



SCRUTINY BOARD (ADULTS AND HEALTH)

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Tuesday, 13th February, 2018 at 1.30 pm

(A pre-meeting will take place for ALL Members of the Board at 1.00 p.m.)

MEMBERSHIP

Councillors

C Anderson	Adel and Wharfedale;
J Chapman	Weetwood;
B Flynn	Adel and Wharfedale;
H Hayden (Chair)	Temple Newsam;
A Hussain	Gipton and Harehills;
J Jarosz	Pudsey;
G Latty	Guiseley and Rawdon;
C Macniven	Roundhay;
J Pryor	Headingley;
D Ragan	Burmantofts and Richmond Hill;
P Truswell	Middleton Park;
S Varley	Morley South;

Co-opted Member (Non-voting)

Dr J Beal - Healthwatch Leeds

Please note: Certain or all items on this agenda may be recorded

Principal Scrutiny Adviser:
Steven Courtney
Tel: (0113) 37 88666

Produced on Recycled Paper

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded).</p> <p>(* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Head of Governance Services at least 24 hours before the meeting).</p>	
2			<p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <ol style="list-style-type: none"> 1. To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2. To consider whether or not to accept the officers recommendation in respect of the above information. 3. If so, to formally pass the following resolution:- <p>RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:</p> <p>No exempt items have been identified.</p>	

3

LATE ITEMS

To identify items which have been admitted to the agenda by the Chair for consideration.

(The special circumstances shall be specified in the minutes.)

4

DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS

To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.

5

APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES

To receive any apologies for absence and notification of substitutes.

6

MINUTES - 19 DECEMBER 2017 AND 16 JANUARY 2018

1 - 16

To approve as a correct record the minutes of the meetings held on 19 December 2017 and 16 January 2018.

7

SCRUTINY INQUIRY: HEALTH AND SOCIAL CARE NEEDS OF OFFENDERS

17 - 38

To consider a report from the Head of Governance and Scrutiny Support introducing further information in relation to the Scrutiny Board's inquiry around the Health and Social Care Needs of Offenders.

8

SCRUTINY INQUIRY: HEALTH AND SOCIAL CARE NEEDS OF OFFENDERS - HEALTHWATCH LEEDS REPORT ON PEOPLES EXPERIENCES OF HEALTH CARE SERVICES AT HMP LEEDS

39 -
68

To consider a report from the Head of Governance and Scrutiny Support introducing a report from Healthwatch Leeds on peoples experiences of health care services at HMP Leeds, alongside details of the initial response to the report and its observations and recommendations.

9

CHAIR'S UPDATE

69 -
70

To receive an update from the Chair on scrutiny activity since the previous Board meeting, on matters not specifically included elsewhere on the agenda.

10

WORK SCHEDULE

71 -
78

To consider the Scrutiny Board's work schedule for the remainder of the 2017/18 municipal year.

11

DATE AND TIME OF NEXT MEETING

Tuesday, 13 March 2018 at 1:30pm (pre-meeting for all Scrutiny Board members at 1:00pm).

THIRD PARTY RECORDING

Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts on the front of this agenda.

Use of Recordings by Third Parties – code of practice

- a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title.
- b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.

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SCRUTINY BOARD (ADULTS AND HEALTH)**TUESDAY, 19TH DECEMBER, 2017****PRESENT:** Councillor H Hayden in the ChairCouncillors C Anderson, B Flynn,
A Hussain, J Jarosz, C Macniven, J Pryor,
D Ragan, P Truswell and S VarleyCo-opted Member: Dr J Beal (HealthWatch
Leeds)**65 Late Items**

There was no late or supplementary information presented to the meeting.

66 Declaration of Disclosable Pecuniary Interests

There were no disclosable pecuniary interests declared at the meeting.

Councillor Regan drew the Board's attention to her personal interest, as a support of St Anne's Shared Lives service. As the interest was non-pecuniary, Councillor Regan remained in the meeting and participated in the discussion.

67 Apologies for Absence and Notification of Substitutes

Apologies for absence were submitted on behalf of Councillor J Chapman and Councillor G Latty.

No substitute members were in attendance.

68 Minutes - 14 November 2017

The minutes of the meeting held on 14 November 2017 were approved as an accurate record of that meeting.

There were no matters arising identified at the meeting.

RESOLVED – That the minutes of the meeting held on 14 November 2017 be approved as an accurate record.

69 Shared Lives Service

The Director of Adults and Health submitted a report that set out details of the Shared Lives Service in Leeds.

The following representatives were in attendance to present the report and address any questions or queries from the Scrutiny Board.

Draft minutes to be approved at the meeting
to be held on Tuesday, 16th January, 2018

- Debbie Ramskill (Head of Service (Care Delivery)) – Adults and Health

The Head of Service gave a brief introduction to the report and advising members that in February 2017, Executive Board had supported public consultation on the transformation of short breaks provision in Leeds.

Members of the Scrutiny Board considered the report and information presented at the meeting and discussed a number of areas, including:

- How the service was progressing in general (following the public consultation).
- The level of 'Direct Payments' and how this was being promoted across the service area.
- Concerns regarding the level of projected underspend in the current year, and how this related to previous years.
- The criteria for accessing the service and links to the work of neighbourhood networks.
- Details of cancellations and the impact these have on the service.
- How any learning from 'Children's Services' was being used in terms of recruitment of carers.
- Matters associated with the transition of service users from children's services to adults services.
- Details of any 'action plan' for taking the service forward.

The intention of providing a further report to Executive Board in the near future (possibly February 2018) was also highlighted at the meeting.

RESOLVED –

- (a) That the details outlined in the report and presented at the meeting be noted.
- (b) That the Board be provided with further details, including:
 - i. Analysis of the budget allocation / spend for the service over the past 3 years.
 - ii. Details of any current service improvement / action plan.
 - iii. The forthcoming Executive Board report.

70 Care Quality Commission (CQC) - Adult Social Care Providers Inspection Outcomes August - October 2017

The Director of Adults and Health submitted a report that presented details of recently published (CQC) inspection reports relating to adult social care providers in Leeds, covering the period August – October 2017.

The following were in attendance to present the report and address any queries raised by members of the Board:

- Caroline Baria (Deputy Director Integrated Commissioning – Adults and Health)
- Kathryn Reid (Inspection Manager (North East and Coast Hub 2), Care Quality Commission)

The Deputy Director Integrated Commissioning briefly introduced the report, highlighting the following matters:

- 32 CQC inspections reports published during the period.
- Of these services:
 - 22 are rated good;
 - 10 as requires improvement.
- Of these, since their last inspection,
 - 14 organisations have improved their rating,
 - 8 have stayed the same;
 - 1 had declined;
 - 9 had been rated for the first time under the new methodology.

It was also highlighted that, on the request of the Chair, it was proposed that future Scrutiny Board reporting arrangements would include an overview of quality for adult social care providers, including those subject to 'special measures' and increased or targeted monitoring arrangements.

The CQC Inspection Manager highlighted some further details and provided some additional information, including:

- A new Inspection Manager for the Leeds area would be in post from January 2018.
- Contributions to future reports to the Scrutiny Board would be available.
- Majority of people in Leeds receiving good quality care.
- Current issues with 'Care at Home Providers' in Leeds:
 - 3 from 4 Leeds City Council main providers rated as 'Requires Improvement'.
 - 112 'Care at Home' providers operating across Leeds.
 - In 2017, 18 'Care at Home' providers have ceased trading.
- Current issues with 'Care Home Providers' in Leeds:
 - 189 services rated 'good'.
 - No services rated 'outstanding'.
 - Of those rated as 'requires improvement', on re-inspection nearly 40% do not improve and around 5% deteriorate.

The Chair of the Scrutiny Board also reported suspension of new Local Authority Placements at the following care homes, which had recently been drawn to her attention:

- Atkinson Court (due to Inadequate CQC rating).
- Seacroft Grange (due to concerns identified by contract monitoring team).

The Scrutiny Board considered the information detailed in the report and presented at the meeting and discussed a number of matters, including:

- Concerns about the continued ‘requires improvement’ status of some providers, following re-inspections.
- Targeting support for deteriorating providers.
- Workforce issues – particularly in relation to nursing home provision.
- The need for a specific report relating to ‘Care at Home’ providers in Leeds – specifically the operation of the new contract and the main service providers.
- Transport and connectivity matters associated with the provision of ‘Care at Home’.
- Overall sustainability of services and protection of the market through driving improvement across Leeds.

On conclusion of the discussion, the Chair thanked those present for their attendance and contribution to the discussion.

RESOLVED –

- (a) That the details presented in the report be noted.
- (b) That future reports to the Scrutiny Board should include an overview of quality for adult social care providers, including details of those providers subject to ‘special measures’ and increased or targeted monitoring arrangements.
- (c) That an additional and specific report be presented to a future Scrutiny Board meeting, relating to ‘Care at Home’ provision in Leeds – specifically including:
 - i. The operation and performance of the new contract arrangements.
 - ii. The CQC status of the main service providers and details of any ongoing monitoring or improvement activity.
 - iii. Transport and connectivity matters associated with the provision of services.

71 Best Council Plan Refresh for 2018/19-2020/21 – Initial Proposals

The Head of Governance and Scrutiny Support submitted a report that introduced the initial Best Council Plan Refresh for 2018/19 – 2020/21 proposals recently reported to and agreed by Executive Board.

The following were in attendance:

- Councillor James Lewis (Executive Member for Strategy and Resources)
- Coral Main (Head of Business Planning and Risk)
- Steve Hume (Chief Officer (Resources and Strategy), Adults and Health)

The Executive Member for Strategy and Resources gave a brief introduction of the information, seeking views from the Scrutiny Board on the Best Council Refresh for 2018/19 – 2020/21 proposals.

The Scrutiny Board considered the information presented and raised a number of matters, including:

Draft minutes to be approved at the meeting
to be held on Tuesday, 16th January, 2018

- Support for the retention of the ‘Child Friendly City’ priority.
- Environmental Sustainability is not sufficiently reflected in the current proposals.
- Ensuring changes in health care demand is adequately captured and reported.
- Welcomed ‘Housing’ as a new priority area, and suggested ‘affordable housing’ and ‘housing units back into use’ for inclusion as specific performance measures within the priority area.
- Ensuring ‘Air Quality’ is reflected in the overall priorities.

RESOLVED –

- (a) That the initial Best Council Plan Refresh for 2018/19 – 2020/21 proposals be noted.
- (b) That the issues highlighted by the Scrutiny Board be incorporated into any overall scrutiny report back to Executive Board, as appropriate.

