

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

FRIDAY, 25TH NOVEMBER, 2011

**PRESENT:** Councillor L Mulherin in the Chair

Councillors R Charlwood, C Fox,  
S Armitage, K Bruce, A Hussain, W Hyde,  
J Illingworth, G Kirkland and S Varley

Co-opted Members – J Fisher, S Morgan and  
P Truswell

### 35 Late Items

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

- A joint report of the Director of Adult Social Services, Director of Children's Services and the Director of Public Health outlining progress on the Joint Strategic Needs Assessment (JSNA) (minute 39 refers)
- A recommendation tracking schedule relating to recommendations made by the former Scrutiny Board (Health) during its inquiry *Promoting Good Public Health: the role of the Council and its Partners* (minute 39 refers)
- The draft minutes of the Shadow Health and Wellbeing Board from its meeting held on 14<sup>th</sup> October 2011 (minute 42 refers)

### 36 Declarations of Interest

Joy Fisher declared a personal interest through being the Chair of the Alliance of Service Experts as she knew people involved in the request for Scrutiny relating to services for blind and visually impaired people.

### 37 Apologies for Absence and Notification of Substitutes

Apologies for absence were received from Councillor Chapman and Betty Smithson (representing Leeds Local Involvement Network).

### 38 Minutes

**RESOLVED** - That the minutes of the Scrutiny Board (Health and Well-being and Adult Social Care) meeting held on 28<sup>th</sup> October 2011 be approved subject to amendments to minute 28, Request for Scrutiny – Arrangements for meeting the needs of Blind and Visually Impaired People in Leeds, for references to 'Shire Oak' to be altered to read 'Shire View'

## 39 Inquiry into Health Inequalities

Further to minute 30 the Board meeting held on 28<sup>th</sup> October 2011, where the Board considered proposals for an inquiry into this matter, the Board considered a report of the Head of Scrutiny and Member Development providing background information on the JSNA and including a briefing produced by the NHS Confederation – in association with the Local Government Improvement and Development and the Royal Society for Public Health on preparing JSNAs.

The Board also considered a joint report of the Directors of Adult Social Care, Children's Services and the Director of Public Health setting out the progress on the current iteration of the JSNA for Leeds.

The Board welcomed the following people who attended for this item:

- Dr Ian Cameron – Joint Director of Public Health, Leeds City Council/NHS Leeds
- Lucy Jackson – Consultant in Public Health, NHS Airedale, Bradford and Leeds
- Nichola Stephens – Senior Information Manager, NHS Airedale, Bradford and Leeds
- Jacky Pruckner – Information Officer Leeds City Council
- Rob Kenyon – Head of Partnerships Leeds City Council, Adult Social Services
- Stuart Cameron-Strickland – Head of Policy, Performance and Improvement – Leeds City Council, Adult Social Services

The Board was informed of the work being undertaken on the latest iteration of the JSNA; the importance of the JSNA and its purpose.

Dr Cameron stated that the primary purpose of the JSNA was to inform commissioning decisions. Dr Cameron identified the targeting for the NHS Health Check as a good example of the JSNA informing local commissioning.

It was also reported that the JSNA had helped bring about a closer working relationship between the NHS and the Council.

Dr Cameron outlined the process for refreshing the JSNA and informed the Board of the wide-ranging data being collected, including details of:

- the diverse population of Leeds, including the different groups, changes and trends;
- behaviour changes and lifestyle issues;
- health conditions;
- the wider determinants of health;
- children – their health and well-being
- vulnerable groups;
- use of services

The Board was advised of the need for information to be obtained at a local level. To achieve this 108 Middle Super Output Areas (MSOA) profiles were being compiled, each covering a population of around 7000 people. Further data packs relating to various geographies (such as Area Committees, Clinical Commissioning Groups (CCGs)) were also being compiled. Such information would soon be accessible on-line through a Leeds Observatory website, which was under development.

A further aspect of the JSNA would be the interpretation of the data and what it revealed. It was suggested that this would be of significance when looking at health inequalities.

In terms of forward planning and developing the work programme for 2012, the Board was informed that further work would be carried out to help incorporate data from the third sector, with reference made to recent positive discussions with the Citizen's Advice Centre around how its data could be incorporated into the local JSNA.

