

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

WEDNESDAY, 24TH OCTOBER, 2012

**PRESENT:** Councillor J Illingworth in the Chair

Councillors S Bentley, K Bruce, N Buckley,  
C Fox, M Harland, G Hussain, T Murray,  
P Truswell and S Varley

## **CO-OPTED MEMBERS:**

Joy Fisher, Leeds LINK  
Betty Smithson, Leeds LINK  
Emma Stewart, Alliance of Service Users

### **47 Chair's Opening Remarks**

The Chair welcomed everyone to the October meeting of the Scrutiny Board (Health and Well-being and Adult Social Care).

### **48 Declaration of Disclosable Pecuniary and other Interests**

The following other significant interest was declared at the meeting:-

- Joy Fisher (Leeds LINK) in her capacity as a member of the 'Making it Real' Expert Advisory Group involved with preparation of the document entitled 'Better Lives Explained, a Leeds draft Local Account of Adult Social Care for 2012/13 (Agenda Item 9) (Minute 53 refers)

### **49 Apologies for Absence and Notification of Substitutes**

Apologies for absence were received on behalf of Councillors M Robinson and J Walker and Sally Morgan, Co-optee (Equality Issues).

Notification had been received for Councillor N Buckley to substitute for Councillor M Robinson and for Councillor M Harland to substitute for Councillor J Walker.

### **50 Minutes of the Previous Meeting**

Councillor P Truswell referred to the Review of Children's Congenial Cardiac Services (Minute 39 refers) and asked for the Chair to provide an update on progress.

The Chair informed the meeting that the issue had been referred to the Secretary of State for determination but there had been a delay in completing the supporting referral report from the Scrutiny Board and the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) (Joint HOSC), due to significant delays in obtaining all the relevant background information

from the Joint Committee of Primary Care Trusts (JCPCT) and its supporting secretariat.

Councillor T Murray enquired about the timescales in relation to this authority presenting a case to the Minister.

The Principal Scrutiny Adviser informed the meeting that it was hoped to finalise the supporting referral reports and submitted within approximately four/five weeks. It was noted that an additional meeting of the Scrutiny Board (Health and Wellbeing and Adult Social Care) may be required to agree the referral report.

Joy Fisher, Leeds LINK referred to the Update on Recommendations following deputation to Scrutiny by the National Federation of the Blind (Minute 40 refers) and informed the meeting that attendees in the audience at the last Board meeting had raised concerns that the debate had not been an honest account of the current situation.

The Principal Scrutiny Adviser informed the meeting that the Head of Scrutiny and Member Development had received a letter from the National Federation of the Blind on this issue. A reply had been sent requesting specific details of any inaccurate and/or misleading information that had been presented to the Scrutiny Board. The Principal Scrutiny Adviser also advised that to date no further details had been provided.

In terms of the way forward, the Principal Scrutiny Adviser informed the meeting that a further dialogue was required with Service Users and that there would be discussions with the Chair around how the National Federation of the Blind might contribute to the discussion when the Scrutiny Board re-visited this issue later in the municipal year.

**RESOLVED –**

- (a) That the update and additional information provided be noted.
- (b) That the minutes of the meeting held on 26<sup>th</sup> September 2012 be approved as a correct record.

**51 2012/13 Performance Report - Quarter 1**

The Head of Scrutiny and Member Development introduced aspects of a report from the Assistant Chief Executive (Customer Access and Performance) deferred from the previous meeting. The report summarised the performance against the strategic priorities for the council relevant to Health and Wellbeing and Adult Social Care Scrutiny Board.

Appended to the report were copies of the following documents for the information/comment of the meeting:-

- Performance Reports for the four Health and Wellbeing City Priority Plan Priorities (Appendix 1 refers)

The following representatives were in attendance and responded to Members' queries and comments:-

- Councillor L Mulherin (Executive Board Member for Health and Wellbeing), Leeds City Council
- Dr. Ian Cameron (Joint Director of Public Health) – NHS Airedale Bradford & Leeds/Leeds City Council

At the request of the Chair, Councillor Mulherin and the Joint Director of Public Health reported on the public health elements of the report. In their respective presentations they focused on smoking and health inequalities as identified in the Health and Wellbeing City Priority Plan and provided the meeting with background information and on the measures and initiatives that were currently in place for both priority areas.