72 Initial Budget Proposals for 2018/19

The Head of Governance and Scrutiny Support submitted a report that introduced the initial budget proposals for 2018/19 recently reported to and agreed by Executive Board.

The following were in attendance:

- Councillor James Lewis (Executive Member for Strategy and Resources)
- Steve Hume (Chief Officer (Resources and Strategy), Adults and Health))
- John Crowther (Head of Finance (Adult Social Care))

The Executive Member for Strategy and Resources gave a brief introduction of the information, seeking views from the Scrutiny Board on the initial 2018/19 budget proposals.

The Scrutiny Board considered the information presented – as it related to the remit of the Scrutiny Board – and raised the following matters:

- The on-going pressures brought about by the continuing reduction of the Public Health Grant.
- The proposed priority areas of the Spring Budget monies (announced in March 2017) and the improved Better Care Fund – totalling £51M over three years.
- The impact of multi-year financial settlement and the ability to plan beyond a single year.
- The level of confidence in delivering the identified £13.7M savings for 2018/19, in light of the year-on-year demographic pressures facing the Council, due to an aging population with increasingly complex and multiple needs.

RESOLVED –

- (a) That the 2018/19 budget proposals as presented be noted.

- (b) That the matters raised by the Board be incorporated into any overall scrutiny report back to Executive Board, as appropriate.

73 Chair's Update

The Chair provided a verbal update on recent scrutiny activity that had not been included elsewhere on the agenda, including:

- Joint Health Overview and Scrutiny Committee (West Yorkshire) meeting on 28 November 2017
 - Considered a general update around the West Yorkshire and Harrogate STP and some specific matters around Stroke Care.
 - Development session being planned for January 2018.
 - It was hoped to establish some regularity to the meeting arrangements of the JHOSC in 2018.
- Working Group meetings held as follows:
 - Offender Health – 7 December 2017
 - Health service developments – 13 December 2017 – covering:
 - Update on building the Leeds Way
 - Urgent Care
 - Ophthalmology services
 - Maternity Services

In relation to the development of the West Yorkshire and Harrogate Sustainability and Transformation Plan and the interface with the Leeds Health and Care Plan, there was a specific query in relation to the principal of subsidiarity, with clarity being sought around the overlap or boundaries of each plan.

RESOLVED – That the Chair's update be noted.

74 Work Schedule

The Head of Governance and Scrutiny Support submitted a report which invited members to consider the Board's work schedule for the remainder of the 2107/18 municipal year.

The Board considered the report and updated work schedule provided.

The Board also considered the updated position and most recent communication from NHS Blood and Transplant, given the communication from the Department of Health earlier in the year.

The Board agreed to write again to NHS Blood and Transplant setting out its desire to understand how it had taken forward its decision to close the blood donor centre in Seacroft, in impact this may have had on blood donations and how it was progressing its priority of increasing blood donation within specific community groups.

The Board also agreed to write to the Secretary of State for Health and local Members of Parliament, setting out its concerns regarding accountability for Special Health Authorities (such as NHS Blood and Transplant) and requesting details of all current Special Health Authorities in England and the level of funding these currently receive.

Members of the Board also raised the issue of transport and connectivity across the City – including the quality of bus services. Councillor Truswell, in his role as Chair of the Scrutiny Board (Infrastructure and Investment) highlighted the recent scrutiny led ‘Bus Inquiry’ and agreed to share a copy of the final report.

RESOLVED –

- (a) To note the update presented in the report and agree the outline work schedule attached.
- (b) To take forward the actions (outlined above) in relation to NHS Blood and Transplant and Special Health Authorities in general.
- (c) To note the details discussed around the quality of bus services and to receive the inquiry report outlined at the meeting.

75 Date and Time of Next Meeting

Tuesday, 16 January 2018 at 1:30pm (pre-meeting for all Board Members at 1:00pm).

At the conclusion of the meeting, the Chair thanked all members of the Board for their attendance and contribution to the meeting during the year, and wished them a Merry Christmas and Happy New Year.

(The meeting concluded at 3:55pm)

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SCRUTINY BOARD (ADULTS AND HEALTH)

TUESDAY, 16TH JANUARY, 2018

PRESENT: Councillor H Hayden in the Chair

Councillors C Anderson, B Flynn,
A Hussain, J Jarosz, G Latty, C Macniven,
J Pryor, P Truswell and S Varley

76 Late Items

The following late and supplementary information was submitted to the Board:

- Agenda item 8: Delayed Transfers of Care – additional analysis
- Agenda item 11: Draft Work Schedule for 2017/18
- Agenda item 13: Chief Executive's Update – Leeds Community Healthcare NHS Trust.

The above information was not available at the time of agenda despatch, but was subsequently made available on the Council's website.

77 Declaration of Disclosable Pecuniary Interests

There were no disclosable pecuniary interests declared to the meeting.

78 Apologies for Absence and Notification of Substitutes

Apologies for absence were submitted by Councillors J Chapman and D Ragan.

There were no substitute members in attendance.

79 Minutes - 19 December 2017

RESOLVED – That the minutes of the meeting held on 19 December 2017 be deferred for consideration at the February Board meeting.

80 Leeds Academic Health Partnership Strategy

The Chief Officer, Leeds Health Partnerships Team submitted a report which provided an update on the Leeds Academic Health Partnership and the associated Strategy.

The following were in attendance:

- Tony Cooke (Chief Officer, Health Partnerships), Leeds City Council
- Colin Mawhinney (Head of Health Innovation), Leeds City Council.

The Board received a presentation on the Leeds Academic Health Partnership Strategy 2017-21, which included:

Draft minutes to be approved at the meeting
to be held on Tuesday, 13th February, 2018

- A summary of Leeds Health and Social Care Partnership.
- Details of the partners and membership of Leeds Academic Health Partnership.
- The purpose and aims of the Leeds Academic Health Partnership.
- Leeds Academic Health Partnership and its links to Leeds Health and Wellbeing Strategy.
- The grand challenge: Prevention and Self-Care.
- An outline of core collaborative work programmes.
 - Obesity
 - Mental health
 - The cardio-metabolic human
 - Co-morbid physical and mental health
 - Frailty
 - End of Life
- The Leeds Health and Social Care Academy and the impact of the Leeds Academic Health Partnership Strategy.

The Scrutiny Board considered and discussed the details within the agenda papers and presented at the meeting. Some of the key areas of discussion included:

- The role, involvement and engagement of Leeds Clinical Commissioning Groups (CCGs), particularly in relation to planned housing development and ensuring the provision of local health services to meet local health needs.
- The context of health in Leeds with a rise in infant mortality, an increase in the level of suicides and declining life expectations for women.
- Emerging projects, particularly the involvement of Yorkshire Cancer Research.
- Development of the Integrated Leeds Care Record and its links with the Leeds Academic Health Partnership Strategy.
- The importance of a collaborative approach across all partners, particularly in relation to the development of Local Care Partnerships.
- The involvement and engagement of schools, particularly in relation to the Leeds Health and Social Care Academy.

RESOLVED –

That the Scrutiny Board:

- (a) Notes the details on the development of the Leeds Academic Health Partnership and its 2017-2021 strategy, presented at the meeting.
- (b) Receives an update on the progress of the Leeds Academic Health Partnership and the 2017-2021 strategy in the new municipal year.

(Councillor J Pryor joined the meeting at 1.35pm during the consideration of this item.)

81 Delayed Transfers of Care

The Head of Governance and Scrutiny Support submitted a report which presented information regarding Delayed Transfers of Care across the Leeds Health and Care System.

The following information was appended to the report:

- Delayed Transfers of Care (DToC) report to Leeds Health and Wellbeing Board – 23 November 2017
- Leeds Health and Care Local System Delivery Plan 2017-18
- Adult Social Care Outcomes Framework Indicators, including performance data on DToC.

The following were in attendance:

- Councillor Rebecca Charwood (Executive Member for Health, Wellbeing and Adults)
- Shona McFarlane (Deputy Director, Adults and Health), Leeds City Council
- Suzanne Hinchliffe (Deputy CEO), Leeds Teaching Hospitals NHS Trust
- Saj Azeb (Assistant Director of Operations), Leeds Teaching Hospitals NHS Trust
- Thea Stein (Chief Executive), Leeds Community Healthcare NHS Trust
- Sara Munro (Chief Executive), Leeds and York Partnership NHS Foundation Trust
- Lou Auger (Director of Delivery), NHS England
- Sue Robbins (Director of Commissioning, Strategy and Performance), Leeds CCG Partnership
- Mark Fox (Head of Operational Planning and Performance), Leeds CCG Partnership.

The Scrutiny Board considered and discussed the details within the agenda papers and presented at the meeting. Some of the key areas of discussion included:

- The commissioning of additional Mental Health Beds and Community Intermediate Care beds by Leeds Clinical Commissioning Group Partnership.
- Reablement services provided by Leeds City Council.
- The continuing and ongoing pressures being experienced within Leeds Teaching Hospitals NHS Trust.
- The complexities and pressures associated with securing specialist Elderly Mentally Ill placements for those in need. This included the refusal to accept some patients suitable for discharge from hospital.
- Confirmation that there had been an increase in the number of patients with dementia and challenges in relation to placements.
- The effectiveness of the Leeds Winter Plan and the assurance provided by NHS England around the performance of the Leeds Health and Care Partnership; and despite the continuing pressures, all partners were performing and contributing as expected.

- Confirmation that the continuing pressures in Leeds tended to be a result of the acuity of patients' needs, rather than different organisations not operating within the partnership and/or not discharging their responsibility.
- Assurance around the point at which discharge planning from hospital was occurring / commencing.
- Further details provided to the Board about the table of weekly delays at Leeds Teaching Hospital NHS Trust.
- The demands on homecare and the waiting times for home care packages to be in place, which were often dependent on geography and the complexity of the care package to be provided. The Board requested more details around homecare provision.
- Issues associated with the recruitment and retention of nursing staff across care homes, which the Board recognised was a national issue.

RESOLVED –

- (a) That the contents of the report and appendices and the assurances provided at the meeting be noted.
- (b) That the Board be provided with additional details around the demands on homecare services and associated waiting times for home care packages.

82 NHS Integrated Quality and Performance and Integrated Finance Reports

The Head of Governance and Scrutiny Support submitted a report which presented the integrated quality and performance report and the integrated finance report across NHS Trusts in Leeds.

