

SCRUTINY BOARD (HEALTH)

TUESDAY, 28TH APRIL, 2009

PRESENT: Councillor P Grahame in the Chair

Councillors A Blackburn, J Chapman,
D Congreve, M Iqbal, G Kirkland, A Lamb,
G Latty, A McKenna, J Monaghan and
L Yeadon

CO_OPTEES E Mack

86 Apologies for Absence

Apologies for absence were submitted on behalf of Councillor Illingworth.

87 Minutes of the Previous Meeting

RESOLVED – That the minutes of the meeting held on 24 March 2009, be confirmed as a correct record subject to the inclusion of Councillor Iqbal and E Mack under those present.

88 Mental Health Provision

The report of the Head of Scrutiny and Member Development reminded the Board of their request to have an item to discuss a range of issues relating to mental health. Accordingly an officer from Leeds Partnership Foundation Trust has been invited to engage with Members in a general question and answer session around mental health issues.

The Chair welcomed the following to the meeting:

- Debbie Ward, Associate Director Specialist Services and Lead Associate Director
- Gary Hostick, Associate Director Older People's Services
- Lynn Parkinson – Associate Director Adult's Services

In response to Members comments and questions, the following issues were discussed:

- Closure of hospital wards for mental health patients across the city. It was reported that redesigned services had provided more opportunity to provide care in community settings. Services, including those developed under the POPPs programme, had provided more support at home and other alternate care to hospital admission.
- Issues relating to dementia – diagnosis, treatment of and other service provision.

- How to access Leeds Partnership Foundation NHS Trust services.
- Provision for young people – it was reported that there was specialist provision for children and young people and NHS partners worked in close conjunction with Education Leeds where necessary.
- Provision at the Becklin Centre and the Mount.
- Developing future provision and community engagement in the consultation process.
- The increased need for services due to people living longer.
- How to access care from home.

RESOLVED – That the report and discussion be noted.

89 Hospital Discharges

The Head of Scrutiny and Member Development submitted a report regarding the Board's Inquiry into Hospital Discharges. This session of the Inquiry was to consider a report of Leeds Partnership Foundation NHS Trust (LPFT).

It was reported that LPFT's main provision was through hospital admissions, but there was an emphasis on ensuring that patients did not remain in hospital longer than necessary. In response to concerns that patients may be discharged without appropriate care packages, it was reported that a patient's discharge plan was commenced upon admission and that this should take care of any further care requirements. Other issues discussed that affected discharges included a patient's choice for after care when discharged and attention was brought to the number of delayed discharges which had shown a recent decline in numbers.

RESOLVED – That the report and discussion be noted.

90 GP-Led Health Centre

The report of the Head of Scrutiny and Member Development reminded the Board of the recent Inquiry into the provision of a GP-led Health Centre in Burmantofts.

The Chair welcomed Doctor Damien Riley, NHS Leeds to the meeting.

In response to Member's comments and questions, the following issues were discussed:

- There had been 128 new patients registered at the centre and 368 people had accessed the walk-in service.
- Patients had been asked where they had come from and usage times had been monitored. The service had been used outside normal GP opening hours and on a weekend and patients had visited from as far as Morley.
- Mental Health services at the centre were not provided by Care UK although the practice could refer patients directly to them.

- In response to a question regarding provision of Sexual Health services, it was reported that there had been a shift to the use of specialist clinics and also direct provision of treatments from pharmacies.
- Further issues discussed included improvements to the building, problems with car parking and when it was anticipated that there would be a need to employ more GP's at the centre. It was reported that the average number of patients registered to each GP was 1,700 and this was acknowledged as a longer term concern for the centre.

RESOLVED –

- (1) That the report be noted
- (2) That a further progress report be brought to the Board in six months.

91 Improving Young People's Sexual Health

The report of the Head of Scrutiny and Member Development outlined the draft final report following the Board's Inquiry into Improving Sexual Health for Young People. Members were invited to comment on the draft report.

In brief summary, the following issues were discussed:

- Sex education and at what age this should be introduced.
- Comparisons across different religious and cultural groups and their differing views on sex education.
- Availability of sexual health advice and care at walk in centres and at Contraceptive and Sexual Health Clinics..

RESOLVED – That the draft final report be amended as discussed.

92 Health Proposals Working Group

The report of the Head of Scrutiny and Member Development gave the Board an update of the Health Proposals Working Group and detailed minutes of their last meeting.

Discussion took place regarding the current format of the group and how to improve Elected Member attendance. It was suggested that the Group could meet on the same day as the Board.

RESOLVED – That the report be noted.

93 Annual Report

The Head of Scrutiny and Member Development submitted a copy of the Board's draft Annual Report. The Board's report would form part of the composite report which would be submitted to Full Council.

RESOLVED – That the Board’s contribution to the composite report be agreed.

94 Recommendation Tracking

The report of the Head of Scrutiny and Member Development detailed progress made on previous recommendations made by the Board. The Board was asked to decide which items no longer required monitoring as indicated in the report.

RESOLVED – That the tracking stages as outlined in the report on the Board’s previous recommendations be agreed.