

SCRUTINY BOARD (HEALTH)

TUESDAY, 16TH FEBRUARY, 2010

PRESENT: Councillor M Dobson in the Chair

Councillors S Bentley, J Chapman,
D Congreve, D Hollingsworth, J Illingworth,
G Kirkland, A Lamb, P Wadsworth and
L Yeadon

CO-OPTEEES: A Giles (Leeds Local Involvement Network)
R Alam (Leeds Voice, Health Forum)

68 Late Items

In accordance with his powers under Section 100B(4)(b) of the Local Government Act 1972, the Chair admitted to the agenda two items of late information relating to Item 7 (Minute No. 73 refers) which had been unavailable at the time of the agenda despatch:

- Briefing paper from Leeds Teaching Hospitals NHS Trust
- Briefing paper from NHS Leeds

69 Declarations of Interest

In respect of Agenda Item 7 'Scrutiny Inquiry: The Role of the Council and its Partners in Promoting Good Public Health (Session 3)' (Minute No. 73 refers), Councillor Lamb declared a personal interest as the owner of a public house business in Walton near Wetherby.

70 Apologies for Absence

Apologies for absence were submitted on behalf of Councillor Iqbal.

71 Minutes of the Previous Meeting

In response to a query, the Principal Scrutiny Adviser confirmed that the final inquiry report and any recommendations would be agreed by the Board. However, at this stage the draft report was likely to include a recommendation around the guidance paper – 'Promoting physical activity for children and young people', produced by NICE, being incorporated into the Local Development Framework.

RESOLVED – That the minutes of the meeting held on 16th February 2010 be confirmed as a correct record.

72 Welcome to New Members

At this point in the meeting the Chair welcomed two new co-optee members to the Board. They were introduced as:

Minutes approved as a correct record at the meeting
held on Tuesday, 16th March, 2010

- Arthur Giles, representing Leeds Local Involvement Network (LINK), and
- Razwanah Alam, representing Leeds Voice, Health Forum.

73 Scrutiny Inquiry: The Role of the Council and its Partners in Promoting Good Public Health (Session 3)

The Head of Scrutiny and Member Development submitted a report introducing the third session of the Scrutiny Board's inquiry focusing on the role of the council and its partners in promoting good public health. The aim of the session was to consider matters associated with promoting responsible alcohol consumption and reducing alcohol related harm.

Attached to the report was the following information:

- Action Plan for the Improvement Priorities in the Health and Wellbeing Partnership Plan (2009-2012) of the Leeds Strategic Plan (2008-2011) – Appendix 1
- House of Commons Health Committee summary statement and extract of report on Alcohol – Appendix 2
- NICE public health guidance 7, School-based interventions on alcohol – Appendix 3
- Healthy Ambitions: Staying Healthy Pathway – summary of recommendations – Appendix 4
- Briefing note of the role of the Licensing Authority (Leeds City Council) under the Licensing Act 2003 – Appendix 5

Two additional papers had also been accepted as late information under Agenda Item 3 (Minute No. 68 refers):

- Briefing paper from Leeds Teaching Hospitals NHS Trust
- Briefing paper from NHS Leeds

The Chair welcomed the following officers from NHS Leeds to the meeting:

- Dr Ian Cameron, Director of Public Health (NHS Leeds, Directorate of Public Health)
- Brenda Fullard, Head of Healthy Living and Inequalities (NHS Leeds, Directorate of Public Health)
- Luke Turnbull, Strategic Development Manager – Alcohol and other Substance Use (NHS Leeds, Directorate of Public Health)

The Chair also welcomed the following officers from Leeds City Council:

- John England, Deputy Director of Adult Social Services (Leeds City Council)
- Seamus Kennedy, Principal Liaison & Enforcement Officer (Leeds City Council, Entertainment Licensing)

The Director of Public Health gave the Board a brief overview of the effects of alcohol related harm from a NHS perspective. He referred to in brief summary:

- The Joint Strategic Needs Assessment (published in 2009) outlined the challenges that Leeds faced for the next 15 years. Reducing alcohol related harm was likely to remain a significant challenge.
- Alcohol related harm affected a sizeable proportion of the population. Its effects were increasing year on year and there was a need to reduce the levels of consumption across the City and for support services to be in place.
- There was a need for a cultural shift in the consumption of alcohol.
- Reducing alcohol related harm was a priority and had been identified by NHS Leeds as one of eight performance priorities which would be assessed as part of the World Class Commissioning (WCC) programme. The next assessment would be May 2010.
- The role of advocacy around the effects of harm caused by alcohol. The NHS Leeds Board had agreed to support and lobby with other core cities for a minimum price for alcohol.
- Partnership working in Leeds, across the region and beyond. NHS Leeds were keen to learn from other areas and share best practice.