The following were in attendance:

- Sue Robbins (Director of Commissioning, Strategy and Performance), Leeds CCG Partnership
- Mark Fox (Head of Operational Planning and Performance), Leeds CCG Partnership
- Visseh Pejhan-Sykes (Chief Finance Officer), Leeds CCG Partnership.

The Director of Commissioning, Strategy and Performance gave a brief introduction to the report and information presented to the Scrutiny Board.

The Scrutiny Board considered and discussed the details within the agenda papers and presented at the meeting. Some of the key areas of discussion included:

- Ambulance turnaround times: It was noted that there were issues in other parts of the country but it was also confirmed there were no specific issues in this regard in Leeds.
- Bed occupancy at Leeds Teaching Hospitals NHS Trust: The Board was advised that the figure had exceeded 100% on occasions and was assured that regular monitoring arrangements were in place.
- Quality, Innovation, Productivity and Prevention (QIPP) programmes and schemes: The Board discussed the potential loss of income due to

targets not being achieved and received assurance that overall financial targets would be achieved.

**83 RESOLVED – That the contents of the report and appendices be noted.
Chief Executive's Update: Leeds Community Healthcare**

The Head of Governance and Scrutiny Support submitted a report which introduced an update report from the Chief Executive of Leeds Community Healthcare NHS Trust, which included the report presented to the Trust Board in December 2017.

Thea Stein (Chief Executive), Leeds Community Healthcare NHS Trust was in attendance for the item.

**84 RESOLVED – That the written update from the Chief Executive of Leeds Community Healthcare NHS Trust, be noted.
Chair's Update**

The Chair provided a verbal update on recent scrutiny activity that had not been included elsewhere on the agenda.

The key points raised and discussed included:

- A number of recent meetings, including two working group meetings and a meeting with the Chair and Director of Healthwatch Leeds to continue to foster a collaborative approach and identify shared issues.
- Confirmation that the CCG Partnership had accepted The Avenue Surgery's proposal to close the Green Road Branch Surgery on Thursday 29 March 2018. This followed an eight week patient engagement exercise.
- An outline of the recent Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) – the JHOSC, which had met on 12 January 2018.
 - The purpose of the meeting had been to consider the outcome of the new review of Congenital Heart Disease services, which included NHS England's decision to retain Level 1 services at Leeds – without conditions (i.e. the full range of services and lead for the network).
 - The JHOSC welcomed NHS England's decision, which largely reflected many of the issues raised by the JHOSC in response to the original Safe and Sustainable Review.
 - The work of the JHOSC was applauded by some key stakeholders, including LTHT and the Children's Heart Surgery Fund (the local charity).
 - The work of Leeds City Council – and specifically Scrutiny Support, in supporting and advising the JHOSC (over 7 years) was equally applauded by other members of the JHOSC.
 - The JHOSC requested a further report around progress / implementation – specifically in terms of:
 - Providing assurance around LTHTs progress in meeting all the standards (including any that remain outstanding); and

- The development of the Yorkshire and Humber Network (including its relationships with other network areas).
- The redevelopment of the Leeds General Infirmary (LGI) and any specific impact or implications on Congenital Heart Disease Services for Adults and Children.

The Scrutiny Board discussed the details outlined at the meeting; specifically in relation to the work of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber) and the positive outcome achieved. The Scrutiny Board specifically identified the work of the Joint Committee, and the support provided predominantly through Leeds City Council's Scrutiny Support Unit, as excellent example of joint scrutiny arrangements that had resulted in a significantly different and positive outcome than had previously been proposed.

RESOLVED –

- (a) That the Chair's update be noted.
- (b) That the work of the Joint Health Overview and Scrutiny Committee (Yorkshire and the Humber); the support provided predominantly through Leeds City Council's Scrutiny Support Unit; and the positive outcome achieved be highlighted as excellent example of joint scrutiny arrangements, and be reflected on as part of any future joint health scrutiny arrangements necessary in the future.

85 Work Schedule

The Head of Governance and Scrutiny Support submitted a report which invited Members to consider the Board's work schedule for the 2017/18 municipal year.

The following matters were highlighted as potential additional items within the work programme:

- Details of local NHS commissioned services involving independent / private sector providers.
- Maintaining an overview of the proposed redevelopment of Leeds General Infirmary.

It was suggested that an additional Board meeting in April be held to sign off any outstanding reports.

RESOLVED –

- (a) That the general matters outlined in the report be noted.
- (b) That, subject to the draft inclusion of the matters outlined at the meeting and any routine scheduling decisions by the Chair, the Board's outline work schedule be approved
- (c) That an additional Board meeting in April 2018 be arranged, as discussed at the meeting.

86 Date and Time of Next Meeting

Draft minutes to be approved at the meeting to be held on Tuesday, 13th February, 2018

Tuesday, 13 February 2018 at 1.30pm (pre-meeting for all Board Members at 1.00pm)

(The meeting concluded at 3.50pm)

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Report of Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adults and Health)

Date: 13 February 2018

Subject: Scrutiny Inquiry: Health and Social Care Needs of Offenders

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

1 Purpose of this report

1.1 The purpose of this report is to introduce some additional information relating to the Scrutiny Board’s inquiry into the Health and Social Care Needs of Offenders. Predominately, the additional information is being provided by the provider of health care services at HMP Leeds and HMP Wealstun, Care UK.

2 Background

- 2.1 During the initial consideration of the Scrutiny Board’s 2017/18 work schedule, the Board agreed that the Health and Social Care Needs of Offenders should form a specific area for more detailed consideration, broadly covering the following areas:
- Leeds City Council’s care obligations in relation to offenders.
 - Current commissioning and delivery arrangements of offender health services, particularly focusing on HMP Leeds and HMP Wealstun.
 - Specific health issues identified by Independent Monitoring Boards.
 - Outcome of Healthwatch Leeds’ work around offender’s experience of health and care services.
- 2.2 To date, the Scrutiny Board has undertaken a range of activities, including visits to both HMP Leeds and HMP Wealstun, and considered a range of information – including details provided by NHS England and Public Health England, responsible for commissioning health care services in prisons.
- 2.3 The Scrutiny Board has also considered the Council’s care obligations in relation to offenders; and the relationship between commissioners of health and social care services.

3 Main issues

- 3.1 The primary purpose of this report is to introduce further details from Care UK – as the provider of health care services at HMP Leeds and HMP Wealstun. The details provided are attached to this report by way of presentation slides. Representatives from Care UK will attend the meeting to present and expand on the details provided; and respond to questions from members of the Scrutiny Board.
- 3.2 Representatives from NHS England and Adult Social Care will also be in attendance to contribute to the discussion and respond to questions appropriately.
- 3.3 Details of HealthWatch Leeds' report on people's experience of health care services at HMP Leeds, together with the associated response, are presented elsewhere on the agenda.
- 3.4 The Scrutiny Board is asked to consider the details provided in this report and presented at the meeting and identify any specific matters for inclusion with the Board's inquiry report, and/or where more details are required.

3. Recommendations

- 3.1 As part of the Scrutiny Board's inquiry around the Health and Social Care Needs of Offenders, Members are asked to consider the details provided in this report and presented at the meeting and identify any specific matters for inclusion with the Board's inquiry report, and/or where more details are required.

4. Background papers¹

- 4.1 None used

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Scrutiny Panel Presentation

Dawn Jessop - Regional Manager
Michael McGonnell – Deputy Service Director
Dave Browne – HMP Leeds Head of Healthcare



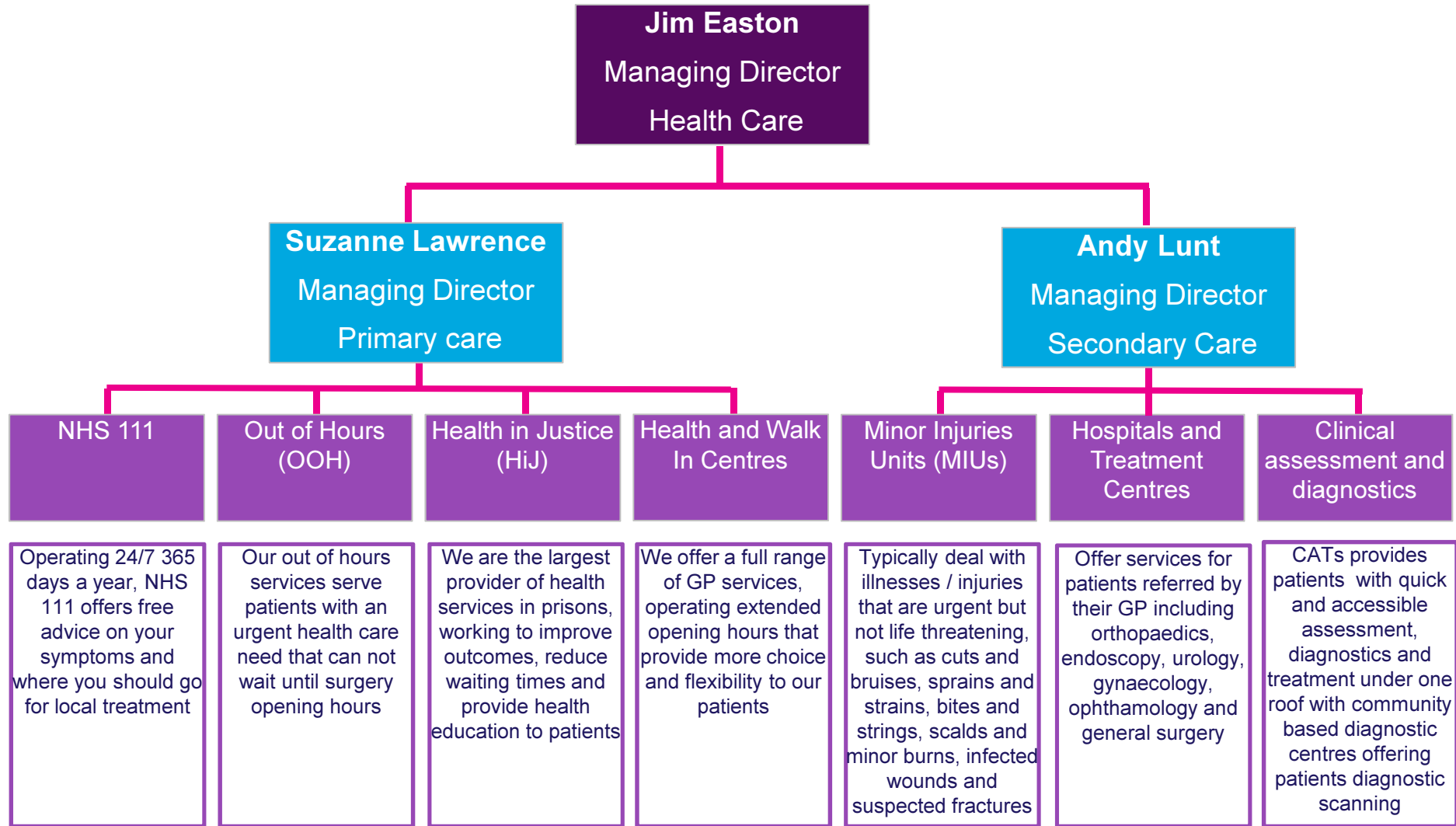
Content



-
- A little about Care UK
 - Health in Justice Services
 - Well Being Approach
 - Performance and Scrutiny
 - Questions and Answers

Health Care service lines

Serving over 18 million people across England



About Care UK



About Care UK

Care UK was founded in 1982 and is proud to be England's largest independent provider of NHS services, **delivering more than 70 different healthcare services throughout the UK.** These include treatment centres, GP practices, NHS walk-in centres, NHS 111, GP out-of-hours, prison health services and clinical assessment and diagnostics facilities.

