

## **SCRUTINY BOARD (HEALTH )**

**TUESDAY, 21ST OCTOBER, 2008**

**PRESENT:** Councillor P Grahame in the Chair

Councillors D Atkinson, A Blackburn,  
M Iqbal, G Kirkland, A Lamb, G Latty,  
A McKenna and L Rhodes-Clayton

### **27 Apologies for Absence**

Apologies for absence were submitted on behalf of Councillors Chapman, Illingworth and Langdale and Co-opted Member – Somoud Saqfelhait.

### **28 Minutes of the Previous Meeting**

**RESOLVED** – That the minutes of the meeting held on 16 September 2008, be confirmed as a correct record.

### **29 Implementation of the Mental Health Act 2007**

The report submitted on behalf of the Leeds Mental Health Act Steering Group informed the Board of the requirements of the Mental Health Act 2007 and current progress on implementing its requirements.

The Chair welcomed the following to the meeting:

- John England – Deputy Director, Adult Social Care
- Kwai Mo – Service Delivery Manager (Mental Health), Adult Social Care
- Peter Hayden – Project Lead (Mental Health Act), Adult Social Care
- Jeff Barlow – Mental Health Legislation Implementation Project Manager, Leeds Partnership Foundation Trust
- Dr David Newby, Leeds Partnership Foundation Trust

The Board was informed that some parts of the Act were already active, while a number of other elements were due to come into force on 3 November 2008.

It was reported that the steering group was a multi-agency group that involved partners from the Council, Leeds PCT, Leeds Partnership Foundation Trust and voluntary organisations. The group had considered issues across Leeds and how to implement the amendments of the Act. The main implications of the Act were detailed in the report and the Board was informed of issues surrounding the detainment of patients to prevent them and others from harm and procedures to provide Supervised Community Treatment Orders.

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

- Current arrangements for the detainment of patients and the most appropriate methods of treatment.
- Concern was expressed regarding the possibility of patients not taking medication and other associated problems when left to look after themselves. It was reported that the basis of the Supervised Community Treatment Orders would involve robust care plans and monitoring processes that would ensure patients complied with any necessary treatment regime. The care plans would be drawn up and supervised with the involvement of clinical physicians, mental health practitioners, social workers and other appropriate professionals.
- Training – the Board was advised that all staff involved had been trained to current required levels and training would be ongoing where necessary to maintain the requirements of the Act.
- There was an opportunity to reduce hospital stays and numbers detained under the Mental Health Act.
- The provision of age appropriate services was a requirement of the Act, and this aspect formed one of 6 specific workstream areas established by the steering group.
- 24 hour crisis teams were available along with on-call psychologists.
- Not all aspects of the Act would be implemented immediately and impacts of the Act on patients would be strongly monitored.
- Any concerns following the implementation of the Act could be addressed by one of the 6 multi agency workstreams established by the steering group.
- Patients and carers would be informed of any changes as part of the communication strategy.
- Patients carers and responsible family members would be involved at patient discharge meetings.
- The use of Electro-convulsive therapy (ECT) and new safeguards for patients.

**RESOLVED** – That the report be noted and further updates be provided to future meetings of the Board.

(Councillor Atkinson left the meeting at 10.50 a.m. during the discussion on this item).

### **30 Accountability Arrangements for 2008/09 and Quarter 1 Performance Report**

The report of the Assistant Chief Executive (Planning, Policy and Improvement) outlined the approach to performance reporting and accountability which had resulted from the introduction of the Leeds Strategic Plan and Council Plan. Appended to the report was a list of performance indicators relevant to the remit of the Scrutiny Board (Health) and Quarter 1 performance information for 2008/09.

The Chair welcomed Marilyn Summers, Senior Performance Manager, Planning, Policy and Improvement to the meeting.

The following issues were highlighted:

- The Leeds Strategic Plan set out customer focussed targets and the Business Plan would be used in the delivery of these targets.
- The Audit Commission had significantly reduced the number of national performance indicators to 198. These would be closely monitored in respect of the Comprehensive Area Assessment which would replace the Comprehensive Performance Assessment.
- There were 89 performance indicators within the Leeds Strategic Plan, of which 67 had been drawn from the national indicator set. The Council's Business Plan included 4 indicators drawn from the national indicator set.
- The importance of monitoring the 198 national indicators for accountability was stressed. It was not possible to report on all of these at this stage as some indicators were only supported by annual information.
- Comparative data from other authorities was not available at this stage.
- The timeliness and frequency of information, along with supporting evidence where performance was only collated/ reported on an annual basis.
- The Council worked closely with other organisations, including Leeds PCT, where indicators were the responsibility of more than one organisation.