The importance of further qualitative work being undertaken in 2012 was also highlighted, particularly around decision-making and commissioning. This would include understanding how the JSNA was influence commissioning decisions, and if not, the associated reasons.

In summary, the key areas of discussion were:

- the accuracy of the information and associated interpretations;
- the importance of the JSNA in changing behaviour, particularly within Council departments;
- the work carried out with the third sector to raise awareness of the JSNA and how data could be used more effectively;
- the continued refinement of JSNA data to match different geographies – for example, Super Output Areas (SOAs), Middle SAOs and ward boundaries;
- translating the data collected into action and the importance of 'intelligence' skills in interpreting data appropriately;
- the wider determinants of health and the potential impact of the current economic climate on health inequalities across the City. [*On this point Dr Cameron stated that this was a concern and that there was the danger that positive action taken in one area could be undermined by other factors*];
- using the JSNA to identify priority areas of need and priority groups (including the needs of vulnerable groups, such as older people);
- the importance of considering the correlation between social inequalities and health (both mental and physical) inequalities.

The Board considered how to proceed and welcomed Dr Cameron's

offer to attend the December Board meeting and provide some specific examples of the data sets available as apart of the JSNA. The Board also agreed to form a working group to look at the data being collected in greater detail.

**RESOLVED –**

- i) To note the report and comments made;
- ii) To note the progress that has been made in delivering the work programme since the JSNA was published in April 2009;
- iii) To note the work to develop the refresh of the JSNA for 2012 and the emerging key issues on health and health inequalities;
- iv) That, for Members' information and comment as part of the Board's inquiry into health inequalities, a further report be submitted to the December Board meeting to provide some specific examples of the data sets available as apart of the JSNA;
- v) That a working group be established to take forward some aspects of the Board's health inequalities inquiry.

**40 NHS Foundation Trust proposals**

Further to minute 29 of the Scrutiny Board (Health and Well-being and Adult Social Care) meeting held on 28<sup>th</sup> October 2011 where the Board considered information on proposals for local NHS Trusts to become NHS Foundation Trusts, the Board considered a report which set out the draft comments/main issues identified by Members, to form the basis of the Board's formal consultation response.

Members commented on the following matters:

- that the previous report and presentation had related to two NHS Trusts and therefore the Board's formal responses should be separated out in relation to the Leeds Teaching Hospitals NHS Trust and the Leeds Community Healthcare NHS Trust
- Integrated Health and Social Care Services – the need for this paragraph to be reworded and strengthened particularly relating to governance issues
- Private Income – that the word 'significantly' should be deleted
- Quality – that this paragraph be reworded to include the need for proper staffing levels and quality of care to be maintained throughout the changeover period and for this to be done in a measurable way

In view of the timescales involved, the Chair proposed that the re-drafted version be circulated to Members by e-mail for comment prior to submission

**RESOLVED –** That the proposed amendments be made and circulated to Board Members for comment prior to submission as the Board's formal response to the Foundation Trust proposals.

**41 Yorkshire Ambulance Service (YAS) - NHS Foundation Trust proposals**

Further to minute 29 of the Scrutiny Board (Health and Wellbeing and Adult Social Care) meeting of 28<sup>th</sup> October 2011 where the Board considered proposals by Leeds Teaching Hospitals NHS Trust and Leeds Community Healthcare NHS Trust to become Foundation Trusts, the Board considered a report setting out proposals by Yorkshire Ambulance Service (YAS) NHS Trust to become a Foundation Trust.

Attending for this item and representing Yorkshire Ambulance Service (YAS) were Mr. John McSorley and Mr. James Webb (Locality Managers (Leeds)).

Members were informed that YAS was aiming to become a Foundation Trust by the end of 2012 and presenting the proposals to the Board was part of the consultation and engagement process being carried out. The closing date for comments was stated as 4<sup>th</sup> December 2011.

Members noted that YAS covered an extensive area, with Mr McSorley stating this was approximately 6,000 square miles with a population of 5 million.

The benefits of Foundation Trust status were explained as being:

- independence from Government control;
- less bureaucracy; and,
- greater financial flexibility.

YAS hoped the proposals would enable more lives to be saved and better training and equipment to be provided.