The Head of Healthy Living and Inequalities and the Strategic Development Manager addressed the Board on NHS Leeds' priorities and referred to the NHS Leeds briefing paper on alcohol. The main issues highlighted included:

- The graph, which demonstrated that consumption of alcohol had steadily increased in the UK since 1984, along with alcohol related deaths.
- The social impacts of alcohol and that many of the indicators were significantly worse in Leeds than the national average.
- The costs of tackling the harm caused by alcohol misuse and that the Leeds Alcohol Strategy 2007-10 estimated the cost of alcohol in Leeds to the NHS alone as £23.13 million per year.
- Harm to health and that alcohol related hospital admissions in Leeds had risen by far more than the national and regional rates.
- The national direction and approach to promote sensible drinking and reduce alcohol related harm, in particular the updated government joint strategy. The 7 high impact changes which the Department of Health had calculated were the most effective actions for local areas to prioritise and which Leeds had taken on board were also outlined.

Partnership working

- With regard to partnership working, the existing Alcohol Strategy would remain current until March 2010 and, through the Leeds Joint Alcohol Management Board, the strategy was being refreshed.
- The research partnership (CLAHRC) which was exploring effective interventions and influencing commissioning decisions, particularly around alcohol treatments in hospitals and how best to reduce admissions.

Impact of alcohol misuse in the community

- Two alcohol harm reduction demonstration sites in Middleton and Armley.

Influence change through advocacy

- A report commissioned to describe the financial impact of alcohol to Leeds – the costs and benefits.

Improving the effectiveness and capacity of specialist treatment

- Currently Leeds treated 9.2% of estimated dependent drinkers in the PCT area. The Department of Health (DoH) recommendation was for at least 15% of dependent drinkers to be in treatment.
- Through the expansion of the NHS Health Check in GP practices across the City, more people were likely to be identified as harmful drinkers – as such, demand for specialist treatment was likely to increase.

Alcohol health worker

- The expansion of the LTHT Alcohol Scheme with the appointment of an additional 3 staff members during 2010-11.

Identification and brief advice

- Recognition that there was a need to increase the availability of advice and support for people to reduce their alcohol consumption and 'Identification and Brief Advice' would be increased in hospitals and GP practices.

Social marketing priorities

- That a social marketing company 'Journey' had been commissioned to produce a report on the approach to changing public attitudes and behaviour and to designing services. The report would be available in March 2010.

The Deputy Director of Adult Social Services then addressed the Board, raising the following issues:

- The importance of listening to the concerns raised by members of the public around excessive alcohol consumption: crime and disorder, anti-social behaviour on the street and safety in the city centre.
- The Adult Social Care and Environment and Neighbourhood Departments were significant commissioners of services. However there were insufficient services to meet the demand.
- That under age consumption of alcohol was a significant problem in the City. Control over the sale of alcohol was therefore important as was education in schools around safe alcohol consumption.
- Safer Leeds also made a major contribution. There were voluntary initiatives in place in the licensing trade, one of which limited access to certain products to over 25s only. There was also a pilot arrest referral scheme, where people causing problems due to drink could be referred to a service as an alternative to a court appearance.

The Principal Liaison & Enforcement Officer addressed the Board and raised the following licensing issues:

- The Licensing Act 2003 came into effect in November 2005. It was a major overhaul of the existing system. The Act was underpinned by 4 licensing objectives: The prevention of crime and disorder; Public safety;

The prevention of public nuisance; and The protection of children from harm. Public health was not included with government guidance citing it was dealt with in other legislation (and not the Licensing Act).

- The success of multi-agency working with Safer Leeds the police and Trading Standards. However, improvements could be made.
- That regular visits to licensed premises were carried out by LCC's Entertainment Licensing Enforcement Team and the police and prosecutions were taken when appropriate. However more often officers endeavoured to work with operators to try and resolve particular issues of concern.
- The Department very much supported the minimum pricing of alcohol. NHS Manchester were lobbying Government for this and Leeds was also giving its support.
- The Department also supported the introduction of mandatory codes (rather than voluntary codes) which would for instance ban irresponsible drinks promotions, ban 'dentist chairs' and ensure the availability of free water. LCC Entertainment Licensing and LCC Community Safety/Safer Leeds provided a joint response to the Department of Health's Safe.Sensible.Social consultation in July 2008, resulting in the new mandatory code for alcohol retailers.

