

SCRUTINY BOARD (ADULTS,HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 11TH FEBRUARY, 2020

PRESENT: Councillor H Hayden in the Chair

Councillors C Anderson, J Elliott,
N Harrington, M Iqbal, G Latty, A Smart,
P Truswell and A Wenham

CO-OPTEE: Dr J Beal – Healthwatch Leeds

84 Appeals Against Refusal of Inspection of Documents

There were no appeals.

85 Exempt Information - Possible Exclusion of the Press and Public

There was no exempt information.

86 Late Items

There were no late items.

87 Declaration of Disclosable Pecuniary Interests

There were no declarations.

88 Apologies for Absence and Notification of Substitutes

Apologies for absence were submitted on behalf of Councillors C Knight, S Lay and D Ragan.

There were no substitute members in attendance.

89 Minutes - 7 January 2020

RESOLVED – That the minutes of the meeting held on 7 January 2020 be confirmed as a correct record.

90 Maternity and Neonatal Services in Leeds - proposed reconfiguration of services

The report of the Head of Democratic Services introduced the proposed reconfiguration of maternity and neonatal services in Leeds alongside details of the associated public consultation.

Appendices to the report gave an overview of Maternity and Neonatal Services in Leeds and introduced the proposals for the reconfiguration of services.

The following were in attendance for this item:

- Dr Kelly Cohen, Consultant in Fetal Medicine and Obstetrics & Clinical Director, Women's CSU (Leeds Teaching Hospitals NHS Trust)
- Dr Hannah Shore, Lead Clinician Neonatal Service (Leeds Teaching Hospitals NHS Trust)
- Dr Jane Mischenko, Lead Strategic Commissioner: Children & Maternity Care, (NHS Leeds Clinical Commissioning Group)
- Sarah Halstead, Senior Service Specialist (NHS England Specialised Commissioning)
- Shak Rafiq, Communications Manager (NHS Leeds Clinical Commissioning Group)

The Board was shown a short video presentation with regard to the proposed reconfiguration of Maternity and Neonatal Services in Leeds.

The following was highlighted:

- Midwifery led care had been highlighted as an issue from the Maternity Strategy and the proposed reconfiguration of services aimed to deliver this. There was clear evidence in the benefits of the proposals.
- Existing maternity arrangements at St James and LGI were virtually identical with different neonatal services. This caused problems with having to transfer babies between the sites and also mothers being separated from babies where specialist neonatal care was required.

In response to questions from the Board, the following was discussed:

- Formal public consultation was being undertaken due to the significance of the proposed changes.
- There had been recent changes to services at St James's which had had a positive impact. This had involved some pre-term deliveries being referred to LGI.
- Impact on families when babies are transferred between the existing two hospital sites.
- There were workforce challenges due to the size of the delivery unit at St James's and the need to resource the unit based on its maximum capacity.
- Leeds Teaching Hospitals Trust (LTHT) worked closely with other Trusts including Harrogate to provide neonatal care and how the trusts can work better together.
- The consultation process included targeting seldom heard stakeholders through Voluntary Action Leeds, other community groups and those with English as a second language. Translators had been available at drop in events.

- Mental health and emotional wellbeing had been an important part of the Maternity Strategy and there were pathways for perinatal mental health care.
- Provision of bereavement services – there was co-ordination between in house teams and external services (including hospices). There was also support available for fathers.
- The timescales and forthcoming consultations events were also considered.

Members of the Board were invited to visit both maternity and neonatal units during the consultation period.

The Chair thanked those in attendance for their attendance and presentation; adding that the level of engagement undertaken, including the involvement of the Scrutiny Board, prior to formal consultation had been pleasing to see and could usefully inform the approach for proposed changes across other service areas within the Leeds boundary and beyond.

RESOLVED – That the report and accompanying information be noted along with the associated key activities and timescales.

