

SCRUTINY BOARD (HEALTH AND ADULT SOCIAL CARE)

MONDAY, 17TH MARCH, 2008

PRESENT: Councillor J Chapman in the Chair

Councillors J Bale, G Driver, P Ewens, C Fox,
J Illingworth, G Kirkland and M Rafique

CO-OPTEES: J Fisher - Alliance of Service Users and Carers
E Mack - Leeds Voice Health Forum
Co-ordinating Group
Morgan - Equalities
S Saqfelhait - Touchstone

109 Declarations of interest

Mr E Mack declared a personal interest in Agenda Item 11 due to his position with Leeds Voice. (Minute No. 116 refers).

110 Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Dowson, Iqbal and Russell and Mr L Wood.

111 Minutes

RESOLVED – That the minutes of the meeting held on 18 February 2008 be confirmed as a correct record.

112 Executive Board Minutes

RESOLVED – That the minutes of the Executive Board meeting held on 18 February 2008 be noted.

113 Renal Services in Leeds

The Head of Scrutiny and Member Development submitted a report which gave the Board an update on Renal Services in Leeds following the Board's previous scrutiny of this issue. Appended to the report was a letter from Leeds Teaching Hospital Trust (LTHT) regarding long-term plans for Renal Service in Leeds.

The Chair welcomed the following to the meeting:

- Dr A Mooney, Consultant Renal Physician, LTHT
- Mr F Griffiths, Kidney Patients Association
- Paula Dearing, Leeds PCT
- Judith Lund, Directorate Manager, Specialist Medicine, LTHT

Dr Mooney addressed the Board and gave further information on issues highlighted in the letter submitted by Dr Newstead, Head of Renal Services. He reported that the main issue was the reconfiguration of services at the Leeds General Infirmary (LGI) site and accommodation had been identified for the re-provision of dialysis. It was hoped that this would be operational before the end of 2008. Reference was made to other provision across the City and further to a question of provision at Wharfedale Hospital, it was reported that this possibility was being considered. It was previously felt that there had not been a high enough demand for services at Wharfedale and a further survey was to be carried out. Further issues highlighted included expansion of pre-dialysis services and donor programmes.

Frank Griffiths of the Kidney Patients Association (KPA) addressed the Board. He acknowledged that the scrutiny process had been effective and had enabled the KPA to voice their concerns in public. It was also felt that the scrutiny process had been successful in enabling objectives to be achieved. The KPA still had some concerns which included the following:

- Facilities at Seacroft Hospital breaking down.
- Demand for services at St James and the ability to meet this demand.
- Transport – although the KPA had been actively involved in the tendering process, only one suitable bid had been received. Problems had been encountered with the transport of patients and examples of patients not being collected for treatment and the adverse knock on effects were given.
- The timescale to implement new provision at Leeds General Infirmary

In response to Mr Griffiths' comments the following was reported:

- The LTHT shared concern regarding the timescale over the re-provision of services at LGI.
- With respect to problems with equipment at Seacroft, it was reported that this did need replacing and would be subject to a full tendering process.
- Where patients received treatment was constantly under review through patient surveys and by the Renal Services Strategy Group which covered Yorkshire and Humberside.
- There was shared concern and disappointment regarding the lack of suitable tenderers for the transport contract and over difficulties that had been experienced. There was a Service Level Agreement between LTHT and the transport providers (West Yorkshire Metropolitan Ambulance Service - WYMAS) and LTHT engaged closely with WYMAS.

RESOLVED –

- (1) That the report be noted.
- (2) That WYMAS be contacted and requested to supply the Board with information regarding the transport of patients accessing Renal Services.

(Councillor Rafique and Ewens joined the meeting at 10.15 a.m. and 10.25 a.m. respectively, during discussion of this item.)

114 NHS Annual Health Check

The Head of Scrutiny and Member Development submitted a report regarding the NHS Annual Health Check. Appended to the report was information from the Department of Health along with reports from the Leeds Primary Care Trust, Leeds Teaching Hospitals Trust and the Leeds Mental Health Teaching NHS Trust regarding their compliance with the Core Standards set by Government.

The Chair welcomed the following to the meeting:

Chris Butler, Chief Executive, Leeds Partnerships NHS Foundation Trust
Melanie Hird, Deputy Director of Compliance and Performance, Leeds Partnerships NHS Foundation Trust

Dr Ian Cameron, Director of Public Health, Leeds PCT

Kathryn Stewart, Risk Manager (Patient Safety), Leeds PCT

Bob Darby, Leeds PCT

Craig Briggs, Director of Quality, Leeds Teaching Hospitals Trust

Julian Roper, Quality Improvement Manager, Leeds Teaching Hospitals Trust

Dr Ian Cameron addressed the meeting on behalf of Leeds PCT. He reported that the PCT would be declaring non-compliance with Core Standard C4c which related to the decontamination of medical devices. Compliance was unable to be met on this due to new European Directives which specified that single use instruments should be used in some circumstances. This did not pose a health risk under current arrangements and the PCT was working in partnership with PCTs across West Yorkshire to meet the new European Directive. It was hoped to rectify this by September 2008. There would also be non-compliance with Core Standard C18, which related to equal access to services. This would be declared as non-compliant due to a lack of the necessary evidence to support this standard.

It was reported that Leeds Teaching Hospital Trust would be declaring non-compliance in the following Core Standards:

- C4a – Hospital acquired infections – the Trust had developed an action plan, revised policies and increased training to meet this standard but had not yet reached full compliance. A visit from the Department of Health was due.

- C4c – Decontamination of equipment – Work had commenced to address this standard.
- C11b – Mandatory Training – This would be compliant next year
- C9 – Management of records – There was a move to single patient records and a new Patient Admission system. Policy was being developed around keeping of staffing records and other information. It was expected that the thrust would be fully compliant with this standard next year.

