity. The Executive Director agreed to provide a further, more detailed report to a future meeting of the Board.

RESOLVED -

(i) To note the information provided and comments made at the meeting.

(ii) That a further, more detailed report be presented to a future meeting of the Board, reflecting the comments made by members at both the current meeting and the Board meeting held in February 2012.

93 NHS Leeds Performance Report - Follow Up

Further to minute 83 of the Scrutiny Board (Health and Wellbeing and Adult Social Care) meeting held on 21st March 2012 where the Board considered the latest performance data from NHS Airedale, Bradford and Leeds,

Members considered a further report of the Head of Scrutiny and Member Development and a briefing note prepared by NHS Airedale, Bradford and Leeds providing further details on areas identified by the Scrutiny Board.

The Board noted the updates and clarifications relating to:

- City wide steering group on tobacco
- Carbon monoxide monitors for staff providing healthcare for pregnant women
- Smoking prevalence data for under 18s
- Early intervention service in psychosis
- Health visitor numbers
- A & E performance

Attending for this item were:

Philomena Corrigan (Executive Director for Delivery and Service Transformation) – NHS Airedale, Bradford and Leeds
Graham Brown (Performance Manager) – NHS Airedale, Bradford and Leeds
Brenda Fullard (Consultant in Public Health) – NHS Airedale, Bradford and Leeds
Dr Ian Cameron (Joint Director of Public Health) – NHS Airedale, Bradford and Leeds and Leeds City Council
Nichola Stephens (Senior Information Manager (Public Health, Staying Healthy and LA)) – NHS Airedale, Bradford and Leeds

The main points of discussion were:

Tobacco – the Board was informed that the information previously provided about the existence of a citywide group addressing tobacco issues had been incorrect and that there was citywide Tobacco Control Management Group. The membership included Trading Standards and aimed to help coordinate sub-regional enforcement activity around the availability of illicit tobacco. The Board was further advised that data from the JSNA was being used to target activity towards areas of the City with the highest levels of smoking-related problems.

Carbon monoxide monitors for midwives – the Joint Director of Public Health confirmed that funding for these had been approved. Members of the Board welcomed this outcome.

A discussion around the role and work of the Health Improvement Board followed, which included the following main points:

- The Health Improvement Board was a sub-group of the Health and Wellbeing Board, which had held its inaugural meeting in early March 2012, with a second meeting having taken place in April 2012.
- As part of its remit, the Health Improvement Board would focus on two of the four City Priorities of the Health and Wellbeing Board, these being Tobacco and Reducing Health Inequalities. It was envisaged

that the rest of the work programme would be determined by what emerged from the Joint Health and Wellbeing Strategy.

- The membership of the Health Improvement Board comprised representatives from the Clinical Commissioning Groups, Leeds City Council Directors, along with representatives from Public Health Leeds, local NHS Trusts, Universities and the Third Sector.

The Chair expressed concern around some of the arrangement for the Health Improvement Board (including notification of meeting dates and the availability of meeting papers in advance of meetings) and disappointment that the development of this sub-group had not been brought to the Scrutiny Board's attention formally.

It was requested that further clarity be provided on how the Health Improvement Board was taking forward its work around Tobacco and Health Inequalities, to ensure there was no duplication with the work being undertaken by the Scrutiny Board on these areas.

The Joint Director of Public Health apologised for any oversight around the Health Improvement Board and undertook to report back on the areas of concern highlighted at the meeting.

RESOLVED - To note the information presented and the comments now made.

94 Urgent Care Update - Consultation

Further to minute 59 of the Scrutiny Board (Health and Wellbeing and Adult Social Care) meeting held on 25th January 2012 where the Board considered NHS Airedale Bradford and Leeds' public consultation around the future provision of urgent care services in Leeds, Members considered a further report on the outcome of the engagement and consultation and the subsequent decision of the NHS Airedale Bradford and Leeds Board.

Attending for this item were:

Martin Ford (Head of Commissioning – Urgent Care Lead) – NHS Airedale, Bradford and Leeds
Philomena Corrigan (Executive Director for Delivery and Service Transformation) – NHS Airedale, Bradford and Leeds

Details of the extensive consultation process which had been carried out were outlined. The Board was informed that around 500 written responses had been received and analysis of the consultation showed that while the majority of respondents preferred Option B – configuration of provision, with potential use of current A&E sites - many did not like any of the three proposed options. Hence, having also taken into account the view of key stakeholders, the NHS Airedale, Bradford and Leeds Board had concluded that a case for changing the Urgent Primary Care Medical Out of Hours service locations had not been made. However, in terms of the current provision at Lexicon House,

it had been agreed that better signage and improved lighting would be provided.

