

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

WEDNESDAY, 21ST SEPTEMBER, 2011

PRESENT: Councillor L Mulherin in the Chair

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

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

13 Chair's opening remarks

The Chair welcomed everyone to the meeting

14 Late Items

Although there were no formal late items, the Board was in receipt of the following additional information:

A copy of the Board's statement on the future options of long term residential and day care services arising out of the Residential and Day Care Services Working Group which met on 31st August 2011 which had been submitted to Executive Board for consideration at the meeting on 7th September 2011 (minute 17 refers)

A copy of the Leeds LiNK Annual Report for 2010-2011, which was not available when the agenda was despatched (minute 21 refers)

15 Declarations of Interest

The following Members declared personal/prejudicial interests for the purposes of Section 81(3) of the Local Government Act 2000 and paragraphs 8-12 of the Members Code of Conduct:

Councillor Kirkland declared a personal interest as Spring Gardens was in his ward; that Kirkland House shared a boundary of his ward and Otley Clinic was also in his ward (minutes 17 and 19 refers)

Councillor Illingworth declared personal interests in view of him having a family member in long term residential care (minutes 17 and 19 refers) and through his involvement with Kirkstall Valley Park and Dig2Ride as these groups by their nature needed to take account of risk factors which were referred to in the Consultation report (minute 19 refers)

Councillor Mulherin declared a personal interest as a member of Epilepsy Action as this was one of the 49 conditions being considered as part of the transformation of Health and Adult Social Care Services (minute 19 refers)

(Further declarations were made during the meeting, minutes 18 and 19 refer)

16 Apologies for Absence and Notification of Substitutes

Apologies for absence were received from Councillor Chapman
The Chair informed the Board that Councillor Charlwood had replaced Councillor Andrea McKenna as a member of the Board and that Councillor Fox had replaced Councillor Graham Latty

17 Minutes

RESOLVED - To approve the minutes of the Scrutiny Board (Health and Well-being and Adult Social Care) meeting held on 22nd July 2011, subject to an amendment at minute 3, Declaration of Interest, to state that Councillor Armitage was Chair of the Federation of East Leeds Neighbourhood Network Scheme and not West Leeds as stated in the minutes

Members also noted the Board's statement presented to Executive Board in response to the consultation on future options for long term residential and day care services

The Chair advised that the minutes of the Residential and Day Care Services Working Group of 31st August 2011 and the Health Services Developments Working Group of 5th September 2011 would be presented to the next meeting

18 Transformation of Health and Adult Social Care

Members considered a report of the Head of Scrutiny and Member Development setting out the position on the work of the Transformation Board which included an overview of the Leeds Health and Social Care Transformation Programme together with details of the supporting managerial governance arrangements

Mr Matt Ward – Associate Director of Commissioning – NHS Leeds presented the report and provided a brief overview of the Transformation Programme, referred to the consultation processes which would need to take place on these proposals and highlighted some of the benefits to be achieved from the proposed changes for Leeds' citizens, these included:

- a focus on quality and safety
- greater local facilities
- help and support to enable people to manage their own health conditions
- integrated services
- reduced duplication

Mr Ward also gave detailed information on work to be undertaken on specific projects which included:

- outpatient follow-ups
- prescribing

- musculoskeletal clinical pathways
- out of hours service
- early identification of patients at risk of hospital admission (risk stratification)
- improvements to support for older people and greater integration between health and social care teams
- better management of type 2 diabetes
- home oxygen services

Councillor Mulherin declared a personal interest as a family member was currently receiving musculoskeletal treatment

Sally Morgan declared a personal interest through having received musculoskeletal treatment

Councillor Bruce declared an interest through a family being member in long term care and currently being in hospital

Joy Fisher declared an interest through her involvement with the NESTA bid which Mr Ward had referred to

Councillor Charlwood declared a personal interest through being employed by Leonard Cheshire Disability which cared for people with long term care needs

Councillor Armitage declared a personal interest as the Chair of Swarcliffe Good Neighbours scheme which provided services for older people

Members commented on the following matters:

