

SCRUTINY BOARD (ADULTS,HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 17TH JULY, 2018

PRESENT: Councillor H Hayden in the Chair

Councillors C Anderson, D Cohen, J Elliott,
J Gibson, G Harper, M Iqbal, S Lay,
D Ragan, K Wakefield and A Wenham

Co-optee present – Dr John Beal

14 Appeals Against Refusal of Inspection of Documents

There were no appeals against refusal of documents.

15 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

16 Late Items

There were no formal late items. However, there was some supplementary information provided in relation to Item 7 - NHS Integrated Quality and Performance Report (minute 20 refers)

17 Declaration of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

18 Apologies for Absence and Notification of Substitutes

Apologies were received from Councillor Flynn, with no substitute present, and apologies from Councillor Harrington, with Councillor Cohen as substitute.

The Scrutiny Board also welcomed Councillor Ragan, who had recently been appointed to the Board, replacing Councillor Dye.

19 Minutes - 26th June 2018

RESOLVED – The minutes of the meeting held on 26th June 2018 be approved as a correct record.

20 NHS Integrated Quality and Performance Report

The Head of Governance and Scrutiny Support submitted a report that introduced the latest available NHS Integrated Quality and Performance Report (IQPR).

The following documents were appended to the report:

- A brief summary of key performance issues from NHS Leeds Clinical Commissioning Group (CCG)
- IQPR Reporting period February 2018
- IQPR Reporting period April 2018 (supplementary information)

The following were in attendance:

- Sue Robins, Director of Operational Delivery, NHS Leeds CCG
- Julian Hartley, Chief Executive, Leeds Teaching Hospitals NHS Trust
- Saj Azeb, Assistant Director of Operations, Leeds Teaching Hospitals NHS Trust

The Director of Operational Delivery gave a brief introduction to the report.

Members discussed a number of matters, including:

- *A&E waiting times.* Members expressed concerns regarding the percentage of patients in A&E seen within 4 hours, which in Leeds was 67.5% against the 95% target in February 2018. Members were assured that the percentage had since increased to over 90% for May and June. Members were further assured that Leeds was in the upper quartile (nationally) for its performance in this area.
- *Winter pressures.* Members were informed that additional funding to support LTHT during the winter period had been used in a number of ways; including the development of a new Frailty Unit, the introduction of a GP within A&E and additional community care beds.
- *Early cancer diagnosis.* Members expressed concerns regarding the underperformance against the national targets for cancer screening, and requested more information around the steps being taken to increase early diagnosis. The NHS representatives advised Members of ongoing work of Professor Sean Duffy and the West Yorkshire and Harrogate Cancer Programme, which included the introduction of the Accelerate, Coordinate, Evaluate (ACE) Programme for multi-disciplinary early diagnosis, and working in partnership with Public Health teams around campaigns to encourage screenings.
- *Personal Health Budgets (PHBs).* Members requested more information regarding of approach taken to encouraging uptake of PHB, considering the low uptake across all areas of the city. The NHS representatives expected a significant increase in patients choosing to manage their own care following Leeds becoming a demonstrator site for the application of the personalisation agenda, along with additional project development by the CCG. Members were also informed that the PHB offer had also recently been extended to adults and children who use wheelchairs, which had significantly increased the most recent figures.
- *Workforce issues.* NHS representatives noted the national challenge of recruiting doctors and nurses, and informed Members that Leeds does

have shortages in certain specialist areas such as Critical Care, where specialist skills are needed. However, Members were also informed that there had been a significant increase in nurses overall in Leeds in the last 5 years. The Board requested that the NHS representatives provide a summary of workforce data for the City – including primary care. The Board also requested a map of the city showing the current location of GPs and GP practices.

- *GP provision in deprived areas.* Members expressed concerns around the amount of GP provision in deprived areas, particularly inner city wards, and the prevalence of people using walk-in centres as they are not registered with a GP. NHS representatives agreed to provide further information to relevant Members.
- *Post-mortems in hospitals.* Members expressed concerns regarding apparent challenges for conducting post-mortems in hospitals during weekend hours. Members were subsequently informed that post-mortems are coordinated by the Coroner's office, rather than the hospital Trust; and more information would be provided on this relationship and associated issues.
- *Future IQPRs.* Members suggested that the emerging local care partnerships be incorporated into future reports. The Board was advised that the report was an emerging document and it was the intention to present information at a local care partnership level as data flows are developed.