**RESOLVED** – That the report be noted.

### **31 Performance Report (NHS Leeds)**

The report of the Head of Scrutiny and Member Development reminded the Board of the priorities and targets for NHS Leeds, Leeds Teaching Hospitals NHS Trust (LTHT) and the Leeds Partnership Foundation Trust (LPFT). The Board had previously agreed to consider the performance report presented to the NHS Leeds Board on a bi-monthly basis and the most recent performance report was submitted with the agenda papers.

The Chair welcomed Beverly Bryant, Director of Performance, Leeds NHS to the meeting.

In brief summary, the following issues were discussed:

- The Light Community Walk In Centre and plans to increase opening hours at walk in and minor illness and injury centres across Leeds.
- Childhood obesity, the collection of information and use of 'soft data' for the purpose of performance reporting. The Board requested a more detailed briefing note on this aspect of the discussion.

- Ambulance response times – it was reported that NHS Leeds had taken a proactive role with the Yorkshire Ambulance Service Board. It was reported that the 75% response time target had been met in September 2008, but this did not represent a sustainable performance level. It was stated that the introduction of a new technological approach within the service would aim to improve performance.
- 18 week referral standards and how many patients are sent for treatment outside Leeds. It was confirmed that a number of independent organisations were used to treat patients – one of the main drivers for this was to create capacity within LTHT for more specialised treatment.

**RESOLVED** – That the report be noted.

(Councillor Latty left the meeting at 11.45 a.m. at the conclusion of this item).

### **32 Renal Services - Transport Update**

The report of the Head of Scrutiny and Member Development updated the Board on issues surrounding transport for renal services patients. Appended to the report were submissions from Leeds Teaching Hospital Trust and the Yorkshire Ambulance Service which addressed points raised by the Board at its September meeting.

The Chair welcomed Diane Williams, Nicola Greaves and Sarah Fatchett of the Yorkshire Ambulance Service to the meeting.

It was reported that a letter had been sent to all renal services transport users with contact details for the Yorkshire Ambulance Service (YAS) and reference was made to a meeting held with YAS, the Kidney Patients Associations and Leeds Teaching Hospitals Trust to continue addressing outstanding issues for patients. The report of the Yorkshire Ambulance Service detailed statistical information in relation to transport provision and also included benchmarking information against the Cheshire and Merseyside Action Learning Set.

The Chair introduced Judith Lund, Dr Chas Newstead and Amanda Dean of the Leeds Teaching Hospital Trust to the meeting.

The Board was informed of 3 main areas highlighted at the recent meeting between the Yorkshire Ambulance Service, Leeds Teaching Hospital Trust and Kidney Patients Association which focussed on planning concerns, communication issues and how to reduce complaints. Reasons for missed appointments were also highlighted.

Lilian Black of the Kidney Patients Association addressed the meeting. She informed the Board of outstanding concerns which included future provision of services at Leeds General Infirmary, response to complaints and the times involved in transporting patients.

**RESOLVED** – That the report be noted and the Board be kept updated on the position regarding Renal Services transport.

### **33 Work Programme**

The Head of Scrutiny and Member Development submitted a report which detailed the Board's Work programme and an update on the role of the Board's Working Groups.

Issues discussed included a further report on the Mental Health Act 2007 and the membership of the Health Proposals Working Group. There was also some discussion around the implications/ impact of the requirements of the Mental Health Act 2007 on young carers.

#### **RESOLVED –**

- (1) That the updated work programme be agreed and amended as appropriate.
- (2) That the information provided in relation to each of the working groups be noted and that Councillor Rhodes-Clayton be added to the membership of the Health Proposals Working Group.
- (3) That the implications/ impact of the requirements of the Mental Health Act 2007 on young carers be referred to the Children's Services Scrutiny Board for consideration.

### **34 Date and Time of Next Meeting**

Tuesday 18 November 2008 at 2.00 p.m. (Pre-meeting for all Members at 1.30 pm.)