- the pace of the changes
- the difficulties of dealing with patients with varied and complex needs particularly when the focus was moving towards treating people at home
- prescribing issues, particularly expensive drugs with limited clinical effectiveness
- the need for reassurances to be given that in relation to prescribing generic drugs, due consideration was given to the specific conditions of patients as some conditions may be exacerbated by changes in the medication prescribed. Mr Ward confirmed that this was the case
- out of hours GP services; the need for these to be local and if situated in a hospital that this was not seen as a hospital service and not managed by a consultant. Mr Ward accepted these comments and stated that the model for this had not yet been defined
- how success would be measured , with Mr Ward stating that an exploration of this had commenced
- that reassurances were needed in respect of empowering people to take greater responsibility for their health. Mr Ward confirmed that this was about people who were willing and able to manage their own health conditions. These patients would then be offered a support network from practitioners although they could move back to a more structured approach if they wished or needed to

- the mechanisms for educating people about their health

RESOLVED -

- i) To note the information provided and the comments now made and to request a further report be provided to the meeting to be held on 29th February 2012 which provided a further update and greater detail on how patients would manage the process and how the changes would be communicated to the public
- ii) That information on diabetes rates in the Super output areas be provided
- iii) That a list of the 49 conditions recognised as being effectively treated using non-patient pathways be provided

19 Consultation (Across Adult Social Care and Health)

Further to minute 9 of the Scrutiny Board (Health and Wellbeing and Adult Social Care) meeting held on 22nd July 2011 where Members considered potential inquiry topics, Members considered a report setting out contributions to the inquiry. Appended to the report were the following documents:

- Leeds City Council corporate report on community engagement
- Adult Social Care Public Consultation and Engagement Processes
- A paper from NHS Leeds – Patient and public involvement and engagement in the NHS in Leeds
- Terms of the reference for the Board's Health Service Developments Working Group

-

The following people attended for this item:

Kathy Kudelnitzky – Leeds Initiative

Matthew Lund – Corporate Consultation Manager

Dennis Holmes – Deputy Director Strategic Commissioning – Adult Social Services

Ann Hill – Head of Finance – Adult Social Services

June Goodson-Moore – Executive Director Workforce and Corporate Development – NHS Leeds

Jane Westmoreland – Associate Director of Corporate Services – NHS Leeds

Karl Milner – Director of External Affairs – Leeds Teaching Hospitals NHS Trust

The Board was informed of the work being done by the Council to improve the consistency and co-ordination of the community engagement it carried out with Leeds' citizens on a range of issues. The need to take account of the Localism Bill, engagement and social media, empowerment, the creation of a citizen's panel and budgetary issues were referred to

Mr Holmes stated that of all of the Council's Directorates, Adult Social Care consulted more than others and that with the need for a corporate and partnership approach, much wider consultation would be required, with staff having to be equipped to effectively carry this out

Details of the types of consultation which were undertaken were provided, which ranged from the personal - an individual care plan, to city wide – changes in service provision, with a recent example of successful consultation – future options for residential and day care services for older people, being highlighted. Whilst external context and timescales could have a negative impact on consultation, staff in Adult Social Care were being made aware of this and through embedding consistency it was hoped that some of the problems which had occurred in the past regarding consultation would be avoided

Members questioned the Council Officers at this point and in brief summary, the key areas of discussion were:

- the quality of the information being consulted upon with concerns that the recent residential and day care consultation outcome in respect of the future of accommodation in Otley might be less clear, as planning permission for one residential care home was due to expire, with no construction having commenced and the proposals for a second site in Otley being for a facility for Alzheimer sufferers only, which would not cater for the majority of residents at Spring Gardens
- the role of the Strategic Involvement Group with concerns there could be duplication with the Board's role
- the need for a culture of involvement and participation to be created
- the need for clear, informed, unbiased consultation, with meaningful dialogue and at least 12 weeks timescale for submission of comments
- that consultation must be genuine with good feedback on the outcomes to avoid people feeling what was being carried out was a box-ticking exercise and for the process to be audited, with good practice being cascaded
- that consultation for the sake of it must not occur
- the important role Area Committees could have in consultation exercises
- that the Voluntary Sector should be encouraged to adopt customer feedback
- the current financial situation, how this and the pace of change would impact on the Council and its partners; savings which could be made by more efficient use of resources when consulting; the lessons learned from recent consultations and the pressures of new ways of working

Councillor Kirkland declared a personal interest as a former GP who had treated patients in Spring Gardens Residential Home

The Board was then informed of the consultation processes within NHS Leeds, with details being provided on current and future involvement and engagement and the duty to involve and consult, which for significant or major variations or developments would require the Scrutiny Board to be consulted, but that lower level changes could be brought to the Board if considered appropriate. Members were informed that work was ongoing with PCTs and

partnerships to devise the most effective way to engage and link that with the work being done by the Council