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Residential Care Services



Healthcare



Healthcare



Primary Care

Health in Justice

IUC

New Services

CATS & Diagnostics



Secondary Care

Treatment Centres

HiJ Senior Management Team



Ross Dowsett

**Deputy Managing Director – Primary Care
HiJ Service Director**



Michael McGonnell

Deputy Service Director

**Lorraine
McMullen**

**Regional
Manager
Midlands**

Dawn Jessop

**Regional
Manager
Yorkshire**

Paul Harper

**Regional
Manager
East of England**

**Michelle
Hodkinson**

**Regional
Manager
London & IoW**

Victoria Kurrein

**Regional
Manager
Thames Valley**

Lisa Turner

**Regional
Manager
South West**

Health in Justice Sites



- London**
1. HMP/YOI Pentonville
 2. HMP/YOI Wormwood Scrubs
 3. HM YOI Feltham
 4. HMP Brixton

- East of England**
5. HMP/YOI Warren Hill
 6. HMP/YOI Halesley Bay
 7. HMP Highpoint

- South Central**
8. HMP Grendon
 9. HMPS Springhill
 10. HM YOI Aylesbury
 11. HMP Huntercombe
 12. HMIRC Campsfield House
 13. HMP/YOI Bullingdon
 14. HMP/YOI Isle of Wight

- West Midlands**
15. HMP/YOI Binsford
 16. HMP Featherstone
 17. HMP/YOI Drake Hall
 18. HMP Howell
 19. HMP Long Lartin
 20. HMP Oakwood
 21. HMP Stafford
 22. HMP/YOI Swinfen Hall
 23. HM YOI Warrington
 24. HMP Dovegate

- East Midlands**
25. HMP/YOI Footen Hall
 26. HMP Sudbury
 27. HMP Stocken

- Yorkshire**
28. HMP Wakefield
 29. HMP/YOI New Hall
 30. HMP Leeds
 31. HMP Wetherby
 32. HMP/YOI Ashban Grange
 33. HMP/YOI Doncaster
 34. HMP Lindholme
 35. HMP/YOI Moorland
 36. HMP/YOI Hatfield

- South West**
37. HMRC The Verne
 38. HMP Guys Marsh
 39. HMP/YOI Exeter
 40. HMP Channings Wood
 41. HMP Dartmoor
 42. HMP/YOI Portland

Leeds and Wealstun



Leeds – A local Cat B Remand prison.

Wealstun – A Training Cat C Prison

Transferred to CareUK in April 2016

Health in Justice Mission Statement



Our Mission is to provide an exceptional, patient centred healthcare service, equitable to that offered in the community from reception to discharge, whilst shaping a working environment that encourages staff to flourish.

This encompasses the following objectives:

Safety of patients and staff

We recognise that the prison population presents as one of the most vulnerable and challenged patient groups and that care must be provided within the most difficult and demanding of environments that is equivalent to that of the community. We will ensure that the right staff are recruited, trained and equipped to work within that environment to provide great care for those in custody.

Effective, high quality care

We will continue to innovate within our services to drive forward responsive and thoughtful care, whilst ensuring we support our clinicians and managers to ensure that clinically sustainable excellence is underpinned by financial sustainability in order to deliver service stability and continuity for patients. We will strive to ensure we don't make mistakes or errors, but when things go wrong, we will be transparent and seek every learning opportunity and work tirelessly to change practice as necessary.

Protecting personal characteristics

We will ensure that all patients receive a dignified level of care and treatment regardless of their ethnicity, religion, age or any other protected characteristic. We will ensure that we make every effort to deliver an informed and understanding service for our patients, which enables respectful care.

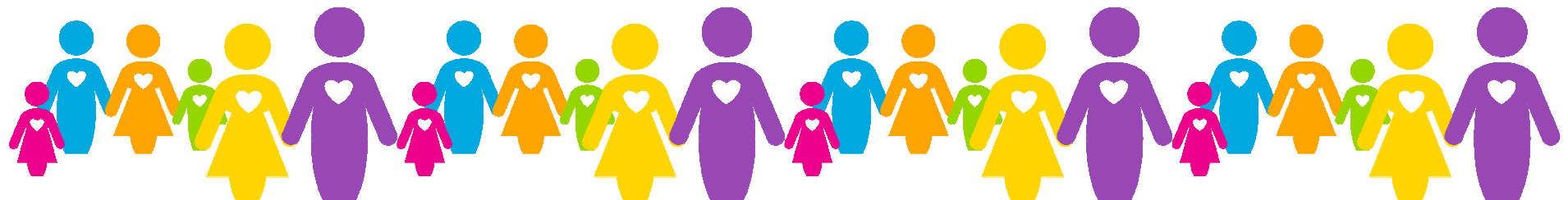
Partnership working

Working in partnership with our stakeholders is an integral part in the delivery of safe clinical care within the Health in Justice sector. We will work hard and invest in our relationships with these key partners to ensure our patients and their health and wellbeing needs, are recognised by the wider system. Our patients will be offered appropriate and effective support, which will in turn enable them to participate in achieving great healthcare outcomes. We will work with all stakeholders to develop care pathways that ensure patients are provided with personalised care plans, managing their individual needs that will best prepare them for their release.

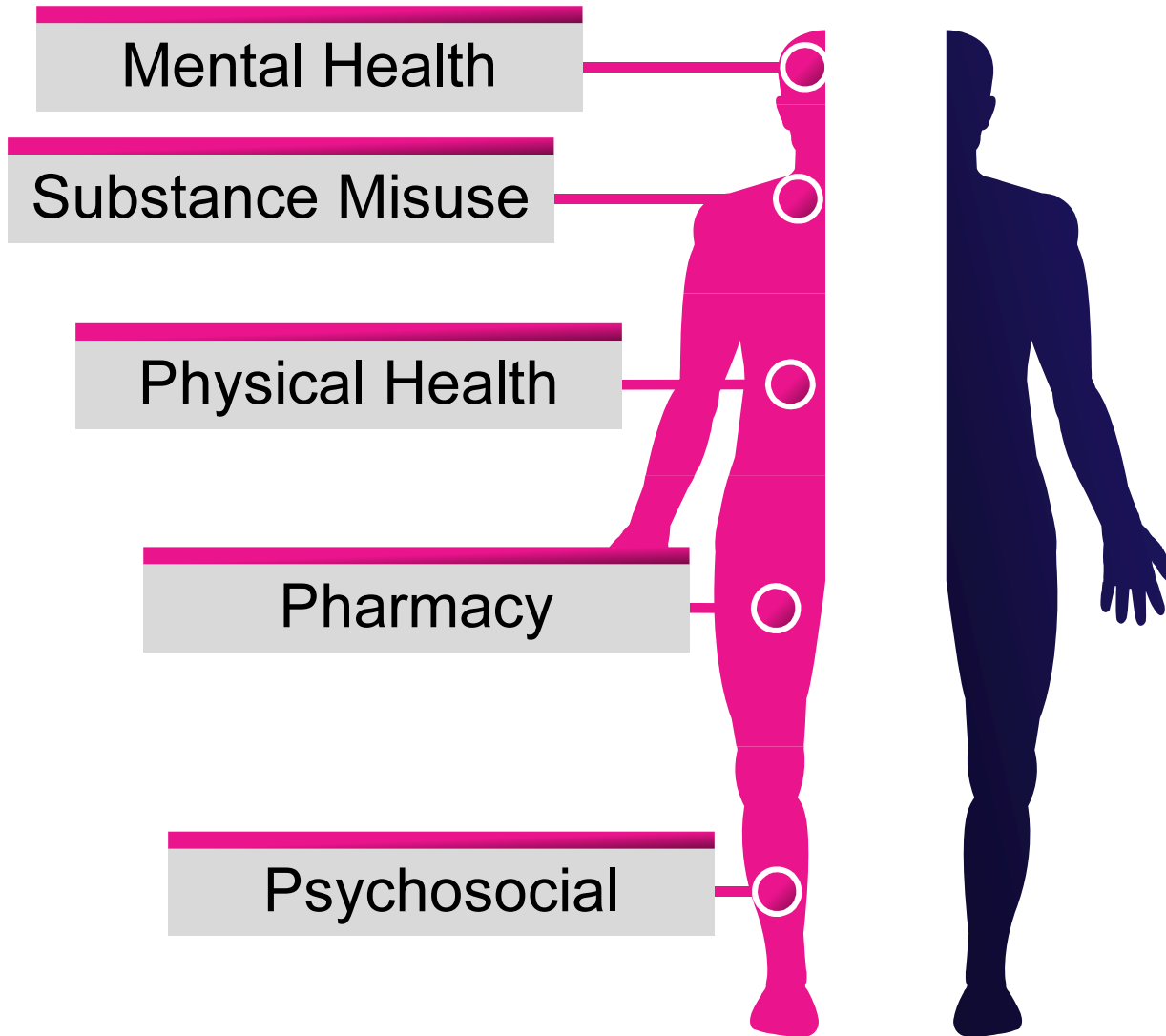
This is our Mission



Our Values



Integrated Healthcare Model



What Does that mean for HMP Leeds and HMP Wealstun



Commissioned by NHS England and now co commissioned with Her Majesty's
Prison Probation partners HMPPS

One Prime Provider Model

Our sub- contractors:

South Staffordshire Shropshire Foundation Trust SSSFT – Mental Health.
Psychiatry, Psychology, Substance Misuse

Time for Teeth – Dentist

Premier – Podiatry, Physiotherapy

Global Diagnostics – Ultrasound

LTHT – BBV/HIV Pathway

Service User Involvement



Wellbeing Approach



Our Scrutiny and Governance



EXTERNAL:

Independent Monitoring Board IMB

Her Majesty's Inspector of Prisons HMIP

Care Quality Commission

Prison Probation Ombudsman PPO

Clinical Reviews

Coroner

Commissioning Contract Requirements



Performance and Monitoring



Quality Assurance LOCAL/REGIOANL/NATIONAL

Quality Assurance visits

DATIX –Incident and risk reporting system

Serious Incident/Route cause Analysis

Regular reporting

Quality Outcome Framework

Dashboard

League Table/Spider Charts

Commissioner contract meetings

Health in Justice Quality Plan



Page 35

Disposable Wireless Sensor

SensiumVitals® (Patch)

- Wearable, single patient use
- Heart Rate
- Respiration rate
- Temperature (axilla)
- Ultra low power/5 day battery life
- FDA 510(k) cleared, CE marked

	ng	Demonstrating Quality	Innovation	Suicide Prevention
	n	Clinical Governance Processes	Telemedicine	Implement our Suicide Prevention Strategy
Projects	Working (MPCCC)		Socrates App	
	Peer Mentor Programme	RCGP SMAH Programm		
	Self Management UK			
Vision				



Questions..