RESOLVED –

- a) That the report and appendices be noted.
- b) That the information requested be provided to the Board.

Cllr Iqbal entered the meeting at 1:40pm during this item.

21 West Yorkshire and Harrogate Health and Care Partnership - Specialist Stroke Services

The Head of Governance and Scrutiny Support submitted a report that introduced a report from the West Yorkshire and Harrogate Health and Care Partnership regarding its work and engagement in relation to improving Specialist Stroke Services across West Yorkshire and Harrogate.

The following information was appended to the report:

- West Yorkshire and Harrogate Health and Care Specialist Stroke Care Programme Update

The following were in attendance:

- Linda Driver, Stroke Services Programme Lead, West Yorkshire and Harrogate Health and Care Partnership
- Karen Coleman, Communications Lead, West Yorkshire and Harrogate Health and Care Partnership

- Jonathan Booker, Business Intelligence Lead, West Yorkshire and Harrogate Health and Care Partnership
- Sue Robins, Director of Operational Delivery, NHS Leeds CCG

The Stroke Services Programme Lead briefly introduced the programme update, highlighting that the main focus of work had been in relation to hyper acute stroke services across West Yorkshire and Harrogate.

Members discussed a number of matters, including:

- *Preventative approach.* Members questioned whether there was a focus on encouraging healthy lifestyles to patients who were at risk of or had recently suffered a stroke, as opposed to medication led. Representatives informed the Board that all local areas have a specific prevention strategy which include encouraging healthy lifestyles.
- *Collaborative work with GP practices.* Members were informed that recent studies had revealed that the work trialled with GP practices could potentially prevent up to 190 strokes over 3 years, along with £2.5m of health care costs across West Yorkshire and Harrogate.
- *Consultation with communities.* Members were informed that some consultation had been undertaken with members of the public, and specifically with carers, around the development of specialist stroke services. However, representatives advised that further consultation was due to take place with those living in more rural areas.
- *Workforce issues.* It was recognised that across this service area, there continued to be challenging workforce issues nationally.

RESOLVED – That the contents of the report be noted.

22 Improving Access to Psychological Therapies

The Head of Governance and Scrutiny Support submitted a report that presented further details regarding the Improving Access to Psychological Therapies (IAPT) in Leeds.

The following information was appended to the report:

- A letter to the Chair from Leeds Local Medical Committee
- Developing a primary care mental health and wellbeing offer: Briefing for Scrutiny
- Young Persons' IAPT Service – Client Case Study

The following were in attendance:

- Caroline Baria, Deputy Director Integrated Commissioning, Adults and Health
- Kashif Ahmed, Head of Commissioning (Mental Health & Learning Disabilities), NHS Leeds CCG
- Jess Evans, Mental Health Commissioning and Performance Manager, NHS Leeds CCG

- Sue Robins, Director of Operational Delivery, NHS Leeds CCG

The Head of Commissioning (Mental Health & Learning Disabilities) briefly introduced the information presented to the Board; specifically highlighting the following areas:

- The current contract for delivering IAPT services across Leeds was due to end on 31 March 2019.
- IAPT was a nationally mandated service, which had given rise to some gaps between IAPT and community mental health services.
- The service faced some workforce challenges, with the recruitment of therapists being a national issue.

Members discussed a number of matters, including:

- *Access to therapies.* Members expressed concern that in 2017/18 only 16.8% (and 19.8% for 2018/19) of people with common mental health conditions had access to therapies in Leeds, against the 25% target set out in the report. Representatives informed Members that the current service review provided an opportunity to consider future arrangements to provide access to the most appropriate services.
- *Choice of case study.* Given the range of common mental health conditions experienced in the community and related IAPT services, Members questioned the singular choice of case-study presented in the report. Representatives agreed to review the details provided.
- *Primary Care Liaison pilot.* Members were updated on the success of a new Primary Care Liaison programme in GP practices, which aims to support patients with complex mental health needs who are not currently eligible for IAPT services.
- *Support for students.* Members were pleased to hear that additional support had been provided to the Leeds Student Medical Practice, as the student population have been identified as a specific group with high need.