The importance of guiding people to the most appropriate care pathways was emphasised, as not all cases required an ambulance and emergency care; the possibility of a system of telephone triage was being considered to direct people appropriately and YAS was in the process of submitting a bid to provide the new 111 service for non-urgent medical care.

YAS was looking to improve the treatment for trauma patients, through better training and more specialised equipment.

In terms of governance arrangements, it was proposed that there would be a Council of 24 Governors made up of:

- 13 public governors elected from the four constituencies of East Yorkshire (2), South Yorkshire (3), North Yorkshire (2) and West Yorkshire (6);
- 7 appointed governors - including two representatives from Local Authorities across the region;
- 4 staff representatives (with staff of all levels eligible to sit as Governors in a mix of front-line and support staff).

The Board commented on the report and the presentation. The key areas of discussion were:

- the proposed governance arrangements; the intention to have only two representatives from Local Authorities; how these would be determined; how these representatives could begin to properly represent the extensive geographic area, which included urban and rural areas, together with the wide-ranging communities, groups and associated needs in the proposed four constituency areas of Yorkshire;
- whether YAS was looking to tailor its services to reflect each area/community or whether a standard service would be provided across all areas;
- budgets and resources, how these would be allocated across such a large geographic area and whether some areas would receive larger amounts;
- how any budget deficit would be managed once the Trust was independent from Government control;
- whether as a Foundation Trust, YAS would be able to set salary levels for all staff and pay Governors (beyond expenses for travel and subsistence);
- whether the organisation considered itself ready for Foundation Trust status, given areas of poor performance previously reported;
- how YAS would work with other services, e.g. the Air Ambulance and Mountain Rescue and how such services would be represented in the governance arrangements of the Foundation Trust;
- the importance of ensuring the governors were truly representative of the areas and communities within YAS's boundaries, with some concerns being raised about the possibility of this being achieved;
- that further information was needed on the arrangements for the election of Public Governors;
- emergencies in neighbouring areas; how the financial arrangements would work if YAS needed to attend a major incident outside of its area and whether there would be reciprocal arrangements;
- the possibility of changing the make-up of the constituencies which might address some of the concerns raised.

The Chair thanked Mr McSorley and Mr Webb for their attendance; the information provided and Mr McSorley's offer to take specific issues back to the organisation for further information.

The Board considered how to proceed.

**RESOLVED –**

- i) That, pending further consideration of the issues raised, a holding response be submitted on behalf of the Board, setting out the initial concerns raised around the proposals for YAS NHS Trust to become a Foundation Trust;
- ii) That the report be resubmitted to the December meeting with senior Executives from YAS invited to attend to address the Board's concerns in more detail.

## 42 Work Schedule

The Head of Scrutiny and Member Development submitted a copy of the work programme for the 2011/2012 Municipal Year which had been populated with six priority areas for scrutiny identified at the meeting.

A copy of the draft minutes of the Shadow Health and Wellbeing Board were tabled for information.

The Chair referred to the request for scrutiny into the services for blind and visually impaired people and informed the Board that Executive Board would consider the deputation which had been made to Council in November, at its meeting on 4<sup>th</sup> January 2012. A working group from Scrutiny Board (Health and Wellbeing and Adult Social Care) would meet on 21<sup>st</sup> December to consider the matter and it was hoped that early sight of the Executive Board report would help inform discussions and the working group's response which would be forwarded to Executive Board ahead of 4<sup>th</sup> January meeting.

In view of two additional items for the 21<sup>st</sup> December Board meeting it was agreed to dispense with the pre-meeting on that day and for the Board meeting to commence at 9.30am.

**RESOLVED** - To note the Work Schedule and to agree the following amendments:

- the inclusion of a working group meeting scheduled for 21<sup>st</sup> December 2011 pm to consider issues relating to services for blind and visually impaired people in Leeds
- the rescheduling of the report from the Director of Public Health on the Tobacco Reduction Strategy from the December 2011 meeting to the January 2012 meeting
- the inclusion of a further session on Health Inequalities at the December Board meeting (minute 39 refers)
- the resubmission of the report on the proposals of YAS NHS Trust to become a Foundation Trust, to the December Board meeting, with members of the YAS Executive being asked to attend (minute 41 refers)

## 43 Date and Time of the Next Meeting

Wednesday 21<sup>st</sup> December 2011, with no pre-meeting on this occasion and the Board meeting to commence at 9.30am