The Board discussed the report, with the main areas of discussion being:

- Signage – While the proposed improvements to the directional signage to Lexicon House were welcomed, it was felt this must be clear that this was a doctors facility rather than a Primary Care Centre, which many people did not understand or relate to; that the sites for the signs should be selected carefully so they were not diminished by existing signage and that signs further away, along York Road should also be considered.
- An appropriate 'mystery shopper' approach be undertaken for the journey from the East of the City to Lexicon House to help fully understand the bus routes and road signs when approaching the site from this part of the city, in order to ensure the facility was properly signposted.
- The majority view of those who responded had not been reflected in the decision of the NHS Airedale, Bradford and Leeds Board.
- With only 31% of respondents voluntarily providing postcode data, it was recognised that this had not helped in the analysis of consultation responses. It was suggested that for future consultation exercises the response form should require people to include postcode information. Furthermore, it should be recognised that some Leeds residents had BD and WF postcodes and that these should be included in any future postcode analysis.

RESOLVED - To note the report and the comments now made.

95 Reducing Health Inequalities - Clinical Commissioning Groups Perspective

As part of the Board's examination of Health Inequalities, Members considered a report of the Head of Scrutiny and Member Development, which included the draft Health and Wellbeing City Priority Action Plan (4e) related to ensuring equitable access to services that prevent and reduce ill-health. The main purpose of the item was to consider the future role of the emerging Clinical Commissioning Groups (CCGs) in this regard. Appended to the report was the draft action plan for Priority Action 4e and a written submission by the three Leeds Clinical CCGs.

Attending for this item to present the report and respond to the Board's questions and comments were:

Gordon Sinclair (Shadow Accountable Officer) – Leeds West Clinical Commissioning Group (CCG)
Victoria Eaton (Consultant in Public Health) – NHS Airedale, Bradford and Leeds – working with Leeds West CCG
Jason Broch (Shadow Chair) – Leeds North Clinical Commissioning Group (CCG)

Lucy Jackson (Consultant in Public Health) – NHS Airedale, Bradford and Leeds – working with Leeds North CCG
Nichola Stephens (Senior Information Manager (Public Health, Staying Healthy & LA) – NHS Airedale, Bradford and Leeds

Apologies were received from Andy Harris (Leeds South and East Clinical Commissioning Group), with issues relating to this CCG, being covered by Jason Broch and Gordon Sinclair.

The key points of discussion were:

- the importance to all of the CCGs of reducing health inequalities and, notwithstanding the variation on matters pertinent to the local areas, the shared approach being undertaken across the City;
- Public Health to be at the core of the CCG organisations' thinking with commissioning based on need;
- data issues, the difficulties of demonstrating quick wins in this area; the possibility of using proxy indicators; the importance of using postcode data and the reliability and accuracy of the data being collected
- the method used for extracting data from GP practices;
- the Leeds-based Information Strategy and the need for this to include those Leeds residents with BD and WF postcodes;
- the need for data collection systems to be compatible. It was noted that in the Outer South the incompatibility of data systems effectively excluded 15,000 residents from the information collected, which was not acceptable, and skewed the figures. It was stressed that this anomaly, which had recurred for years, must be addressed;
- the role of the CCGs in signposting people to services, especially those where a social or economic problem, e.g. poor housing, was affecting their health; the time constraints on GPs and the use of the multi-agency referral system (MARS), with the Board being informed MARS had been considered but was felt to offer limited additional value, other than for advice on benefits, with different pathways being used for signposting to other services. Some concerns around 'data sharing' had also been raised and fed back into the evaluation process;
- how CCGs would meet the needs of those people who did not readily engage with society or were not registered with a GP;
- the use of data, above and beyond the primary care data available across the city, to help estimate the likely prevalence of particular health conditions within particular populations and/or communities,
- a method of patient engagement using a social marketing approach to help improve / encourage patient access to services.

RESOLVED -

(i) To note the report, the information provided by the CCGs and the comments made at the meeting.