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Report of Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adults and Health)

Date: 13 February 2018

Subject: Scrutiny Inquiry: Health and Social Care Needs of Offenders - Healthwatch Leeds report on peoples experiences of health care services at HMP Leeds

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

1 Purpose of this report

1.1 The purpose of this report is to introduce the Healthwatch Leeds report on people's experiences of health care services at HMP Leeds.

2 Background

2.1 During the initial consideration of the Scrutiny Board's 2017/18 work schedule, the Board agreed that the Health and Social Care Needs of Offenders should form a specific area for more detailed consideration, broadly covering the following areas:

- Leeds City Council's care obligations in relation to offenders.
- Current commissioning and delivery arrangements of offender health services, particularly focusing on HMP Leeds and HMP Wealstun.
- Specific health issues identified by Independent Monitoring Boards.
- Outcome of Healthwatch Leeds' work around offender's experience of health and care services.

2.2 To date, the Scrutiny Board has undertaken a range of activities, including visits to both HMP Leeds and HMP Wealstun, and considered a range of information – including details provided by NHS England and Public Health England, responsible for commissioning health care services in prisons.

2.3 The Scrutiny Board has also considered the Council's care obligations in relation to offenders; and the relationship between commissioners of health and social care services.

- 2.4 Further details from Care UK – as the provider of health care services at HMP Leeds and HMP Wealstun – are provided and will be considered elsewhere on the agenda.

3 Main issues

- 3.1 Healthwatch Leeds report on peoples experiences of health care services at HMP Leeds and the response to its observations / recommendations are appended to this report.
- 3.2 Representatives from HealthWatch Leeds will be in attendance to present the report; and a range of other stakeholders including Care UK, NHS England and Adult Social Care will also be represented in order to contribute to the discussion and respond to questions appropriately.
- 3.3 The Scrutiny Board is asked to consider the attached reports and the details provided at the meeting; and identify any specific matters for inclusion with the Board's inquiry report, and/or where more details are required.

3. Recommendations

- 3.1 As part of the Scrutiny Board's inquiry around the Health and Social Care Needs of Offenders, Members are asked to consider the details provided and identify any specific matters for inclusion with the Board's inquiry report, and/or where more details are required.

4. Background papers¹

- 4.1 None used

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.



Healthcare in HMP Leeds

A snapshot of people's experience of healthcare provision in prison.

September 2017

About Us

Healthwatch Leeds is here to help local people get the best out of their local health and care services by bringing their voice to those who plan and deliver services in Leeds.

Summary

Introduction

HMP Leeds invited Healthwatch Leeds (HWL) to find out what works well and what can be improved with the healthcare in Armley prison, following the implementation of a new contract with healthcare service provider Care UK.

HWL worked collaboratively with Care UK and talked to 23 prisoners about their experiences.

This report gives a snapshot of people's experiences of healthcare services in prison and their views about what could be improved.

Key Findings

What worked well

- The majority of the prisoners we spoke to were happy overall with the prison's healthcare service. They were satisfied with the way they were treated and spoke highly of healthcare staff.
- We received very positive feedback regarding the healthcare representatives (HCRs). They are clearly a valuable asset to both the healthcare team and prisoners at HMP Leeds.
- The content of the information for prisoners was considered good and useful by those who had received them.

Areas that could be improved

- The provision of information about healthcare services appears to be inconsistent.
- The majority of prisoners highlighted the appointments system as the one area they would like to improve.

- Many prisoners suggested that HCRs could play a greater role in supporting the healthcare team.
- Lack of experienced prison officers and adequate staffing on prison wing was felt to be a key factor in many of the negative issues highlighted by prisoners.
- Some prisoners felt the nurses administering medication were under supported by prison officers.
- There was a general mistrust of, and lack of respect for, Prison Officers. Many prisoners also felt they hindered the work of the healthcare team. Prisoners said that there was nobody to tell if they were being bullied/intimidated to give away their medication.

Key recommendations

We have made recommendations on areas of development highlighted above.

- healthcare information provision;
- communication between the prison officers and prisoners;
- appointment system;
- drop in sessions;
- staff support and ways of maximising HCRs and the benefits they bring to the healthcare service.
- Reception process

For details of the recommendations, please refer to page 16 of the report.

Background

HMP Leeds is a large Victorian local (Category B) male prison. It is located in Armley, just outside Leeds city centre. It has a maximum operational capacity of 1212. A third of the prisoners at HMP Leeds are on remand and a significant proportion of prisoners are released back into the community each year.

Prisoners at HMP Leeds are much more likely to be smokers, have alcohol problems or be intravenous drug users than members of the general population.¹

A new contract for healthcare provision in HMP Leeds was issued in April 2016 by NHS England (commissioners of the service) to Care UK.

HMP Leeds holds an 18 bed specialist social care unit. It delivers support and care for adults with physical disabilities, learning difficulties and long-term conditions. For patients who do not require admission to this unit, health and social care intervention can be delivered wing-based where appropriate. The head of the healthcare service told us that his team is responsible for meeting every prisoner's healthcare needs. There are a high proportion of prisoners that take medicines and/or receive medical intervention every day.

More information about the social care unit can be found in Appendix 1.

Healthcare representatives (HCRs) have been reintroduced since February 2017. They are prisoners who are trained to support prisoners' access to the healthcare service. There is a Prison Information Desk (PID) in each wing managed by the PID workers (they are prisoners themselves) which provides information about the operational arrangements within prison and different support services, e.g visiting information, phone ID's, health appointment slips and Samaritans.

Both Care UK and Healthwatch Leeds are keen to find out what works well and what can be improved in healthcare in order to meet the needs of the prison population in Leeds.

Why we did it

One of our 2017/2018 priorities was men's voice and experience of healthcare services, particularly those not always heard. In addition, we have received several enquiries to our information, advice and signposting line regarding problems in accessing medication and/or appropriate care in prison.

We have received support from the senior staff team of HMP Leeds, which has enabled HWL to engage with prisoners in a meaningful way.

Both the prison healthcare service and Healthwatch Leeds share the same goal of finding out from the prisoners about their experience of healthcare and identifying what can be done better in prison.

What we did

We spoke to 23 prisoners in a combination of focus groups and individual interviews. Eight of these prisoners were staying in the Social Care unit and the other 15 were from the wings. Not all of the prisoners answered all of our questions.

Our discussions with prisoners focused on four key themes:

1. Information about health services and the prison health team
2. Accessing the health team and health services
3. Health Care Representatives
4. Treatment - both the medical treatment prisoners receive and how they felt treated as a person.

We asked all prisoners:

- Name one thing you think is good about the prison health care service
- Name one area of the service you would improve if you could.

Please see [Appendix 2](#) for the full methodology we applied to the project.

What we found

When the prisoners were asked their overall feeling about the health service in HMP Leeds, 16 out of 20 people who answered the question said they were happy with the service, only one person was unhappy and three people felt somewhere in between.

We have set out what we found question by question below. Prisoners' comments for each theme can be found in [Appendix 3](#).

1. Information about health services and the prison health team

1.1 What information have you been given about the health team and the services available? Was it useful - did it tell you what you need to know?

The provision of information about healthcare services for people arriving at HMP Leeds appears to be inconsistent.

Seven out of eight prisoners from the Social Care Unit had received healthcare information but of the five prisoners who came to the focus group from the wings, just one said he had been given a healthcare handbook.

Where prisoners had received information, all agreed it was good and told them what they needed to know about the services available.

One prisoner from the Social Care Unit said he was very happy with the information available about mental health services.

One prisoner said he was illiterate so any written material was useless to him and that information can be given verbally face-to-face for those inmates who cannot read. Another prisoner agreed to this as "not everyone can understand leaflets".

1.2 Do you know where or how you can get information about health services when you need them?

All prisoners (13) who answered this question said they knew they could obtain information about health services from the Health Care Representatives (HCRs) or staff in charge.

1.3 In what form would you like to receive information about the health team? What other information would be useful?

There was general agreement that as well as information taking the form of an induction handbook or booklet, there can be verbal information sharing for those who cannot or struggle to read.

It was suggested that HCRs could be available to talk to people as they arrived at HMP Leeds, in the same way that representatives from the Samaritans are available.

One prisoner said it would be useful to know when the optician and dentist were in the prison.

2. Accessing the health team and health services

2.1 How easy do you think it is to make an appointment?

5=being very easy and 1=being very difficult

Score	1	2	3	4	5	Total responses
Responses	4	3	1	2	3	13

Most prisoners felt that, although there is a lot of paperwork involved, it was relatively easy to make an application for an appointment to see a GP or other health professional such as an optician or dentist.

However, almost every prisoner went on to voice an issue with the follow-up aspect of the appointments procedure, including those who had rated it as 'very easy'.

Issues highlighted included:

- Long waiting times
- Failure to receive a reply slip giving details of the appointment
- Problems with physically getting to an appointment which requires being escorted by the prison officer
- Cancellations

"It can take six weeks-plus to get an appointment. You have to jump through hoops."