91 Leeds Teaching Hospitals NHS - Access to Services

The report of the Head of Democratic Services introduced a Leeds Teaching Hospitals NHS Trust report on access to services, particularly related to dermatology and spinal surgery services alongside the latest Integrated Quality and Performance Report (January 2020) and an overview of the West Yorkshire Association of Acute Trusts (WYATT).

The following were appended to the report:

- Leeds Teaching Hospital Trust's Integrated Quality and Performance Report
- West Yorkshire Association of Acute Trusts Annual Report 2018/19.

The following were in attendance for this item:

- Julian Hartley, Chief Executive (Leeds Teaching Hospitals NHS Trust)
- Clare Smith, Director of Operations (Leeds Teaching Hospitals NHS Trust)
- Matt Graham, WYAAT Programme Director.(Leeds Teaching Hospitals NHS Trust)
- Helen Lewis, Interim Director of Commissioning, Acute, Mental Health and Learning Disability Services (NHS Leeds Clinical Commissioning Group)

Leeds Teaching Hospitals NHS Trust report on access to services particularly focused on dermatology and spinal surgery services and provided an overview of the work of West Yorkshire Association of Acute Trusts (WYATT).

The report also presented the latest Integrated Quality and Performance Report (January 2020)

Dermatology Services

The following was highlighted:

- Services were based at Chapel Allerton hospital.
- 81% of patients were commissioned by Leeds CCG with 11% coming from Calderdale.
- There had been an increase in waiting times over the past 18 to 24 months largely as a result of increased referrals from Calderdale putting pressure on the delivery of the service. There had been a response with the provision of additional clinics and work was ongoing with Calderdale to address the impact of increased referrals.
- Patients were taken on a clinical needs order and then chronological order.
- Waiting times were currently around 11 weeks.

In response to questions, a number of matters were raised and discussed, including:

- The development of dermatology networks to address the national workforce pressures.
- Innovative working practices including the use of tele-dermatology.
- It was a challenge at a West Yorkshire level to meet capacity and demand and a network was being developed across West Yorkshire.
- WYAAT held a monthly meeting to discuss key pressure areas. There had been difficulties in Calderdale as it had not been possible to attract and recruit consultant dermatologists to the area.
- Concern that LTHT was having to take more patients from other areas and this affected treatment / waiting times for Leeds residents.
- Concern that the issues affecting the dermatology service represented 'the tip of the iceberg' and other service areas could be facing similar pressures.

It was re-emphasised that there were workforce challenges across West Yorkshire and nationally. Consideration was being given to how demand could be managed within the context of the workforce challenges.

Spinal Surgery Services

The following was highlighted:

- Specialist spinal surgery services in Leeds were provided on a tertiary basis, covering West Yorkshire and Harrogate.
- Most of the work was based at LGI with some out-patient clinics provided at Wharfedale.
- There had been 52 patients waiting for spinal surgery across West Yorkshire over the 52 week waiting list target; 15 of these patients

coming from Leeds. This had reduced over the past two years with considerable improvement over the past year.

- Reference was made to the 'Getting it Right First Time Program' which was focused on identifying efficiencies within the service.

In response to questions, a number of matters were raised and discussed, including:

- Concern that there had been no 52-week waits prior to 2017/18, and the current pressures were a legacy of the 2017/18 approach to winter pressures and the cancellation of planned surgical procedures.
- Patients who had been waiting for longer periods had less clinically urgent conditions than others.
- Challenges facing the service – allocation of resources; complexity of cases often with other health issues and the impact of this on the wider service.
- There had been a growth in spinal surgery and a larger number of complex cases.
- 58% of patients were seen within the 18 week referral to treatment timescale which was above average nationally.
- The longest waiting time for a patient had been 72 weeks.