(ii) That the information presented and discussed at meeting be used to inform the drafting of the Board's inquiry report around health inequalities.

(During consideration of this matter, Councillor Hussain left the meeting)

96 Leeds Teaching Hospital NHS Trust - Care Quality Commission (CQC) Compliance - Update

Further to minute 83 of the Scrutiny Board (Health and Wellbeing and Adult Social Care) meeting held on 21st March 2012, where the Board considered a report of the Care Quality Commission (CQC) that identified improvements needed at St James' University Hospital (as part of Leeds Teaching Hospitals NHS Trust (LTHT)) to consider a report of the Head of Scrutiny and Member Development providing further information around the action plan relating to nursing staff with a focus on Older People's medicine.

Appended to the report was a copy of a press release dated 29th March 2012, which followed a formal warning issued by the CQC to LTHT following an unannounced inspection at Leeds General Infirmary. During that inspection, inspectors considered that patients' needs were not always being met and attributed this to poor care and on two of the three wards inspected on this visit to insufficient staff. As supplementary information (Item 87 refers), the Board was in receipt of the CQC's Review of Compliance report outlining the actions LTHT had been asked to take at the LGI and a briefing note from LTHT on nursing staff levels.

Attending for this item to provide further information and respond to the Board's queries and comments were:

Maggie Boyle (Chief Executive) – Leeds Teaching Hospitals NHS Trust
Karl Milner (Director of Communications and External Affairs) – Leeds Teaching Hospitals NHS Trust
Wendy Dixon (Compliance Manager (Yorkshire and the Humber)) – Care Quality Commission

Apologies due to illness were received from Jo Coombs (Director of Quality and Nursing) NHS Airedale, Bradford and Leeds. It was also reported that Ruth Holt (Chief Nurse (LTHT)) was unable to attend the meeting due to a CQC visit taking place at the same time.

The Chief Executive of LTHT began by informing the Board that:

- she had been horrified by the findings of the CQC;
- immediate actions had been taken to address the situation, including the closure of Ward 53 and assurance work undertaken across adult inpatients wards to give surety that the findings of the CQC were not evident in other areas of the Trust;
- staff had been made aware of the outcome of the inspection and of the remedies required;
- the warning notices issued required the Trust to declare compliance by 31 March 2012. It was reported that this had been achieved and the CQC was currently on site to check that the Trust was now compliant with the required standards.

The Board was informed of the circumstances around Wards 53 and 55, which had been inspected by the CQC, these being:

- in late December 2011, due to increased patient numbers, including patients with fractured neck of femur, a decision was taken to temporarily open a third ward, which was planned to close at the end of March 2012;
- staffing levels of 30 staff (this figure was rounded up for easier understanding) per ward would have been the usual level. As only 60 staff were available, the decision was taken that rather than remove this much needed capacity, three wards would be in operation with 20 staff per ward and the additional 10 posts per ward to be filled by use of overtime and the nursing bank. In the event, it had not proved possible to always provide cover for staff shortages, especially where absences had occurred at short notice;
- the CQC visited on 29th February – 1st March 2012 and following its findings, Ward 53 was closed. As some patients were on Ward 53 awaiting discharge, through the spot purchase of 20 beds by Social Care colleagues, it was possible to discharge these patients and move others to different wards.

Details of the actions which were taken were provided and included:

- Reiterated in writing to all staff the standards of care which were expected within the Trust;
- Visited all adult inpatients, focussing on the three areas of concern highlighted by the CQC;
- Emphasised the importance of documentation being completed to ensure that the evidence existed of the care being delivered.

The Chief Executive also outlined other initiatives to address the issues raised by the CQC, which included:

- Building on the initiatives within the Managing for Success Programme, i.e. more efficient use of the bed base and better management of discharge planning
- Looking at how to achieve standardisation of care
- Reinforcing the Mission Statement
- Created new website where people can raise issues without the need to go through the lengthy complaints procedure
- Implementing monthly recruitment campaigns
- Use of electronic rostering with additional funding being directed to this to bring this facility on-line more quickly
- Every Ward Manager to be assessed to see if additional support is required
- Measures to address the quality of care being provided, including the introduction of patient feedback upon discharge and feedback from staff at the end of each shift

- Tackling attitudes and behaviours to ensure greater nurse/patient contact
- Re-examining the nursing blueprint to ensure staffing levels are properly distributed across all areas and finding a mechanism for ensuring that staff cover was provided where needed, even if it was on Wards which were less popular among nursing staff
- a review of the oversight mechanisms, with an acceptance that the issues raised by the CQC should have been picked up earlier

Reference was made to the quality of care, with the Chief Executive stating that staffing levels alone did not always account for quality of care. It was highlighted that leadership on Wards was of paramount importance and, in the cases seen by the CQC, better standards of care could have been provided.

