

SCRUTINY BOARD (HEALTH)

TUESDAY, 17TH FEBRUARY, 2009

PRESENT: Councillor P Grahame in the Chair

Councillors A Blackburn, D Congreve,
J Illingworth, M Iqbal, G Latty, A McKenna
and L Rhodes-Clayton

CO-OPTEEs Mr E Mack

71 Declarations of Interest

Councillor Illingworth declared a personal interest in Agenda Item 6, Draft Health and Wellbeing Partnership Plan 2009 to 2012 due to his employment with the University of Leeds (Minute No. 73 Refers).

72 Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Chapman and Lamb.

73 Draft Health and Wellbeing Partnership Plan 2009 to 2012

The report of the Director of Adult Social Services presented the latest working draft of the Health and Wellbeing Partnership Plan for 2009 to 2012. This plan would replace the Leeds Health and Wellbeing Plan 2005 to 2008 and build on partnership priorities that had already been consulted on and agreed in the Leeds Strategic Plan. It was reported that the Plan had been brought to Scrutiny Boards prior to submission to the Executive Board and full Council.

The Chair welcomed John England, Deputy Director, Adult Social Services and Mike Simpkin, Public Health Strategy Manager to the meeting.

It was reported that the plan was still a working. The plan would go to Executive Board in March 2009 and full Council for approval in April 2009. Members attention was also brought to the action plan that had been developed.

The Board was given a presentation on the Health and Wellbeing Partnership plan. The presentation focused on the following issues:

- Visions and Strategic Outcomes – Emphasis on reducing inequalities in health
- Areas of Action – Developed in 3 main themes:
 - Influences on Health

- The Lives People Lead
 - The Services People Use
- Ward Mortality – differences in life expectancy across Leeds
- Four Main Strategic Objectives:
 - Reducing Health Inequalities
 - Improving Quality of Life
 - Enhanced Safety and Support for Vulnerable People
 - Inclusive Communities
- Improvement Priorities – linked to Leeds Strategic Plan priorities.
- Key Connections – delivery of health and wellbeing outcomes working across a number of plans, services and strategies.
- How to Deliver Priorities – Strategic Lead Teams, joint commissioning and working between NHS Leeds and the Council, integrated services, locality working, links to the Joint Strategic Needs Assessment (JSNA).
- Current and Emerging Challenges – changing demographics and ageing population leading to different health issues.
- Action Planning and Examples of Action – including the provision of services, influences on health, preventative measures, physical activity and strengthening partnerships at local level.

Further to the presentation and in response to Members' comments and questions, the following issues were discussed:

- Infant mortality rates – it was reported that these were higher in areas of deprivation.
- Progress on health issues in recent years – while it was recognised there had been significant improvements, there was a need to intensify this improvement.
- Alcohol and licensing issues – when the Licensing Act 2005 was introduced, there was no provision for considering health issues in relation to licensing applications. There had since been amendments to allow this and it was noted that there had been a recent decrease in the number of licensed premises across Leeds. There was however, concern regarding the sale of alcohol from off licensed premises and the possible affects on health.
- The role of locality enablers – there would be 3 locality enablers based across the 3 Area Management teams and these would work closely with appointed Health and Wellbeing champions to help deliver improvement priorities at local level to meet local needs. It was suggested that the locality enablers should report to Area Committee to keep Elected Members involved and informed of health issues. Concern was expressed at the need and cost of additional staffing and that the Council should be taking a holistic approach at this stage. It was reported that other Council Directorates outside those relating to Health and Social Care had been involved including those with responsibility for highways and sports facilities and it was confirmed that locality enablers would report to Area Committees.

- Work with employers – work had been undertaken with NHS Leeds and a Workplace Health Award Scheme had been introduced. It was hoped to extend this before the end of 2009.
- Physical activity and links to childhood obesity, lack of facilities for physical activity and loss of areas for physical activity due to new developments, particularly in areas of deprivation. It was reported that the Physical Activity Strategy had been launched in December 2008 and steps to measure physical activity had been implemented.
- The role of the Voluntary, Community and Faith Sector and how it could contribute to joint working, particularly on a local level and how to attract the involvement of smaller VCFS organisations.
- Conditions such as diabetes and coronary heart disease and how these could affect specific communities.
- Alcohol and drug misuse, particularly among young people and treatment for related health problems.