In brief summary, the Board then raised and discussed the following issues and concerns:

- Funding of alcohol related issues and prioritising, particularly in relation to the 7 high impact changes identified by the DoH – *officers advised that in the present financial climate, no guarantees about funding could be given, however they agreed to keep the Board informed. Achieving the DoH recommendation for 15% of dependant drinkers to be in treatment was a priority and a significant challenge.*
- Clarity on the target for 15% of dependant drinkers to be in treatment – *officers advised there were an estimated 23,000 dependent drinkers in Leeds, therefore 15% was a considerable number.*
- That the partnership was not engaging with representatives from the licensing trade; publicans and supermarkets, and these representatives were also not at this meeting – *officers advised that the retail industry were in business to increase the consumption and sales of alcohol, although it was recognised that partnership working was vital in the widest sense.*
- The introduction of minimum pricing – *officers reiterated that studies had shown that this would aid the reduction of alcohol consumption and would particularly target problem drinkers and young people. Sensible drinkers it was estimated would pay an extra £14 per year. NHS Leeds had declared its support and would be lobbying Government for its introduction. A few years ago a number of Leeds agencies had explored the possibility of introducing minimum pricing per unit alcohol, however, they were unable to progress due to existing competition laws.*
- The huge disparity between the price of alcohol sold in pubs and supermarkets. That supermarkets, with their special offers of buying in bulk, encouraged excessive drinking – *officers advised that it was recognised that, at times, some supermarkets sold alcohol at a loss. It was hoped to outlaw this practice with the introduction of a sensible pricing*

policy in all supermarkets, however this needed to be addressed nationally.

- That landlords of pubs could be held responsible for patrons' drunken behaviour while on the premises, but not when they had left the premises. Supermarket customers however would not normally be drunk when making a purchase of discounted alcohol and management would not therefore be responsible for customers' actions, even when they had left the supermarket and had consumed the alcohol – *officers acknowledged that this was an area of concern that needed to be addressed nationally.*
- The problem of people drinking at home on cheaper alcohol bought from supermarkets and arriving in town in the evening already intoxicated – *officers advised that drinking in a pub was often a much safer environment than drinking at home. Home drinking could also lead to children and young people having inappropriate access to alcohol .*
- Voluntary codes – *officers advised that the Government had recognised that voluntary codes had not worked and mandatory codes were now being called for. Officers advised on the 5 proposed mandatory licensing conditions that the Government was introducing i) 3 mandatory conditions on the 6th April 2010 (ie banning irresponsible drinks promotions such as 'all you can drink for £10' offers, women drink free deals and speed drinking competitions; banning 'dentist's chairs'; and ensuring free tap water was made available to customers) and ii) 2 mandatory conditions on 1st October 2010 (ie age verification policy; and, on trade premises, making available small measures of beer, wine and spirits). The mandatory code for alcohol retailers was granted through the Policing and Crime Act 2009. The Act provided scope for a maximum of 9 mandatory conditions and it was hoped, maybe, that restrictions on supermarket sales would be included in future mandatory conditions.*
- Changing the culture of excessive drinking, particularly in young people.
- Licensing Committees brought local knowledge but their decisions were often overturned at the magistrates court.
- The shortcomings of the Licensing Act 2003 – *officers advised that it was acknowledged that people did drink alcohol before going out and therefore supermarket sales were a concern but that there was no real commitment to address this. The NHS Leeds Board would be joining the campaign to lobby government to introduce a mandatory minimum unit price of alcohol.*
- Partnership working with the universities – *officers advised that NHS Leeds offered advice to students on their drinking habits through the university websites.*
- Data on hospital admissions and arrivals at A&E – *officers agreed to produce a report on the information and data held, to show whether there were variations throughout the year caused by the influx of students in term time. Officers also agreed to provide the Board with the data already gathered.*
- The graph showing rising alcohol consumption as related to alcohol related deaths in the UK since 1984 – *officers agreed to provide the Board with information on the actual change in alcohol consumption that had taken place since 1984.*