The Board discussed the report and the information provided at the meeting, with the main discussion points being:

- the disgraceful situation as reported by the CQC; that this followed a CQC inspection at St James' where failings had been found and the need for reassurances to be given to the Board that these issues were being addressed;
- the monitoring mechanisms in place and how Senior Management would have discovered what had been taking place had the CQC not visited at this time;
- patient discharge planning; evidence given to a previous Scrutiny Board inquiry indicating this began once patients were admitted, yet several patients on Ward 53 were awaiting discharge at the time of the inspection;
- staffing levels and the statement in the supplementary information supplied to the Board by the Leeds Teaching Hospital NHS Trust that 'Staff levels were not the pivotal factor in determining how a patient was treated ….'
- the distribution of staff across the organisation with concerns raised that this was not always carried out effectively;
- concerns about the quality of care provided; the attitudes of some staff to patients; the amount of information patients were given about their care and the level of involvement with patients;
- the importance of team working on wards, including clerical and portering staff as well as the medical teams;
- the mechanisms for patient complaints; the deep-rooted view that existed, that to complain could have an impact on the care received;
- the need to have mechanisms in place to ensure that the many dedicated, hardworking members of nursing staff could raise concerns in confidence and know that their voices were heard without fear of repercussions for their jobs

The Chief Executive recognised the Board's concerns and gave her assurance that these issues would be addressed.

Wendy Dixon stated that once a Compliance Report was issued and was in the public domain, it was usual for further concerns and issues to be raised and drawn to the attention of the CQC.

In summing up the session on behalf of the Board, in deploring the situation as set out by the CQC, the Chair stated that there were many diligent and caring staff, some of whom were working in difficult situations and that the Board wanted to see that their concerns were being addressed and that that staff were being supported.

The Chair thanked the representatives from LTHT and the CQC for attending the meeting and contributing to the Board's consideration of the matters raised.

RESOLVED -

(i) That the report and information presented to the meeting be noted;

(ii) That the Scrutiny Board maintain an overview of the performance of the Trust and its future compliance with the CQC standards.

(During consideration of this matter, Councillor Chapman withdrew from the meeting)

97 Calculating Progress in the Delivery of Personalised Support

Further to minute 82 of the Scrutiny Board (Health and Wellbeing and Adult Social Care) meeting held on 21st March where the Board, as part of its examination of the relevant quarter 3 performance data, requested information about changes to the calculation of a key performance measure relating to the provision of social care through personal budgets, the Board considered a report of the Director of Adult Social Services.

Stuart Cameron Strickland (Head of Performance and Improvement) – Leeds City Council, Adult Social Services attended for this item.

The Board was informed that whilst this issue was important in terms of measuring performance, it did not affect any service which was being received.

In terms of the proportion of people in Leeds using social care who received self directed support, the level of 47.8% was average, with the Board being informed that Rotherham Council as the regional lead in this area was being visited by Officers within Adult Social Services to see what could be learnt from this Authority.

RESOLVED - That the report be noted.

(During consideration of this matter, Councillor Bruce left the meeting)

98 Work Schedule - April 2012

A report was submitted by the Head of Scrutiny and Member Development which detailed the Scrutiny Board's work programme for the remainder of the current municipal year. Appended to the report for Members' information was the current version of the Board's work programme and an extract from the Forward Plan of Key Decisions for the period 1st April 2012 – 31st July 2012.

RESOLVED – That the work programme be approved subject to the amendment for the May meeting which would now include the Draft Scrutiny Inquiry Report on Reducing Smoking.

99 Councillor Kirkland

The Chair gave credit to Councillor Kirkland who was stepping down from the Council in May 2012 after 45 years. On behalf of both past and present members of the Scrutiny Board, the Chair thanked him for his work, dedication and insight as a retired GP brought to a range of issues that had been considered.

100 Date and Time of the Next Meeting

Wednesday 16th May 2012 at 10.00am with a pre-meeting for all Board Members at 9.30am.