RESOLVED – That the contents of the report be noted.

Councillor Cohen left the meeting at 15:35pm during this item.

23 Healthwatch Leeds Annual Report (2017/18) and Future Work Programme

The Head of Governance and Scrutiny Support submitted a report that presented Healthwatch Leeds' (HWL) Annual Report 2017/18 and its future work programme.

The following were in attendance:

- Hannah Davies, Chief Executive, Healthwatch Leeds
- Stuart Morrison, Team Leader, Healthwatch Leeds

The Chief Executive and Team Leader of HealthWatch gave a brief introduction to the report, highlighting a number of specific aspects of work undertaken.

Members discussed a number of matters, including:

- *Promotion and engagement.* Members questioned whether there was widespread, public knowledge and awareness across Leeds around the work and role of Healthwatch. The Board was advised that by the representatives that a new programme of promotion was being delivered that had been developed to ensure that engagement was balanced with capacity of the team and volunteers.
- *Focus on individual areas of the city.* Members were assured that plans for the future included work focused around some of the more deprived areas of the city, rather than city-wide.

The Chair thanked HealthWatch Leeds for attending and contributing to the discussion; and hoped the productive relationship with the Scrutiny Board continued.

RESOLVED – That the contents of the report be noted.

24 Chair's Update - July 2018

The Board considered a report from the Head of Governance and Scrutiny Support that provided an opportunity for the Chair of the Scrutiny Board to outline some areas of work and activity since the previous Scrutiny Board meeting in June 2018.

The Chair requested feedback from those who attended the development session on 9th July 2018, focusing on Leeds health and care landscape, with input from the CCG and each of the three local NHS provider trusts. Members found the session useful, and thanked NHS colleagues for their engagement and support.

The Chair informed Members that she recently attended a Local Government Association (LGA) event focused around a whole-council approach to problem gambling. The Chair reported particular attention to the link between problem gambling and suicide, and the overall impact of problem gambling on health and wellbeing – and proposed this be a particular focus for the Board during the current municipal year.

The Chair informed Members of a letter received from letter from NHSE received on Friday 13th July 2018, advising of procurement of orthodontic services across Yorkshire and the Humber (including Leeds) during 2018/19. Members were informed that the information provided was limited, and consultation with Members closed on 31st July 2018, which leaves little time for the matter to be discussed. It was agreed the Chair would provide a response to the letter on behalf of the Board.

The Chair updated Members regarding a letter received from a member of the public concerned around the provision of dementia care across the City. Members had received a copy of the Chair's response, along with a briefing note from the Director of Adults and Health. Additionally, a response had been requested by the Chair from the CQC, regarding the CQC related matters raised by the letter.

RESOLVED –

- (a) That the content of the report and verbal update provided at the meeting be noted.
- (b) That, on behalf of the Scrutiny Board, the Chair respond to NHS England following its letter regarding the procurement of orthodontic services across Yorkshire and the Humber.

25 Work Schedule

The Head of Governance and Scrutiny Support submitted a report setting out the main issues highlighted and discussed at the Board's previous meeting in June 2018 and introducing the Board's proposed 2018/19 work schedule for consideration.

The Principal Scrutiny Adviser introduced the report and outlined the areas within the work programme.

The Board also agreed for a Health Service Developments Working Group (HSDWG) meeting to take place on Wednesday 15th August 2018 at 2:00pm. Further details would be sent to all Members at a later date.

RESOLVED - That the outline work programme presented at the meeting be agreed, with the addition of the agreed HSDWG meeting on 15th August 2018.

26 Date and Time of Next Meeting

The next meeting of the Scrutiny Board – Adults, Health and Active Lifestyles to take place on Tuesday, 18th September 2018 at 1:30pm (pre-meeting for all Board Members at 1:00pm).

(The meeting concluded at 4:15pm)