- Alcohol duty – *Members were advised that the revenue raised was earmarked to the NHS.*
- Alcohol and education – *Members were advised that the national curriculum included an element on alcohol education. Education Leeds would be consulted on the new Leeds Alcohol Strategy.*
- The culture of drinking in the north – *officers advised that social marketing work was being carried out in order to tailor the NHS' actions to the needs of Leeds' people.*
- Whether treatment worked in the long-term – *officers advised that while some success rates were relatively small, there was evidence that treatments did work and that they were recommended by the DoH.*
- Enforcement in (night)clubs – *Members were advised that the LCC Entertainment Licensing Enforcement Team worked very closely with the police and Trading Standards. The police regularly carried out sobriety tests in the city centre and issued fixed penalty notices when appropriate to the members of staff involved. If the problem was very serious and on-going, there was an option for prosecution or to apply to review a premises' licence. Where evidence of one or more of the licensing objectives were being undermined, a licence could be suspended or revoked, the designated premises supervisor removed, or the licence conditions could be added to, modified or removed.*

The Chair then welcomed the following officers from LTHT NHS Trust to the meeting:

- Al Sheward, Divisional Nurse (Medicine) (Leeds Teaching Hospitals NHS Trust)
- Anna Di Biasio, Accident and Emergency Matron (acting) (Leeds Teaching Hospitals NHS Trust)
- Kevin Reynard, Clinical Director for Urgent Care (Leeds Teaching Hospitals NHS Trust)

The officers gave the Board a brief overview of the problems experienced by alcohol related harm from the LTHT NHS Trust staff's perspective. They referred to:

- The number of patients that presented at A&E with alcohol related problems. This stood at 1% (2,000 per year), but for Friday and Saturday nights, it was estimated that over 50% of those attending A&E, did so having consumed alcohol.
- At St James' the figures for patients attending A&E overall were relatively uniform across the week and the year, but at LGI in the city centre the figures peaked at the weekends. During Freshers week there was a doubling of attendance by young people under the age of 21. However, it was not known whether these increases were entirely alcohol related.
- Some of the injuries and conditions were severe, even resulting in death.
- The disruption to the A&E department by patients and the friends that accompanied them; many presenting challenging behaviour.

In brief summary, the Board then raised and discussed the following issues:

- Changes in the Licensing Act which had introduced longer drinking hours in licensed premises – *officers advised that over recent years they had observed some changes in the profile of A&E attendance between St James' and LGI – with a shift towards the latter. However, there was no hard data to indicate a relationship between this and changes to the Licensing Act.*
- Student events - *Members were advised that the first 'Carnage' weekend (ie in 2008) did have a major impact on A&E. However improvements had been made to the event, with 'Carnage' now providing their own medical support at events and ensuring that there were no cheap drink promotions. This resulted in there being no significant rise in patient numbers at A&E during the 2009 event.*
- Dealing with challenging behaviour – *officers advised that there was significant disruption to A&E during the night, due in part to drunk people behaving differently to how they would when sober, which was demanding on staff time. There were no other commissioned services for these patients to be redirected to.*
- Assaults on staff – *Members were advised that security levels had been increased in the department out of hours and staff were supported by the police. Patients were often unpredictable but they aimed to protect their staff as much as possible. The police could issue Anti-Social Behavioural Orders (ASBOs) against disruptive people.*
- Patient on Patient Assaults - *officers advised that this was rare due to the good security presence. Patients however were often in greater harm of injuring themselves by not being in full control of their faculties and falling over or by making irrational decisions. All this was very time consuming on staff time.*
- Prosecutions resulting from assaults on staff – *Members were advised that there had been two serious assaults on staff but neither had been converted into a prosecution. In fact there was no known prosecution of any patient in Leeds. In 1997 the Zero Tolerance campaign had been launched between the NHS and the police and it was still in place, but it did not appear to extend as far as prosecutions.*
- Whether there had been an increase in A&E admissions as a result in an increased prevalence of home drinking – *officers advised that increases in home drinking were more likely to result in chronic admissions. Officers advised that there had been some changes to the age profile of patients suffering from chronic conditions – with it not being uncommon for people in their 20's presenting with cirrhosis of the liver. Members were also advised that over recent years there had been a rise in the prevalence of self harm among young people – although it was recognised this was not just alcohol related.*
- Children's Emergency Department – *officers advised that this was separated from the rest of the Department at LGI.*
- The anti-social aspects of alcohol consumption – *officers advised that the police gathered intelligence to help assess whether practices in any particular licensed premises were giving cause for concern.*
- Chronic Sufferers – *officers advised that there was a high mortality rate and therefore the number of patients had not risen. LTHT NHS Trust was*

in the process of appointing an alcohol health worker, who it was hoped would identify patients who were early on in their drinking careers, with a view to supporting them and stopping them becoming problem drinkers.