The Trust was asked to provide the following information for members of the Scrutiny Board:

- The average waiting time for spinal surgery

Integrated Quality and Performance Report (IQPR)

An overview was given of the Performance Report. The following was highlighted:

- The report drew together all the different strands of quality and performance across Leeds Teaching Hospitals.
- There were a number of quality markers to comment on which included environment, workforce and patient experience.

In response to questions from the Board, the following was discussed:

- Operations cancelled on the day – there were various reasons but main reasons included unavailability of beds or insufficient theatre time. There was also intense pressure in the winter months particularly on urgent care and admissions. There had been an improvement during the last year.
- Cancer referrals – Leeds Teaching Hospitals NHS Trust was the specialist referral service for the region and relied upon timely referrals from others to meet the 62 day standard. Work was ongoing with WYAAT to improve the patient pathway.

- Referral to Treatment – there were significant issues with backlogs for spinal surgery and some other specialty areas.
- Readmission to hospital – Leeds compared favourably nationally and readmission rates were considerably below peer trusts. It was also noted that the data included repeat attendance by patients.
- An issue was reported regarding a recent case of admission to A&E which was not resolved satisfactorily due to waiting times and concerns that the service appeared to be understaffed. It was reported that there had been a focus on recruitment and retention and although the service was under pressure, the length of time in this case was not within target.
- Funding – The Trust had met their control total and had been eligible for further monies which had been spent on capital equipment.
- The waste reduction programme was linked to quality goals and there had been work within clinical teams to identify waste reduction and improvements. The trust had been rated as outstanding by the CQC for use of resources.
- Rise in the number of super stranded patients – there was a variety of reasons for this including varying clinical reasons and those waiting for transfer of care. Figures tended to rise over the winter period.
- Challenges highlighted included reducing times for spinal operations, reducing length of stay in hospital and reducing pressures on A&E. The main challenge was how to do the very best for patients in Leeds.

The Trust was asked to provide the following information for members of the Scrutiny Board:

- The total number of operations completed across the Trust in a given time period (ideally December 2019)

The Chair thanked those in attendance for this item.

RESOLVED –

- (1) That the report and accompanying information be noted.
- (2) That the additional information identified at the meeting be provided to members of the Board.

92 Chair's Update

The report of the Head of Democratic Services provided an opportunity to formally outline some of the areas of work and activity of the Chair since the previous Board meeting in January 2020.

- Co-Chaired HealthWatch Leeds event on Mental Health Crisis across Leeds. An interactive event with a number of different table discussions that involved a range of stakeholders including NHS commissioners, NHS Mental Health Service Providers, Third Sector organisations, GPs and service users.

- An update on the mandatory Joint Health Scrutiny Committee considering proposals to reconfigure specialist vascular services. A further meeting of the Joint Committee was scheduled for 24 February 2020.
- An outline of a meeting with Leeds Local Medical Committee scheduled for 21 February 2020; which would pick up on the work being undertaken on supporting Nursing Care Homes supporting GP services (particularly Out of Hours Service) in certifying expected deaths.
- Outline of a recent pre-planning meeting around the East Leeds Extension Southern and Middle Quadrants and the engagement of the NHS in likely impacts and planning for the future. Arrangements were being put in place for further discussions.

RESOLVED – That the report and update provided be noted.

93 Work Schedule

The report of the Head of Democratic Services invited Members to consider the Board's work schedule for the remainder of the 2019/20 Municipal Year.

A copy of the outline work schedule and Executive Board minutes were appended to the report.

The Principal Scrutiny Adviser presented the report. The following was highlighted:

- Additional meetings for Adults Safeguarding and Public Consultation on Reconfiguration of Maternity/Neonatal Services.
- Additional meeting to be arranged regarding the Aireborough Leisure Centre referral.

RESOLVED – That the report and Board's work schedule for the remainder of the 2019/20 Municipal Year be noted.

94 Date and Time of Next Meeting

Tuesday, 31 March 2020 at 1.30 p.m.

(Pre-meeting for all Board Members at 1.00 p.m.)