It was reported that the Leeds Partnerships NHS Foundation Trust would be declaring compliance in all core standards. Members' attention was brought to core standards where the Trust had previously declared non-compliance and an update was given on progress that had been made.

In response to Members comments and questions, the following issues were discussed:

- In relation to Core Standard C6 which referred to co-operation between care organisations to ensure the meeting of patients needs, concern was expressed that this was not being met in the example of problems with transport for access to renal services. It was reported that there were good relations and procedures between the organisations involved in this instance and that the standard had been met.
- Core Standard C17 – The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services. It was reported that the results of the Leeds Foundation NHS Trust patients survey had proved successful and had been rated as a top performing organisation for access to care plans. Both the PCT and LTHT gave examples of Public and Patient Involvement connected with their organisations and how this was used to develop care pathways and develop services.
- Further to concerns that Core Standard C4c - decontamination of equipment had not been met, it was reported that the deadline made had been too early for many services to achieve compliance.
- Providing services to marginalised groups and those who encountered inequalities. It was reported that the Patient and Public Involvement Team had a specialist officer who was conducting a mapping exercise. One of their roles was to develop a communications strategy and this would also see a single equality scheme. The PCT also had a clear focus on addressing health inequalities as did LPFT who had a history of involving people at all levels along with service users and carers.

RESOLVED – That the report be noted.

(Councillor Illingworth joined the meeting at 11.10 a.m. during discussion of this item).

115 Risk and Commissioning in Adult Social Care

The Director of Adult Social Services submitted a report which provided the Board with an update on Risk and Commissioning in Social Care. The report set out the background to risk analysis in Health and Social Care Commissioning.

The Chair welcomed the following to the meeting:

- Dennis Holmes – Chief Officer
- Tim O'Shea – Head of Commissioning Adults
- Wayne Baxter – Chief Procurement Officer

In brief summary, the following issues were discussed:

- In response to concerns that there was not enough information to enable service users to understand the commissioning process and associated risks, it was reported that there was a Department of Health Publication – Independence, choice and risk: a guide to best practice in supported decision making.
- Direct payments and the role for Social Services – this was a significant challenge for the whole profession and it was difficult to predict arrangements. Work had been undertaken with Leeds Metropolitan University to predict the future needs of the services.
- Further to a question of whether those who stayed with Local Authority provided services would be less at risk, it was reported that issues focussed on helping individuals to manage their own risk and what safeguards could be implemented and to enable users to exercise their choice of care provision.
- Concern was expressed regarding those who developed conditions such as dementia who would lose capability of managing their own care packages. It was reported that the Council had to review cases annually and where there was concern this could be done more frequently.

RESOLVED – That the report be noted.

116 Leeds Strategic Plan 2008-11

The Assistant Chief Executive (Policy, Planning and Improvement) submitted a report which introduced the text of the Leeds Strategic Plan 2008-11. A draft copy of the plan was appended to the report. The Chair welcomed the following to the meeting:

- John England, Deputy Director, Strategy and Performance
- Martyn Long, Policy Officer, Chief Executive's Department

Members were reminded of previous discussion on the Leeds Strategic Plan (LSP) and it was reported that the Board had been invited to comment on the draft plan. Target setting against the improvement priorities was still to be finalised and a draft of the plan would be submitted to full Council at its April meeting. Member workshops had been held.

Minutes approved at the meeting
held on Monday, 21st April, 2008

In brief summary, the following issues were discussed:

- Links between health and other themes of the LSP such as housing and education.
- The need for greater advocacy of Social Care.
- Increased choice of provision and individualisation of care plans and budgets.
- Reducing mortality rates.
- Vulnerable people – identification of groups such as travellers.
- Alcohol abuse and effects on Young People.
- Localisation of care services.

RESOLVED – That the report and discussion be noted.

117 Recommendation Tracking

The Head of Scrutiny and Member Development submitted a report which updated the Board on recommendations made following the inquiries into Dignity in Care and Community Development in Health and Well Being. Appended to the report were details of recommendations from the inquiries that had not been previously actioned or completed along with a joint response from the PCT and Council regarding the Community Development recommendations.

In relation to the Dignity in Care Inquiry, it was reported that Recommendation 4 which asked local professional bodies to support policy and practice development to promote dignity had been achieved. A Dignity Audit Tool had been launched and a press release issued. Recommendation 7 which referred to complaints procedures was no longer considered relevant due to the introduction of new national guidelines.

The Chair welcomed Christine Farrar, Policy Director, Health Improvement and Public Involvement, Leeds Initiative to the meeting.

The Board was given an update on Recommendation 7 of the Community Development report which included Introducing community Development training within the Member training programme. It was reported that a task group had now been established and the PCT had committed resources for a Development Worker to be involved with this. Reference was also made to the involvement of other Local Authority partners such as housing and to the role of the Voluntary, Community and Faith Sector.

Further discussion included the following:

- Monitoring of complaints – it was reported that Adult Social Care had a statutory duty to do this and provide reports.
- The use of LIFT centres to support community development.

RESOLVED – That the report be noted.

Minutes approved at the meeting
held on Monday, 21st April, 2008

118 Work Programme

The Head of Scrutiny and Member Development submitted a report which detailed the Board's Work Programme for the 2007/08 Municipal Year. Appended to the report was an extract from the Forward Plan of Key Decisions which related to the Adult Health and Social Care portfolio.

Members discussed Fluoridation of water supplies and possible ways of raising the debate on this issue.

RESOLVED – That the current Work Programme be agreed.

119 Date and Time of Next Meeting

Monday, 21 April 2008 at 10.00 a.m. (Pre-meeting for all Members at 09.30 a.m.)