- *Statistical data – officers agreed to liaise with the Principal Scrutiny Adviser in providing the Board with any particular information required by Members.*
- *Detoxification – officers advised that this service was not offered by LTHT NHS Trust. Most detoxification services in Leeds were based around the needs of homeless people.*

The Chair thanked the officers for attending the meeting and for the excellent work that they carried out on behalf of the citizens of Leeds.

Members agreed that it would be beneficial to hear the views of representatives from the police authority.

RESOLVED –

- (a) That the contents of the report and appendices be noted.
- (b) That the main issues to come out of this third session of the inquiry be included in the Board's final scrutiny inquiry report.
- (c) That the Director of Public Health keep the Board informed of financial developments.
- (d) That the Director of Public Health provide the Board with information on the actual change in alcohol consumption that had taken place since 1984.
- (e) That the Head of Healthy Living and Inequalities provide the Board with data on hospital admissions and arrivals at A&E to show whether there were variations throughout the year caused by the influx of students in term time.
- (f) That the Clinical Director for Urgent Care liaise with the Principal Scrutiny Adviser in providing the Board with any particular information required by Members.
- (g) That the views of representatives from the police authority be heard by the Board. (Note: This was discussed under the Work Programme.)

(Note: Councillor Chapman joined the meeting at 10.15am during the consideration of this item and Councillor Yeadon left the meeting at 10.30am during the consideration of this item.)

74 Updated Work Programme 2009/10

The Head of Scrutiny and Member Development submitted a report presenting a revised outline work programme for the Board to consider, amend and agree as appropriate. The revised outline work programme was presented at Appendix 1 for consideration.

Steven Courtney, Principal Scrutiny Adviser, advised Members that there were now only two formal Board meetings remaining in the municipal year. With regard to Quality Accounts, Members were advised that, following discussion with NHS colleagues, consideration of the draft NHS quality

accounts would now take place at the April 2010 meeting of the Board. It was also proposed that further consideration of LTHT's proposals and consultation around becoming a Foundation Trust would also now take place at the April 2010 meeting of the Board.

The Principal Scrutiny Adviser suggested that, due to time considerations, that the part of the Scrutiny Inquiry (the role of the Council and its partners in promoting good public health) that was to consider 'reducing the level of smoking' either be considered at a separate working group of the Board or be deferred. However, Members agreed to remove this area of concern from the Inquiry, as they considered that the Board could not currently contribute anything else to the smoking debate (particularly given the limited time available during the current municipal year) and that the Board should concentrate on other issues where real progress could be made.

With regard to the Inquiry session on promoting responsible alcohol consumption, it was agreed that the Principal Scrutiny Adviser would attempt to arrange a working group of the Board in order to consider the views of the Safer Leeds partnership and police.

At Members' suggestion, the Board also agreed to put forward for potential inclusion on the following year's work programme, the health and social effects of atmospheric pollution due to cars.

RESOLVED –

- (a) That the contents of the report and appendix be noted.
- (b) That the following topics be considered at the April 2010 meeting of the Board:
 - Draft NHS Quality Accounts
 - LTHT's proposals and consultation around becoming a Foundation Trust
- (c) That the session on 'reducing the level of smoking' be removed from the Scrutiny Inquiry: The role of the Council and its partners in promoting good public health.
- (d) That the Principal Scrutiny Adviser endeavour to set up a working group of the Board to consider the views of the police as part of the Inquiry session on promoting responsible alcohol consumption.
- (e) That the issue of the health and social effects of atmospheric pollution due to cars be put forward for potential inclusion onto the Board's work programme for 2010/11.

75 Date and Time of Next Meeting

Noted that the next meeting of the Board would be held on Tuesday 16th March 2010 at 10.00am with a pre-meeting for Board members at 9.30am.

Councillor Illingworth's apologies were also recorded for the March 2010 meeting of the Board.

The meeting concluded at 12.20pm.

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