### Smoking

A number of specific issues around smoking prevalence and reducing the level of smoking across the City, including the following matters, were highlighted and discussed:

- Performance had plateaued – with fewer people attempting to stop smoking, and of those attempting to stop, fewer attempts were being made
- Tackling the issue of niche tobacco was being addressed through a partnership approach with other authorities and West Yorkshire Trading Standards
- Secured funding to undertake a peer review of the smoking action plan to assess its robustness and overall effectiveness
- The health of employees and reducing potential exposure to second-hand smoke
- The proposed introduction of smoke free zones immediately outside public buildings to limit general and potentially concentrated exposure to second-hand smoke
- Interventions to prevent school-aged children smoking and Leeds work to contribute to the evidence base in this area, which was highlighted as being relatively weak (currently)
- Issues and approaches associated with 'changing behaviours', generally and within specific communities, including BME communities
- The need for multi-faceted interventions and approaches across a range of public health matters, including reducing levels of smoking

### Health Inequalities

In relation to health inequalities, the Joint Director of Public Health reported that the data included within the report was out of date and that up-to-date data was expected in early November 2012. Reference was made to the overall number of deaths in Leeds and the number of deaths in deprived areas. Through a better understanding of the data (and the

underlying reasons) it was hoped to areas address issues of health inequalities across the City.

A number of specific issues relating to health inequalities across the City, including the following matters, were highlighted and discussed:

- Addressing issues associated with health inequalities and the relationship with successful delivery of the associated action plans on:
  - to ensure children have the best start in life;
  - to maximise income and reduce debt;
  - improve housing, transport and the environment;
  - increase employment and healthy workplaces;
  - to maximise educational attainment; and,
  - improve access to services that prevent and treat ill health

Members requested copies of the current action plans and discussed the balance between targeting those area likely to provide 'quick wins' and those likely to have longer-term benefits

- The need for multi-faceted interventions and approaches across a range of public health matters
- Difficulties associated with measuring the differences in health outcomes between different areas of the City – particularly in terms of demonstrating progress. This included discussion around the rationale for not using current life expectancy as the benchmark for measuring progress
- An outline of the work currently being undertaken in the 3rd sector with Leisure/Children's Services around physical activity and health

#### **RESOLVED –**

- a) That the contents of the report and appendices be noted.
- b) That the specific information requested by individual Board Members be forwarded to the Principal Scrutiny Adviser for dissemination.
- c) That in consultation with the Principal Scrutiny Adviser, the Joint Director of Public Health be requested to submit a report to a future Board meeting on how the transfer of public health functions to the Council were being developed and progressed.

#### **52 Balancing the Council's duties as a planning authority with its future public health responsibilities**

The Head of Scrutiny and Member Development submitted a report to assist the Scrutiny Board's consideration of issues associated with balancing the Council's duties as a planning authority with its future public health responsibilities.

Appended to the report were copies of the following documents for the information/comment of the meeting:-

- Changes to Core Strategy Text (Appendix 1 refers)

- Core Strategy – Leeds Local Development Framework – Health Background Topic Paper – Publication Draft – February 2012 (Appendix 2 refers)
- Fair Society, Healthy Lives – The Marmot Review – Executive Summary – Strategic Review of Health Inequalities in England post 2010 (Appendix 3 refers)
- Public Health in Leeds City Council – New Responsibilities – Report of Director of Public Health – Executive Board – 20<sup>th</sup> June 2012 (Appendix 4 refers)

The following representatives were in attendance and responded to Members' queries and comments:-

- Councillor L Mulherin (Executive Board Member for Health and Wellbeing), Leeds City Council
- Dr. Ian Cameron (Joint Director of Public Health) – NHS Airedale Bradford & Leeds/Leeds City Council
- David Feeney (Head of Forward Planning and Implementation) – City Development, Leeds City Council

At the request of the Chair, the Head of Forward Planning and Implementation provided the meeting with the background context and reiterated that health was an important consideration within the Council's overall Local Development Framework (LDF).

The Head of Forward Planning and Implementation advised the Scrutiny Board that:

- The Core Strategy would form part of the overall Local Development Framework (LDF) and a detailed site allocations plan would follow once the Core Strategy had been agreed
- The details presented were approved for consultation by Executive Board in February 2012
- Details of proposed changes to the consultation draft were included in the Scrutiny Board's agenda papers
- A report on the outcomes of the consultation is scheduled to be considered by Executive Board on 7 November 2012, prior to the proposed final version being presented to Full Council later in November 2012

The Joint Director of Public Health advised the Scrutiny Board that Public Health had contributed to the development of the document presented to the Scrutiny Board. The Joint Director of Public Health added that in considering the draft Core Strategy, he had considered three broad questions, namely:

- (1) Whether the Core Strategy reflected planning's contribution to health;
- (2) Whether the Core Strategy covered the breadth of planning's contribution to health; and,

- (3) In terms of implementation, whether there was sufficient assurance that the health and wellbeing aspect of planning would become incorporated as developments occur

The Joint Director of Public Health outlined that while the Core Strategy reflected the Council's emerging Public Health duties/ responsibilities, he had felt that earlier drafts had underplayed some of the health challenges facing the City and the contribution of planning in helping to address such challenges. However, it was felt that initial concerns had been addressed and the current draft strategy included all the contributions that planning can make towards improving health across the City.