“I had three cancellations before I got to see the GP.”

The main reason prisoners gave for these problems was communication. Barriers to attending appointments are explored further in 2.4.

2.2. How do you feel about the time you have to wait between requesting a routine GP/optician/dental appointment and getting one?

5= very short and 1= very long

Score	1	2	3	4	5	Total response
Responses	4	2	3	3		12

Most of the prisoners said the delay in getting an appointment after requesting one was too long.

The prisoners who gave the lowest score all felt the triage system was ‘hit and miss’ and perceived their ailment to have been more serious than the triage assessment.

Two prisoners believed people with drug issues were given priority over clean prisoners, for example a severe ear infection went untreated for days.

“It wasn’t self-inflicted. If he’d smoked ‘Spice’ he’d be sorted.”

Those who scored the waiting times more highly were on the Social Care Unit of HMP Leeds. Whilst they said there were long waiting times, particularly to see a dentist or optician, they acknowledged that the issue was a lack of adequate medical staff to deal with the volume of prisoners. They were happy that they could be seen by a senior nurse instead of a GP.

2.2 How do you feel about the time you have to wait between requesting an urgent appointment and getting one?

5= very short and 1= very long

Score	1	2	3	4	5	Total response
Responses	3					3

Only three people gave a score on this question and delays were cited as the reason for the low score. One prisoner said he waited six weeks to get a dental appointment for a broken tooth which was cutting into his tongue and cheek.

Another example given was that a prisoner who needed an emergency X-ray had to wait for several days before getting it.

2.4 What makes it difficult to attend appointments?

The reasons given for barriers to attending appointments were:

- Prisoners not being informed by Prison Officers about appointments
- Insufficient staff to accompany prisoners to appointments
- An incident in the prison causing a lockdown
- An appointment not being rebooked if, for example, a lockdown had caused cancellation
- Prisoners were at work and unaware that they had an appointment
- A prisoner's name was on the list of appointments in the hands of a Prison Officer who was located on a different floor
- Prison Officers don't always unlock prisoners to allow them to attend
- The lift was out of order, so inmates with mobility problems could not access the Social Care Unit.

Many of these barriers are the result of poor communication - between the healthcare administration system and prisoners and between the prison officers and prisoners.

2.5 What do you think could be done to make the process better?

Prisoners suggested the following actions:

- Improving communication to enable prisoners to attend their health appointment
- Display a sheet on the wing noticeboard listing prisoners who have health appointments (no need to state what the appointment for) in line with the system for visitor lists
- Healthcare staff, not guards, should accompany prisoners to appointments
- Provide a confidential box on every wing where prisoners can post their applications for health appointments. (We later found out the confidential boxes were provided but had been vandalised and not yet been replaced.)

The Head of Health Care service explained he wanted to introduce a system where prisoners receive an Incentive Earned Privilege (IEP) warning if they do not attend an appointment to clarify the reason for a missed appointment. This would necessitate the Prison Officer having to give a reason for the missed appointment.

Three prisoners said they did not trust the system. “Nine times out of ten it’s not the prisoner’s fault.” “Prison Officers will lie to protect the wing.”

3. Health Care Representatives (HCRs)

3.1 Do you know what a HCR/Prisoner Information Desk (PID) does?

The majority of the prisoners (17) we spoke to are aware of the role played by HCRs and the PID and could identify them easily by their purple shirts.

HCRs who took part in focus groups appeared well informed and highly respected by fellow inmates.

However, those on B wing said there was currently nobody in post as the previous HCR had been released. There was no HCR on F Wing. (The Head of Healthcare immediately took steps to recruit a new HCR from within the focus groups).

3.2 How well do they work? What would improve the way they work?

There was an overwhelmingly positive response to HCRs and the support they give.

“If it wasn’t for them, we would be at a loss.”

One HCR had identified a gap in healthcare provision for people suffering Post Traumatic Stress Disorder and is now involved in the work to provide support.

Two HCRs said that while they worked well, the system for returning appointment reply slips to prisoners was inefficient and there were often delays getting the reply slips. (We later found out that the reply slip was given to the prisoner directly rather than being distributed via the HCRs.)

Prisoners suggested the following improvements:

- Have a poster on wings with a name and photo of the HCR
- HCRs should introduce themselves to new arrivals on the wing and give them the information they need
- Improve the efficiency of returning appointment reply slips

4. Treatment you receive and how you are treated

4.1 How do you feel about the medical treatment you’ve received? What made it a good or bad experience? What could be done to make it better?

5= very good and 1=very bad

Score	1	2	3	4	5	Total responses
Responses			1	1	9	11

Healthcare staff at HMP Leeds are generally held in very high regard by prisoners.

“You can’t fault the healthcare team.”

Two prisoners thought the nurse administering medication needed some support as she covered two wings at the same time.

Concerns were raised about Prison Officers not unlocking prisoners - both when they were ill at night and to attend medical drop-ins etc.

One prisoner shared that he was once ill with diarrhoea and had to see to himself until the morning because Prison Officers will only unlock for emergencies. Several prisoners mentioned worries about what would happen if they fell ill overnight.

A prisoner using methadone said the queues to receive it were huge.

Another said 'first nighters' could wait five hours to be seen and there was too much form filling about medications.

One prisoner said there was a need for greater awareness of Novel Psychiatric Substance (NPS) and the problems it causes.

"It's a problem in prisons but there is no group to raise awareness or offer support to lads who genuinely want help."

The problem of prisoners not taking medication or giving them away was considered to be a result of currency, trading and bullying. There was nobody to tell if you were being bullied.

Prisoners suggested the following improvements:

- The drop-in Nurse triage on Mondays should be done wing by wing, not all together.
- A 'confidential box' on wings could be used to report bullying.
- HCRs could be trained to raise awareness about NPS and a support group established for those seeking support.

4.2 How do you feel about the way you are treated by prison nursing staff? Do you get enough time with a health professional? Are you confident you can discuss issues with prison health professionals?

Prisoners were very satisfied with prison nursing staff and spoke highly of them. They were confident discussing any issues with them.

There was general agreement that prisoners got enough time with health professionals in the Social Care unit but not on the wing. This is

due to the high numbers of patients needing to be seen on the wing.

There was a broad understanding of the staffing challenges faced by healthcare staff.

“1,200 needy prisoners. They all need something. It’s not an easy job.”

5. Individual opinions about the prison healthcare service

5.1 Name one good thing about the prison healthcare system

Each prisoner was invited to respond to this question individually.

Eight prisoners specified the healthcare team.

“They do a remarkable job.”

“The staff are brilliant.”

“Committed to the work.”

“Staff treat me well.”

Six praised the service as a whole.

“Slow, but overall happy.”

“No complaints.”

“I can’t fault it.”

Two highlighted the *“much improved”* dental service.

One highlighted medications. *“You do get your meds.”*

5.2 Name just one area you would improve if you could

These were suggested both individually and by consensus:

Eight prisoners spoke of the appointments system, with one specifying optician appointments.

Three prisoners said their experience would be improved by knowing who the HCRs are and three said access to HCRs could be improved.

One prisoner wanted to improve prescription services.

One prisoner wanted to reduce long queues to get medicine.

One prisoner wanted to establish an NPS awareness and support group.

Some prisoners highlighted poor cleanliness in cells and prisoners requiring care being put to bed as early as 5.30pm as areas for improvement. Whilst not strictly health related these issues might have an impact in terms of mental health and wellbeing.

Our messages / recommendations

The prisoners Healthwatch Leeds spoke to were very positive about the HMP Leeds healthcare team and the services they provide.

Where issues or concerns were raised, in the main there was some acknowledgement of the underlying challenges involved: for example, the prison's high turnover of inmates, the high volume of people requiring medical attention and the significant number of new and relatively inexperienced Prison Officers.

Our recommendations also take these challenges into account by helping HMP Leeds consider low or no cost improvements which could be introduced with minimal impact on staff workloads.

HCRs have provided an important bridge of communication between the healthcare team, Prison Officers and prisoners. HCRs could play a vital role in supporting any new or revised procedures. All HCRs who took part in the focus groups expressed a strong willingness to assist

the healthcare team and support fellow inmates in any way they could.

Our recommendations are set out in detail below to help HMP to further develop areas identified in the report.

Recommendations

Areas identified for improvement	Recommendations
<p><u>Healthcare information provision</u></p> <p>It has been highlighted the prisoners have difficulties in remembering information on arrival at prison and there is a need to provide information in different format on an ongoing basis.</p>	<p>Assessing the possibility of HCRs routinely introducing themselves to new inmates on their wing to talk to them about prison healthcare services and give them a handbook where appropriate. This would ensure all new arrivals to HMP Leeds were well informed about services from the outset (including non-written information where appropriate).</p>
<p><u>Appointment system</u></p> <p>Main difficulties for attending appointments:</p> <ul style="list-style-type: none"> • Poor coordination of appointment lists • Insufficient prison officers to accompany prisoners • Failure by prison officers to unlock prisoners from cells • Prisoners can wait a few days to obtain and attend emergency X-ray appointments 	<ul style="list-style-type: none"> • Reviewing the current system for distributing reply slips so prisoners are informed in good time that an appointment has been booked, and when. • Reviewing accountability between wing staff and call staff to ensure prisoners to attend appointments. • Considering the feasibility of putting a list of health appointments on the PID board, which would provide clarification for all concerned. • Considering the feasibility of rebooking appointments when prisoners have failed to attend due to circumstances beyond their control. • All emergency appointments to be dealt with immediately when possible

Areas identified for improvement	Recommendations
<p><u>Healthcare Representatives</u></p> <p>Lots of suggestions from the prisoners were made for HCRs to play a greater role in supporting the healthcare team.</p>	<ul style="list-style-type: none"> • Consider displaying the name and photo of the HCR in each wing. • Formalising a system so all new arrivals are seen by the HCRs and given written and/or verbal information about healthcare service. • Investigating possibilities for training HCRs to play a greater role, e.g. providing information, supporting communication around appointments and raising awareness of health issues.
<p><u>Treatment the prisoners received</u></p> <p>Prisoners have nobody to report to in confidence about bullying around being forced to divert medication.</p>	<p>Consider putting a ‘confidential box’ on wings that could be used to report bullying.</p>
<p><u>Healthcare team</u></p> <p>Prisoners reported that nurses administering medication need more support from prison officers</p>	<p>Training to be made available to prison officers on the treatment hatch for dealing with challenging behaviour/identifying diversion of medication, so disruption can be managed during the drop-in nurse triage session.</p>
<p><u>Reception process</u></p> <p>Prisoners don’t always get to see healthcare team on the first night if they arrive late.</p>	<p>Reviewing the reception process so the prisoners can be assessed by the health team on the first night.</p>

Service Provider Response

We welcome any opportunity to explore issues and search for solutions to improve our patients experience. We were delighted to invite Healthwatch Leeds to HMP Leeds for the very first time. Most patients were happy to talk to an external organisation and were genuinely pleased with the opportunity. I am pleased with their view that healthcare staff are caring and will do the best job they can under difficult circumstances. I believe it was a huge learning experience for the Healthwatch team who had not visited a prison before. The issues and challenges were a surprise at times and the great effort it takes to deliver quality services became very clear. An opportunity to spend time exploring experiences and patient suggestions is our ongoing commitment and we will continue to value feedback and strive for continuous improvement.