Members questioned the NHS Leeds representatives and in brief summary, the key areas of discussion were:

- that some changes which had taken place, particularly relocation of services and reduced staffing levels did not appear to have been consulted upon. The Board was informed that all providers would be contacted to remind them that any changes must go through the appropriate level of consultation
- concerns about the way the changes to the dermatology service had been dealt with, particularly the recording of decisions which had been made and accountability
- the need for openness, transparency and genuineness, with this being across all levels of the service
- the proposed changes to commissioning of services
- the creation of a Shadow Health and Wellbeing Board
- engagement with patients in planning NHS services and the need for a consistent approach across all the Health Trusts
- the need for categories that are used to determine the level of consultation and engagement required for various changes to NHS provision to be clearly understood and in a format that the public could easily follow. The Community Healthcare Trust's model was recommended

RESOLVED - To note the information provided, that a further, detailed report be submitted to a future meeting with the Chair of the Strategic Involvement Group, Steven Clough, being invited to attend on that occasion
(During consideration of this matter, Councillors Armitage and Hussain left the meeting)

20 Shadow Health and Wellbeing Board for Leeds

The Board considered a report on local developments arising from proposed NHS reforms. Appended to the report was a copy of the report considered by Executive Board at its meeting on 7th September 2011 which outlined the development of a shadow Health and Wellbeing Board for Leeds and progress on the Leeds Joint Strategic Needs Assessment (JSNA)

Rob Kenyon – Head of Partnerships – LCC Adult Social Services attended for this report and was accompanied by Dennis Holmes – Deputy Director Adult Social Services

Mr Kenyon informed the Board that despite the unprecedented amount of change, Leeds was well placed to meet the timescales set by Central Government and could take advantage of the new developments the changes would bring. Leeds was an early implementer of a Health and Wellbeing Board which would become operational by 2013. A shadow Board was required to be in place by April 2012, with the Leeds Shadow Health and Wellbeing Board being implemented within a few weeks time. Whilst Government guidance continued to change, the aim of the proposals remained to promote better integrated commissioning decisions and integrated service provision

The Panel raised the following matters in the discussion which followed:

- the need for integrated working across all Council departments which dealt with issues which impacted on the Health and Social Care agendas
- the importance of quality assurance with concerns that the Care Quality Commission was facing increasing workloads and changes in emphasis and that these concerns should be relayed to the Government
- the need to develop a working relationship with the Shadow Health and Wellbeing Board once it had been established

RESOLVED - To note the report and the information provided

(During consideration of this matter, Councillor Bruce left the meeting)

21 Local Involvement Network - Annual Report 2010/11

The Board considered the Leeds Local Involvement Network (Leeds LINK) Annual Report for 2010-2011

Betty Smithson and Paul Truswell presented the report which provided information on the structure and membership of the organisation, information on work which had been carried out during the last year, with the work done on hospital food and Leeds Crisis Centre being highlighted, together with details of ongoing activities, particularly around changes to dermatology services

In brief summary, the key areas of discussion were:

- funding issues and the transition to Healthwatch
- Leeds Crisis Centre and whether user pathways had been found to replace that service, with Members being informed that a report on Leeds Crisis Centre had been timetabled in the Boards' work programme for next year
- whether Neighbourhood Networks were being fully utilised by LINK, particular in terms of consultation

RESOLVED - To note the report and the comments now made

22 Work Schedule

The Head of Scrutiny and Member Development submitted a copy of the work programme for the 2011/12 Municipal Year which had been populated with the six priority areas for scrutiny identified at the previous meeting

Concerning Leeds Crisis Centre, the need to engage with service users about their experiences following the withdrawal of funding could necessitate a change of timescale for consideration of this issue from January as currently set out in the work programme

In terms of the inquiry on health inequalities, although concerns were raised about the provision of information for this inquiry, the Chair advised that the starting point would be the Joint Strategic Needs Assessment and that

she had already seen a wealth of useful information which could form part of the Board's considerations

Councillor Varley, in her capacity as Health Champion, referred to a recent workshop she had attended and assured Members that detailed work was taking place

RESOLVED –

- i) To note the contents of the Work Schedule and the comments made
- ii) To note the contents of the Executive Board minutes dated 27th July 2011 and the Forward Plan covering the period 1st September 2011 – 31st December 2011

23 Date and Time of the Next Meeting

Friday 28th October 2011 at 10.00am