Reference was also made to an additional document produced by Marmot (The Marmot Review: Implications for Spatial Planning), which provided evidence on the relationship between aspects of spatial planning, the built environment, health and health inequalities.

In terms of implementation of the strategy/ framework, the Joint Director of Public Health welcomed the proposal to establish a health and planning reference group, to ensure the contribution and consideration of health issues much earlier in the planning process than had historically been the case.

A number of specific issues were highlighted and discussed, including the following matters:

- The general complexities associated with health and well-being and its relationship with inter-dependencies such as employment, income, housing, education and the built environment and consideration of how specific areas of the City that had historically had higher levels of deprivation, for example Burley, Chapeltown, Harehills, Beeston and other outer areas, would benefit from the development of the LDF Core Strategy
- Concerns about the rapid Health Impact Assessment process adopted to consider the health implications / considerations of planning. There was a general view that this perhaps reinforced and reflected the position that, historically, health implications were not considered early enough within the planning/ development processes. Assurances were given by the Joint Director of Public Health that a much closer working relationship between City Development and Public Health had developed over recent months and that he was confident this would continue
- Queries regarding the accuracy of the population growth projections (approx. 200,000 by 2033 (20 years), as this represented more than double the current health dynamic in the City (i.e. the difference between births and deaths)
- Implications of the population growth projections on infrastructure across the City and the availability of affordable housing across the City. It was outlined that changes to the affordable housing policy

were proposed, which would make the policy applicable to all residential developments (from 1 property upwards)

- Subjectivity around the term 'sustainable development' and the need to maximise the development of brownfield (previously developed) sites to help control the expansion of urban areas
- The anticipated guidance from the National Institute for Health and Clinical Excellence (NICE) regarding the relationship between planning and health. Specifically, members queried how this and future guidance / best practice evidence would be taken into as part of specific future planning considerations/ proposals. The Joint Director of Public Health highlighted the importance of the ongoing involvement of Public Health professionals within the planning process. It was also stated that ensuring the most up-to-date guidance / evidence was considered would be a key role for Public Health professionals and would be a key responsibility of the Joint Director of Public Health
- The general availability and/or provision of green space. It was highlighted that this would form part of the 'site allocation process', which would consider where the different elements of the Local Development Framework (including green space, housing etc.) would be provided across the City. There was a recognition of the difficulties associated with creating additional open/ green spaces in existing highly populated urban areas, however the Core Strategy aimed to help improve access to walking, cycling and green infrastructure across the City
- The protection of playing pitches and where issues of re-provision elsewhere in the City were considered, the 'elsewhere' was key to those communities where the original provision may be lost
- Securing job opportunities for local people through S106 employment agreements. It was highlighted that provision for such agreements was available within the LDF policy framework, however it was suggested that issues remained regarding the application and implementation of the policy

Members also raised some issues relating to specific development's and planning applications. The Head of Forward Planning and Implementation responded in general terms but advised he was unable to address specific queries related to individual planning applications/ developments.

Members of the Board were also advised that, as the Leeds Local Development Framework Core Strategy forms part of the council's budget and policy framework, the Scrutiny Board (Sustainable Economy and Culture) – as the relevant Scrutiny Board – would be invited to make any formal comments at its meeting on 1 November 2012, before the final draft was submitted to the Executive Board for recommendation to Full Council.

#### **RESOLVED-**

- a) That the contents of the report and appendices be noted.
- b) That the Principal Scrutiny Adviser ensure the points raised by the Scrutiny Board (Heath and Wellbeing and Adult Social Care) were

reported to the Scrutiny Board (Sustainable Economy and Culture) – as the relevant Scrutiny Board – for consideration ahead of the final draft of the Core Strategy being submitted to the Executive Board for recommendation to Full Council.

**53 Better Lives Explained - Leeds draft Local Account of Adult Social Care 2012/13**

The Head of Scrutiny and Member Development submitted a report in relation to 'Better Lives Explained' – Leeds' draft Local Account of Adult Social Care 2012/13.

