

SCRUTINY BOARD (ADULTS, HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 16TH MARCH, 2021

PRESENT: Councillor A Marshall-Katung in the Chair

Councillors C Anderson, J Elliott,
N Harrington, M Iqbal, C Knight, G Latty,
S Lay, D Ragan, A Smart, P Truswell and
A Wenham

Co-opted Member present – Dr J. Beal

At the beginning of the meeting, the Chair noted her thanks to her predecessor, Councillor Helen Hayden, for her work as Chair since 2017 and wished her all the best for her new role as Executive Member for Climate Change, Transport and Sustainable Development.

76 Appeals Against Refusal of Inspection of Documents

There were no appeals.

77 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

78 Late Items

There were no late items.

79 Declaration of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

80 Apologies for Absence and Notification of Substitutes

There were no apologies for absence.

81 Minutes - 9th February 2021

RESOLVED – That the minutes of the meeting held on 9th February 2021 be approved as an accurate record.

82 Hearing and Balance Centre

The Head of Democratic Services submitted a report that presented information from the Leeds Teaching Hospitals NHS Trust on plans to temporarily relocate the Hearing and Balance Centre.

The following were in attendance:

- James Goodyear, Director of Strategy, Leeds Teaching Hospitals NHS Trust
- Deborah Hall, Head of Nursing, Leeds Teaching Hospitals NHS Trust

The Director of Strategy (LTHT) introduced the report, advising that the relocation of services from the Leeds General Infirmary (LGI) to Seacroft Hospital is due to the demolition of buildings at the current site. Patient engagement has taken place with service users which has informed the plans to date, recognising requirements for accessible parking, access to Red Cross transportation services, and clear signage.

Members discussed a number of matters, including:

- *Consultation.* Members highlighted that the Scrutiny Board were not notified of service relocation at the earliest opportunity. Representatives apologised for not notifying in advance of patient engagement, and advised that options were initially explored to maintain services on the LGI site, however once it became clear that this would not be suitable and following patient consultation, the Board was notified of the relocation.
- *Travel and access.* Members recognised that the Seacroft location may not be convenient for residents to who do not live in the east of the city, however were advised that the majority of patients felt that the most important aspect for consideration as part of the relocation was a large accessible parking area, which Seacroft hospital offers. In response to a query, it was confirmed that services are expected to return to the LGI upon completion of the demolition and building works. Should this position need to change then further engagement work with the Scrutiny Board and with patients would be undertaken by the Trust.
- *Providing an outreach clinic in the South.* Members felt that an outreach clinic was also needed for the south of the city and the Director of Strategy agreed to explore this further, explaining that the Trust is always keen to work with community partners to identify outreach opportunities.

RESOLVED – That the contents of the report and appendices, along with Members comments, be noted.

83 Leeds Fertility IVF service

The Head of Democratic Services submitted a report that presented information from the Leeds Teaching Hospitals NHS Trust on proposals to explore and test the market for opportunities to grow and sustain the Leeds Fertility IVF service in light of a changing competitive market in Leeds.

The following were in attendance:

- James Goodyear, Director of Strategy, LTHT
- Dr Kelly Cohen, Clinical Director of Women's Services, LTHT
- Claire Goodman, General Manager, Women's Services, LTHT

The Clinical Director of Women's Services introduced the report and highlighted the current success of the Leeds Fertility IVF Service. In particular, it was noted that the 'take home baby rate' is 44% in Leeds, compared to 27% nationally. Members were also advised that the team hold an international reputation for training and excellence which the Trust is keen to maintain. Driven by recent changes to the commercial landscape for IVF in Leeds, it was highlighted that the Trust is wanting to explore the potential benefits of a collaborative approach with commercial providers in terms of investment opportunities to expand and grow the service, as well as securing its sustainability. The Trust therefore intends to invite the market to tender for the contract to deliver the IVF component of the service while still working closely with the Trust to maintain the current level of excellence. As part of this proposal, Members were assured that services would be delivered by the same clinical professionals and remain at Seacroft Hospital – despite the change in provider. The General Manager of Women's Services was then invited to give an overview of patient engagement work undertaken by the Trust. In acknowledging that patients have been generally happy with the current level of service received, it was noted that some potential service improvement areas had also been identified, which included simplifying the clinical pathway navigation routes; addressing waiting times; improved telephone access for information and advice; access to a patient supporting mobile application and greater personalisation of care. When asked specifically about the proposal to deliver the service through a commercial provider, it was reported that most were not against the proposal if it meant that the quality of care and expertise was to remain in place. Patients also emphasised the importance of ensuring that NHS and self-funding (private) patients are treated equally.

Members discussed a number of matters, including:

- *Clarification of the specific IVF component to be procured.* In response to a query, the Board was informed that the technical aspects of the IVF component would be procured but the broader gynaecological service and specialist fertility work would remain with the Trust.
- *The developing competitor market.* Members sought clarification on the current pressures on the service that have led the Trust to consider working with a commercial partner. Members were advised that the Trust intends to explore tendering options to give certainty to the viability of the service in the medium term, in order to maintain a service that is able to compete with other private providers that begin to offer alternative services in the city. It was also noted that the expectation would be for a private provider to pay the Trust to take on this work, which would offer some certainty over income and help mitigate the potential risk of patient activity levels reducing due to a changing commercial landscape.