Next Steps

The report will be shared with the Head of Healthcare at HMP Leeds. We will agree with him the next steps to be taken in response to our recommendations and work with him to ensure any agreed actions are followed through and implemented.

The report will also be distributed to prisoners via the HCRs. As with all our publications, we will also upload the report to the Healthwatch Leeds website and share them with Healthwatch England, the commissioner for the prison service and the Care Quality Commission.

Thank you

This report has been written by Tatum Yip, Community Project Worker at Healthwatch Leeds, in collaboration with Alison Garford.

We would like to thank Denise Wall, Helen Dannatt, Alison Garford, David Sgorbati and Stuart Morrison who helped with different aspects of the project.

Our gratitude goes out to the Head of Healthcare and his team who have provided assistance and support throughout the planning and delivery of this project.

Last but not least, a big thank you to the prisoners who attended the focus group and interviews-your views have helped to make the report possible.

References

Information of HMP and its prison population has been taken from the Dynamic Healthcare Needs Assessment of HMP 2017.

Appendix 1 Background of Social Care at HMP Leeds

HMP Leeds holds an 18 bed specialist social care/re - enabling environment that delivers support & care for adults with physical disabilities, learning difficulties and long term conditions. For patients who do not require admitting to this unit, social care intervention can be delivered wing based where appropriate.

In order for patients to receive social care input each patient identified by the prison or nursing team will have a full health needs assessment completed by a senior member of the nursing team in conjunction with an external social work team. This assessment allows for nursing staff & local authorities to establish if the patient is eligible for support, and identify what this support may be in order to tailor individual patient need. This may include assistance with personal cares & activities of daily living, specialist equipment that will aid independent & increase the patient's wellbeing during their stay in a custodial environment.

The social Care team work alongside local authorities in conjunction with The Care Act 2016 in order to provide high quality multidisciplinary care to patients eligible for social care input equivalent to that in the community.

This information has been provided by Nicola Betts - Primary Care Nurse, Social Care, HMP Leeds




Appendix 2 What we did - our methodology

We planned five focus groups to take place at the prison's healthcare unit in September 2017. However, only three went ahead and thirteen people in total came to the groups. The cancellation of the two scheduled focus groups was due to unforeseen reasons, i.e. prison lockdown, lack of officers to escort prisoners to the focus group, communication problems between the prison officers and healthcare team and prisoners' refusal to attend the focus group.

We also spoke to 10 individuals in the waiting areas of the healthcare unit before or after they had attended their medical appointments. However the questions used had to be condensed to

- What would improve the way HCRs work?
- Name one thing is good about the prison health service.
- Name just one area you would improve if you could.

All prisoners were given an opportunity to express their opinion anonymously about their overall feeling for the healthcare in prison on the following slip.

Score cards of 1 to 5 were used by prisoners to indicate their level of satisfaction during the focus group, with 1 being bad and 5 being excellent.

Appendix 3 Prisoner quotes

1. Information about health services/health team

“Get enough info. Very happy with mental health service and the information available.”

“I had received a handbook and it provided the information I needed to know.”

“Healthcare Reps could be available to talk to people and provide information to prisoners on their arrival at HMP Leeds”

“Can’t read so (leaflet is) useless. Verbal and face-to-face info would be better.”

“It would be good to know when the optician and dentist are in the building.”

2. Appointments

“If you apply to see a GP you get a nurse.”

“There’s a lot of paperwork to fill in to request an appointment”

“Optician appointment is difficult to get (waiting list 2 months)”

“Been in prison for 3 weeks, first time managed to see the doctor. Medication not right, I am very unhappy.”

“Took 18 days to see the GP here.”

“They (prison officer) don’t listen to you and when you do get one [appointment] the reply slip might only come through the day before.”

“Prison officers who might have a list don’t always unlock prisoners to allow them to attend.”

“The problem is the follow-up. More staff needed.”

“A sheet listing applications for appointments should be put on the noticeboard, like the system used for the visitor list.”

3. Health Care Representatives

“Does a fine job.”

“Eyes and ears of the world.”

“(Need to) offer support for lads who genuinely want help”

4. Treatment the prisoners receive and the healthcare team

“I am worried ‘what if’ during the night” (what if officers don’t respond to calls when I am ill)

“She’s rushed off her feet.”

“They really listen and go beyond to help us.”

“There are about 12 nurses. They can’t be there immediately.”

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Service Provider Response Form

Name of Service: HMP healthcare service

Date: 20/11/17

Name of Service Provider: Care UK

Healthwatch Leeds Recommendation	Service Provider Response (including any actions you will take)	When will this be implemented by
<p><u>Information provision</u></p> <p>Assessing the possibility of Healthcare Reps routinely introducing themselves to new inmates on their wing to talk to them about prison healthcare services and give them a handbook where appropriate. This would ensure all new arrivals to HMP Leeds were well informed about services from the outset (including non-written information where appropriate).</p>	<p>At the healthcare Rep meeting which was held in the beginning of November, all reps were given a contact sheet and asked to introduce themselves to all new prisoners who arrive on the wing. They were also given individual leaflets for each service: Primary Care, Social Care, GP/ANP, Substance Misuse, Pharmacy, Long Term Conditions, Mental Health, Podiatry, Physiotherapy, Dentist and Opticians. This will enable the reps to give accurate advice and support to all new patients.</p>	<p>Nov 17</p>
<p><u>Appointment system</u></p> <ul style="list-style-type: none"> Reviewing the current system for distributing reply slips so prisoners are informed in good time that an appointment has been booked, and 	<p>All applications now have a reply slip attached that enables us to immediately inform the patients when we have made an appointment. The slips are put in sealed envelopes and given to the Healthcare Reps to distribute.</p>	<p>Nov 17</p>

<p>when.</p> <ul style="list-style-type: none"> • Reviewing accountability between wing staff and call staff to ensure prisoners attend appointments. • Consider the feasibility of putting a list of health appointments on the PID board, which would provide clarification for all concerned. • Consider the feasibility of rebooking appointments when prisoners have failed to attend due to circumstances beyond their control. • All emergency appointments to be dealt with immediately when possible 	<p>All wing staff must report directly to the Activities Department the reason for non-attendance at healthcare appointments.</p> <p>The feasibility of putting a list of health appointments on the wing has been explored and will be given to the Healthcare Reps. Each rep is asked to remind the patient the night before that they have an appointment.</p> <p>Each clinician has been instructed to rebook appointments when call up officers are unable to collect patients to attend healthcare appointments.</p> <p>All emergency appointments are dealt with by wing staff calling a nurse on the radio or patients attending triage clinics. Some work is required for patients and officers to understand what an appropriate emergency call is.</p>	
<p><u>Healthcare Reps (HCR)</u></p> <ul style="list-style-type: none"> • Consider displaying the name and photo of the HCR in each wing. 	<p>This will be explored with the Healthcare reps at the next meeting.</p>	<p>Dec 17</p>

<ul style="list-style-type: none"> Formalising a system so all new arrivals are seen by the HCRs and given written and/or verbal information about healthcare service. Investigate possibilities for training HCRs to play a greater role, e.g. providing information, supporting communication around appointments and raising awareness of health issues. 	<p>System and how to record it was explored with the healthcare reps at the Nov 17 meeting. All reps are now introducing themselves to all new patients as they arrive on each wing.</p> <p>All healthcare reps will be given accredited health promotion training by the New Wortley Centre. This is an exciting opportunity as an ex healthcare rep from HMP Leeds will be facilitating the training.</p>	<p>Nov 17</p> <p>Feb 17</p>
<p>Consider putting a ‘confidential box’ on wings that could be used to report bullying.</p>	<p>The Safer Custody department has a community concern form that is available on each PID desk to report issues of concern. This is placed in the complaints box and collected daily. Consider a relaunch to raise awareness.</p>	<p>Jan 17</p>
<p><u>Support to healthcare staff</u></p> <p>Training to be made available to prison officers on the treatment hatch for dealing with challenging behaviour/identifying diversion of medication, so disruption can be managed during the drop-in nurse triage session.</p>	<p>Each incident is to be reported daily in order to identify staff that may need extra support. This will be discussed and action decided at each healthcare service meeting.</p>	<p>Nov 17</p>

<p>Reception process.</p> <p>Reviewing the reception process so the prisoners can be assessed by the health team on the first night.</p>	<p>A full review of the first days in custody is currently underway. This is to process map a prisoner's journey to ensure needs and service requirements are met.</p>	<p>Jan 17</p>
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Report of Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adult and Health)

Date: 13 February 2018

Subject: Chairs Update – February 2018

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

1 Purpose of this report

1.1 The purpose of this report is to provide an opportunity to formally outline some of the areas of work and activity of the Chair of the Scrutiny Board since the previous Scrutiny Board meeting in January 2018.

2 Main issues

- 2.1 Invariably, scrutiny activity can often occur outside of the formal monthly Scrutiny Board meetings. Such activity may involve a variety of activities and can require specific actions of the Chair of the Scrutiny Board.
- 2.2 The purpose of this report is, therefore, to provide an opportunity to formally update the Scrutiny Board on the Chair’s activity and actions, including any specific outcomes, since the previous Scrutiny Board meeting held in December 2017. It also provides an opportunity for members of the Scrutiny Board to identify and agree any further scrutiny activity that may be necessary.
- 2.3 The Chair and Principal Scrutiny Adviser will provide a verbal update on other activity at the meeting, as required.

3. Recommendations

- 3.1 Members are asked to:
 - a) Note the content of this report and the verbal update provided at the meeting.
 - b) Identify any specific matters that may require further scrutiny input/ activity.

4. Background papers¹

4.1 None used

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.