Appended to the report was a copy of the following document for the information/comment of the meeting:-

- Better Lives Explained – Our local account of Adult Social Care 2012/13 – October 2012/13

The following representatives were in attendance and responded to Members' queries and comments:-

- Mick Ward (Head of Commissioning) – Leeds City Council, Adult Social Services
- Stuart Cameron–Strickland (Head of Policy, Performance and Improvement) – Adult Social Services, Leeds City Council

At the request of the Chair, the Head of Policy, Performance and Improvement outlined the background information and informed the meeting that the document was still draft and subject to amendment.

Members discussed the context of service delivery over recent years, including the projected £60m savings against a background of increase demand for services over the last five years.

Members welcomed the overall style and format of the draft report. Some specific issues were discussed and a number of potential improvements / amendments to the current draft were highlighted, including:

- Confirmed accuracy of some of the information presented
- Improvements to charts, diagrams and the associated legends throughout the documents, to ensure they were readable
- Consideration be given to including a specific section on complaints
- Confirmation that the contact numbers provided were correct
- Inclusion of contact numbers for 'one stop shops'
- Where possible, improved clarity within the performance data around what was being measured

Members also sought clarification in relation to Neighbourhood Networks and the level of engagement with BME communities. It was agreed that this information would be provided and disseminated to the Board.



Members discussed more detailed consideration of the personalisation agenda and issues associated with personal budgets, and agreed to consider this under the work schedule item (Minute 54 refers).

**RESOLVED –**

- a) That the contents of the report and appendices be noted and welcomed.
- b) That the Head of Policy, Performance and Improvement use the comments made by the Scrutiny Board to make the necessary improvements to the current draft.
- c) That progress against the plans identified in Leeds' Local Account of Adult Social Care 2012/13 be linked into the quarterly performance monitoring cycle and a progress report to be submitted to the Board meeting in March 2013.

(Councillor G Hussain left the meeting at 12.05pm during discussions of the above item)

(Councillor M Harland left the meeting at 12.15pm during discussions of the above item)

(Councillor S Bentley left the meeting at 12.20pm at the conclusion of the above item)

**54 Work Schedule**

The Head of Scrutiny and Member Development submitted a report which presented the Scrutiny Board's outline work schedule for the remainder of the current municipal year.

Appended to the report were copies of the following documents for information/comment at the meeting:-

- Scrutiny Board (Health and Wellbeing and Adult Social Care) 2012/13 Municipal Year – Work Schedule (Appendix 1 refers)
- Executive Board minutes of meetings held on 18<sup>th</sup> July 2012 and 5<sup>th</sup> September 2012 (Appendix 2 refers)

The Principal Scrutiny Adviser, Scrutiny Support presented the report and a number of specific issues, including the following matters, were highlighted and discussed:

- Consideration of the personalisation agenda, including national and local requirements within the work schedule (likely to be scheduled for March/April 2013)
- Inclusion of a report on the transfer of public health responsibilities, progress and associated timescales within the work schedule
- The workshop/ seminar on Loneliness and Social Isolation being held in Sheffield on 15 November 2012 (details previous e-mailed to all members of the Scrutiny Board)

- The Leeds Transformation Programme event being organised for Wednesday 7<sup>th</sup> November 2012 at 5.00pm. This would help prepare the Board for formal consideration of a series of reports regarding 'transformation' at its November meeting
- The possibility of convening an additional Board meeting in November 2012 to consider the report to support the referral to the Secretary of State for Health regarding the Joint Committee of Primary Care Trusts' decision following the review of Children's Congenial Cardiac Services
- A report to Executive Board likely to be presented in the near future on the implications (and associated progress) relating to The Health and Social Care Act (2012). This was likely to include implications for scrutiny. While any detailed regulations and guidance was still awaited, the Scrutiny Board agreed it was difficult to foresee how Council could discharge its powers relating to the scrutiny of health other than through the existing overview and scrutiny function/arrangements
- The need to convene a meeting of the Health Service Development Working Group in the near future
- Consideration be given to the potential input of Mr J Pritlove at the Mental Health working group meeting scheduled for December 2012. The specific purpose being to discuss issues around Out of Area Placements

**RESOLVED –**

- a) That the contents of the report and appendices, alongside the issues discussed at the meeting, be noted.
- b) That the Executive Board minutes presented be noted.
- c) That, with the inclusion of the areas identified at the meeting, the work schedule as presented be approved.

**55 Date and Time of the Next Meeting**

Wednesday 21<sup>st</sup> November 2012 at 10.00am – Pre- meeting for all Board Members at 9.30am

(The meeting concluded at 12.30pm)