- *Impact on staff employment.* Members sought clarification surrounding the impact on staff and learned that while a TUPE transfer would likely be applied to most of the affected staff, there are some staff that work across a broad range of fertility services whom may need to remain employed directly by the Trust.
- *Patient pathway.* Members were assured that the patient pathway managed by a Consultant, along with the nurse-led aftercare process, will remain unchanged despite the changes to the provider. It was also noted that the quality of care delivered by any new commercial provider would be closely monitored by the Trust through a robust contract management process.
- *Facilities for male fertility issues.* In response to a query, Members were advised that there is an andrology service available for referrals in Leeds.
- *Decision-making timeframe.* Members were informed that the Trust had not made any firm decisions regarding the future of the IVF Fertility Service as it would need to evaluate the outcome of the forthcoming tendering exercise. It was noted that the Trust intends to publish the tender documentation over the coming weeks.

In conclusion, the Chair proposed that the Board maintains a watching brief on this matter. While noting that there are no further planned meetings of the Board until June, the Chair requested that the Trust provides a further written update in due course, which will also assist the Board in determining its next steps.

RESOLVED –

- (a) That the contents of the report and appendices, along with Members comments, be noted.
- (b) That the Board is kept informed of progress by the Trust and receives a further written update in due course.

84 Women's Health in Leeds

The Director of Public Health submitted a report that provided an update on key women's health issues and how COVID-19 has impacted.

The following were in attendance:

- Councillor Fiona Venner, Executive Member for Children, Families and Adult Social Care
- Councillor Salma Arif, Executive Member for Health and Wellbeing
- Cath Roff, Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Kathryn Ingold, Chief Officer / Consultant in Public Health
- Tim Taylor, Head of Public Health
- Hannah Sowerbutts, Health Improvement Principal, LCC
- Louise Cresswell, Health Improvement Principal, LCC
- Liz Wigley, Commissioning Manager, NHS Leeds CCG

- Jeanette Morris-Boam, Project Manager, Women's Lives Leeds
- Dr Sarah Forbes, GP and Associate Medical Director for NHS Leeds CCG
- Dr Kelly Cohen, Clinical Director of Women's Services, LTHT

The Executive Members introduced the report, beginning by recognising recent events that had highlighted the need for greater focus on women's safety and wellbeing. Members were advised that the report includes contributions from a range of health partners, including the third sector, and details health outcomes of women in the city and how their experiences have been impacted by the COVID-19 pandemic, particularly for black and minority ethnic groups.

Members discussed a number of matters, including:

- *Addressing health inequality through targeted intervention.* In response to a query, Health partners provided detail on a range of initiatives and programmes to support disadvantaged groups and to understand the barriers to access to health services – including developing more accessible models for female cancer screening services, which have been replicated across other Primary Care Networks. Reference was made to the award winning Haamla Midwifery Team, who provide enhanced antenatal and postnatal care to women seeking asylum.
- *Domestic Violence.* In recognition of the increase in domestic abuse nationally and in Leeds as a result of the pandemic, as well as the impact of domestic violence on women's health and wellbeing, Members requested more information on the steps taken by health partners to support and identify women suffering abuse. Third Sector representatives advised that while there are a number of successful schemes in place currently, many of these are only funded until the end of March 2021. Related to this, Members were advised that there are three women's refuges, along with a range of other safe housing options, located across the city. Members felt that this matter should remain on the radar of the successor Scrutiny Board and recommended that options are explored in the new municipal year to link in with the ongoing work of the Environment, Housing and Communities Scrutiny Board surrounding Domestic Violence.
- *Endometriosis.* Members reflected on the initial request that was made back in 2019 for the Scrutiny Board to look into the support available for women who suffer from Endometriosis. This request had prompted the Board to consider reproductive health more broadly, but also Women's Health in Leeds generally. While noting that the agenda report had included a brief reference to Endometriosis, it was acknowledged by the Executive Member for Children, Families and Adult Social Care that more work was still needed to raise the profile of this particular condition as well as the need to increase levels of research and support to help those who suffer from it.
- *Inequalities in Health Alliance.* There was a suggestion from Members that Leeds City Council considers joining other organisations and City Councils in signing up to the Inequalities in Health Alliance.

In conclusion, the Chair welcomed the report and thanked everyone for their positive contributions to the discussion.

RESOLVED – That the contents of the report and appendices, along with Members comments, be noted.

85 Work Schedule

The Head of Democratic Services submitted a report that provided an overview of the work that has been undertaken by the Scrutiny Board this municipal year. Also appended to the report was a draft work schedule of planned meeting dates for 2020/21, which included standard items of scrutiny activity linked to performance and budget monitoring and other items of work linked to commitments already made by the Board.

Members were invited to identify any other specific areas/ matters that it would like to recommend to the successor Scrutiny Board in terms of its future work programme. A particular suggestion was made for the Board to explore how GP services are planning to safely return to a face-to-face appointment service.

RESOLVED – That the current work schedule be approved and the draft work schedule for 2021/22 be noted.

86 Date and Time of Next Meeting

To be confirmed.