Report author: Steven Courtney
Tel: 0113 378 8666

Report of Head of Governance and Scrutiny Support

Report to Scrutiny Board (Adults and Health)

Date: 13 February 2018

Subject: Work Schedule – February 2018

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

1 Purpose of this report

1.1 The purpose of this report is to consider the Scrutiny Board’s work schedule for the remainder of the current municipal year (2017/18).

2 Main issues

2.1 During discussions at the initial meeting in June 2017, the Scrutiny Board discussed and identified a broad range of matters for possible inclusion within the overall work schedule for 2017/18. However, it was acknowledged that, due to the resources directly available to support the Board’s work, there would be limitations on the work schedule; and that the Scrutiny Board would need to prioritise its main areas of focus for 2017/18.

2.2 The latest iteration of the work schedule is attached at Appendix 1 for consideration and agreement of the Scrutiny Board – subject to any identified and agreed amendments.

2.3 Executive Board minutes are routinely provided to the Scrutiny Board for consideration in order to help identify any matter where specific scrutiny activity may subsequently be warranted. The next Executive Board meeting is due to take place on 7 February 2018. Any available minutes from that meeting may be presented to the Scrutiny Board to consider at its meeting on 13 February 2018.

Developing the work schedule

- 2.4 The work schedule should not be considered to be a fixed and rigid programme, it should be recognised as something that can be adapted and changed to reflect any new and emerging issues throughout the year; and also reflect any timetabling issues that might occur from time to time.
- 2.5 However, when considering any developments and/or modifications to the work schedule, effort should be undertaken to:
- Avoid unnecessary duplication by having a full appreciation of any existing forums already having oversight of, or monitoring a particular issue.
 - Ensure any Scrutiny undertaken has clarity and focus of purpose and will add value and can be delivered within an agreed time frame.
 - Avoid pure “information items” except where that information is being received as part of a policy/scrutiny review
 - Seek advice about available resources and relevant timings taking into consideration the workload across the Scrutiny Boards and the type of Scrutiny taking place
 - Build in sufficient flexibility to enable the consideration of urgent matters that may arise during the year
- 2.6 In addition, in order to deliver the work schedule, the Board may need to take a flexible approach and undertake activities outside the formal schedule of meetings – such as working groups and site visits, where deemed appropriate. This flexible approach may also require additional formal meetings of the Scrutiny Board.

Developments since the previous Scrutiny Board meeting

- 2.7 Given the nature of the Scrutiny Board’s broad remit, which is reflected in the overall work schedule, it is perhaps useful to consider specific updates and proposals to particular aspects of the work schedule going forward – and building on details previously presented to the Board. Further details are presented below.

Health and Care Needs of Offenders

- 2.8 Since the previous Scrutiny Board meeting in January 2018, the Board will have visited both HMP Leeds and HMP Wealstun. Representatives from Care UK, NHS England and Leeds City Council’s Adult Social Services will also have been in attendance for items elsewhere on the meeting agenda: The Scrutiny Board will also have considered a report from HealthWatch Leeds on people’s experience of health care services in HMP Leeds, alongside the response to the observations made.
- 2.9 Details from the various working group meetings continue to be progressed – including summary notes and any identified follow-up actions. Further activities being planned as part of the inquiry include a discussion with appropriate representatives from the Independent Monitoring Boards from HMP Leeds and HMP Wealstun on 5 March 2018.
- 2.10 It is intended to produce a draft report for consideration at the additional Board meeting being planned for 10 April 2018.

Current provision of GP services

- 2.11 During recent working group discussions, the level of unregistered patients has been identified as an additional area of consideration. Arrangements for considering matters around GP provision continue to be progressed. It is proposed that the Board's meeting in March will include a range of information relating to GP services and primary care provision.

Care at Home: Contract performance and CQC outcomes / actions

- 2.12 Following the Board's meeting in December 2017, it is proposed to present a specific report addressing the concerns identified at that meeting relating to Care at Home provision and performance.

Other Matters

- 2.13 Since the previous meeting in January 2018, the Chair of the Scrutiny Board received the attached letter from the Chair of the Council's Corporate Governance and Audit Committee (Appendix 2); inviting the Scrutiny Board to give further consideration to the Annual Assurance report on Customer Contact and Satisfaction from the Chief Officer Customer Access, as it relates to Adult Social Care.
- 2.14 The Scrutiny Board is specifically asked to give some consideration to the matter of the Annual Assurance report on Customer Contact and Satisfaction, as it relates to Adult Social Care.
- 2.15 A re-scheduling of the update report on Children's Epilepsy Surgery Services is proposed; reflecting the priorities and capacity of the Board.
- 2.16 It is also proposed to present the Annual Report from the Director of Public Health to the additional meeting of the Board in April 2018.

Health Service Developments Working Group

- 2.17 Performance information across the three main NHS Trusts (providers) is planned to take place on 6 April 2018. The intention is to provide the following and most recent details to that meeting:
- Integrated finance report (prepared by Leeds CCG Partnership)
 - Integrated quality and performance report (prepared by Leeds CCG Partnership)
 - Chief Executive reports from:
 - Leeds Teaching Hospitals NHS Trust
 - Leeds Community Healthcare NHS Trust
 - Leeds and York Partnership MHS Foundation Trust
- 2.18 A separate performance discussion covering Adult Social Care and Public Health remains to be arranged and confirmed.
- 2.19 The proposal is to continue with this approach, primarily due to the number and range of bodies involved and the capacity at a single working group meeting. Consideration will need to be given regarding the precise timing of future meetings to coincide with the production of appropriate performance reports/ data.

3 Recommendations

- 3.1 Members are asked to consider the details in this report, in particular the details set out in paragraphs 2.7 – 2.16 of this report and agree/ amend an updated work schedule.

4 Background papers¹

- 4.1 None used

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

SCRUTINY BOARD (ADULTS AND HEALTH) – 16 JANUARY 2018

Scrutiny Board (Adults and Health) Work Schedule for 2017/2018 Municipal Year

December	January	February
Meeting Agenda for 19/12/17 2017 at 1.30 pm.	Meeting Agenda for 16/01/18 at 1.30 pm.	Meeting Agenda for 13/02/18 at 1.30 pm.
CQC Inspection Outcomes – Adult Social Care (PM) Shared Lives Service (DB) Financial Health Monitoring (PSR) 2018/19 Initial Budget Proposals (PDS) Best Council Plan Refresh for 2018/19-2020/21 – Initial Proposals (PDS)	Delayed Transfers of Care (PSR) Leeds Health Academic Partnership Strategy (DB) NHS Integrated Performance and Quality / Finance Reports (PM) Leeds Community Healthcare NHS Trust – Chief Executive’s Update (PM)	Health and Social Care Needs of Offenders – Health Care provider (Care UK) (PSR) Health and Social Care Needs of Offenders – HealthWatch Leeds Report: People’s experience of Healthcare in prison (HMP Leeds) (PSR)
Working Group Meetings		
Health and Social Care Needs of Offenders – service commissioners (7 December 2017) Health Service Developments WG – Service Change Proposals (13 December 2017)	Health Service Developments WG – NHS Trust Performance and Chief Executives Updates (5 January 2018) (PM) Working Group (Adults and Health) – Adult Social Care/ Public Health – budget and performance monitoring (8 January 2018) (PM)	
Site Visits		
	HMP Leeds Visit – 29 January 2018 (PSR)	HMP Wealstun Visit – 6 February 2018 (PSR)

Scrutiny Work Items Key:

PSR	Policy/Service Review	RT	Recommendation Tracking	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring	C	Consultation Response

SCRUTINY BOARD (ADULTS AND HEALTH) – 16 JANUARY 2018

Scrutiny Board (Adults and Health) Work Schedule for 2017/2018 Municipal Year

March	April	May
Meeting Agenda for 13/03/18 at 1.30 pm	Meeting Agenda for 10/04//18 at 2.30 pm	No Scrutiny Board meeting currently scheduled.
<p>CQC Inspection Outcomes – Adult Social Care (PM)</p> <p>Delivery of GP services across the City (PSR):</p> <ul style="list-style-type: none"> • Progress against Primary Care Forward View • CQC Inspection Outcomes – Primary Care / GP Services • Role and implications for the Third Sector Public • Patient involvement and engagement in GP services across the City <p>Leeds Health and Care Plan – Update report (PDS)</p>	<p>Health and Social Care Needs of Offenders – draft statement/ report (PSR).</p> <p>Children’s Epilepsy Surgery Services - update (PM)</p> <p>Director of Public Health – Annual Report (PM)</p> <p>Care at Home: Contract performance and CQC outcomes / actions (PM) – TBC</p> <p><i>Quality of Health and Social Care in Leeds – draft statement (if required).</i></p>	
Working Group Meetings		
<p>Health and Social Care Needs of Offenders – Independent Monitoring Boards Reps (5 March 2018)</p> <p><i>Health and Social Care Needs of Offenders – outstanding issues (TBC)</i></p>	<p>Health Service Developments WG – NHS Trust Performance and Chief Executives Updates (6 April 2018) (PM)</p>	
Site Visits		

Scrutiny Work Items Key:

PSR	Policy/Service Review	RT	Recommendation Tracking	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring	C	Consultation Response



To:
Councillor Helen Hayden
Chair – Scrutiny Board (Adults and Health)

By Email
helen.hayden@leeds.gov.uk

Councillor Patrick Davey
**Chair Corporate Governance &
Audit Committee**

Civic Hall
Leeds
LS1 1UR

Contact A Hodson

Home Tel 0113 3788660
andy.hodson@leeds.gov.uk

Date 26th January 2018

Dear Helen,

At Corporate Governance and Audit Committee on the 22nd January we received an Annual Assurance report on Customer Contact and Satisfaction from the Chief Officer Customer Access. Appendix 1 of the report provides a commentary on complaint trends and actions taken to address them by directorate.

My committee and I were concerned to see the most common complaint issues relating to Adult Social Care concerned staff attitude/conduct, quality of service and lack of social work support.

We resolved to ask your Scrutiny Board to consider these matters further as, as reported to us, these complaints have typically focussed on the manner in which a member of staff has spoken to a service user, a lack of empathy, not being listened to or concerns around issues being discussed in front of others. Your enquiries may of course also lead you elsewhere.

I'm sure the necessary referrals between our two committees will be arranged by officers but thought you would appreciate a personal note too.

Happy to discuss.

Best wishes,

Councillor Patrick Davey
Chair
Corporate Governance and Audit Committee

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