RESOLVED – That the Head of Scrutiny and Member Development drafts a response from the Board, regarding the key concerns and issues discussed in relation to the draft Health and Wellbeing Plan 2009-12 and prior to its submission to Executive Board.

74 Provision of Hospital Food in Leeds

The report of the Head of Scrutiny and Member Development reminded the Board of a request for Scrutiny from Councillor Denise Atkinson regarding the Provision of Hospital Food. Appended to the report was a submission from Leeds Teaching Hospitals Trust (LTHT) regarding Patient Food Services within the Trust and the Board was asked to consider whether further action was required.

The Chair welcomed Councillor Denise Atkinson and Andrew Matthews, Deputy Head of Facilities, LTHT to the meeting.

Councillor Atkinson recounted on her recent experiences in Hospital and along with some Members of the Board raised the following areas of concern and discussed related issues:

- Very poor quality food, to the extent that patients were going out to eat where possible or having food brought in.
- No food available to newly admitted patients when snack boxes should be provided.
- Having little or no choice of food and items listed on menus not being available.
- Lack of working facilities for preparing food including toasters and microwaves.
- Inappropriate food being offered to people with illnesses such as diabetes.
- Concern that food was being sent from Wales.

- Lack of choice for those with special dietary needs whether it be on religious or health grounds.
- Not all experiences of Members had been negative, with others reporting on standards being acceptable.

Andrew Matthewman addressed the meeting. He reported that LTHT served over 2,000 meals per day and accepted that different views would be expressed due to people having different requirements and tastes. He apologised for what were accepted to be valid concerns. With regard to food being brought in from Wales, it was reported that this was the pre-cooked main meals and other food was sourced locally. The contract for the main meals was due to expire in 2011 and had been awarded for 10 years. LTHT was beginning the process to procure the next contract and supply of local goods and services was of concern.

In response to other concerns and questions of the Board he reported the following:

- Dieticians did work with patients to discuss requirements.
- Snack boxes of food should be made available for patients admitted outside of normal hours and meals may be available where patients had been discharged, and someone else had taken their place.
- There would always be waste due to issues such as patients discharging themselves and those who were too ill to eat what had been pre-ordered.
- LTHT did want to improve services and Members of the Board were invited to attend for lunch in line with inspections previously carried out by members of the Public and Patient Involvement forums.
- Cost of food per patient was £2.92 for 3 meals per day.
- Complaints had been received about provision of food, but the vast majority of patients were satisfied.

RESOLVED – That the report be noted.

(Councillor Iqbal left the meeting at 11.50 during the discussion on this item).

75 GP-led Health Centre - Scrutiny Inquiry

The report of the Head of Scrutiny and Member Development referred to the Inquiry into the proposals for the provision of a GP-led Health Centre in Leeds. Members were asked to discuss the outcomes of the Inquiry and were reminded that the Board would be provided with a review of the Centre following its opening.

RESOLVED – That the Board receive an update on the first few weeks of operation at its April meeting.

76 Work Programme

The Head of Scrutiny and Member Development submitted a report which outlined the Board's Work Programme. Also appended to the report was a copy of the Executive Board minutes from 14 January 2009.

It was reported that the review of the GP-Led Health Centre would be added to the Work Programme for the April meeting. It was also noted that the issue of Co-opted Members for all Scrutiny Boards, including Scrutiny Board (Health), was due to be discussed by the Scrutiny Chairs Advisory Group in the near future.

RESOLVED –

- (1) That the minutes of the Executive Board held on 14 January 2009 be noted.
- (2) That the Work Programme be approved.

77 Date and Time of Next Meeting

Tuesday, 14 March 2009 at 10.00 a.m. (Pre-meeting for all Members at 09.30 a.m.)