

SCRUTINY BOARD (HEALTH)

FRIDAY, 12TH DECEMBER, 2008

PRESENT: Councillor P Grahame in the Chair

Councillors A Blackburn, J Chapman,
D Congreve, J Illingworth, G Kirkland,
A Lamb, A McKenna and L Rhodes-
Clayton

45 Late Items

There were no late items as such, however a paper was submitted by NHS Leeds which provided further information for the inquiry into GP-Led Health Centres.

46 Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Iqbal and Latty.

47 Minutes of the Previous Meeting

RESOLVED – That the minutes of the meeting held on 18 November 2008, be confirmed as a correct record.

48 Scrutiny Inquiry - Improving Sexual Health Among Young People

The Head of Scrutiny and Member Development submitted a report which reminded the Board of the decision to carry out an Inquiry into Teenage Conception. This had subsequently been broadened to cover sexual health in general among young people and terms of reference for the inquiry had been agreed.

The Chair welcomed John Freeman, School Improvement Adviser and Kiera Swift, Teenage Pregnancy Co-ordinator to the meeting.

It was reported that improving sexual health among young people was part of the Narrowing the Gap agenda and there was a need to raise aspirations among young people. Three key themes had been identified and these focussed on long term stable relationships, contraception and age issues. Attention was brought to appendix 3 of the report which focussed on Personal, Social and Health Education (PSHE). Sexual Health issues were not always addressed as they could be in schools and two secondary schools in Leeds had received adverse Ofsted reports although others had received successful reports. The PSHE programme in schools was briefly explained

and it was noted that there was not a uniform approach to PSHE in Leeds schools.

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

- The use of drop down days in schools for PSHE. It was felt that although this met curriculum requirements, it did not always meet young people's needs as required.
- Emotional issues including sexuality – there was a focus on these during key stages 2 and 3.
- PSHE across faith schools and single sex schools.
- Teenage conception and planned teenage pregnancies.
- Links between deprivation and teenage pregnancy.
- Effects on less teaching of PSHE and teenage conception – it was reported that figures for this would be difficult to gauge due to the number of terminations not being recorded to a specific area. It was also noted that pregnancy termination services are provided on a confidential basis.
- It was stated that the 'hot spot' wards were known and, in general, the schools where teenage pregnancies was a particular issue/ concern were also known. However, it was stressed that in most cases the schools involved were servicing challenging communities with high levels of need.
- Issues relating to more vulnerable groups including children in care.
- The role of other agencies including the Youth Service and Social Services.
- Abandoned babies and babies taken from young people into care.

RESOLVED –

- (1) That the report be noted.
- (2) That a further meeting of the Improving Sexual Health among Young People Working Group be arranged in early 2009.

49 GP Led Health Centre - Scrutiny Inquiry

The report of the Head of Scrutiny and Member Development provided the Board with an update into the Inquiry into the provision for a GP Led Health Centre in Leeds. A paper was also submitted by NHS Leeds summarising the development of the GP-Led Health Centre and the associated procurement process.

The Chair welcomed Christine Outram, Chief Executive, NHS Leeds and Dr Damian Riley, Director of Primary Care, NHS Leeds to the meeting. The following points were highlighted at the meeting:

- It was reported that NHS Leeds had a priority towards reducing health inequalities and improving access to high quality primary care services.

- Additional GP and Dental services had been procured in Leeds in recent years.
- The interim report of Lord Darzi had required all Primary Care Trusts to establish GP Led health centres that opened at least 12 hours a day, 7 days per week.
- Following a review of services across Leeds, it was felt that the Lincoln Green/Burmantofts area would be best suited to host such a centre.
- The proposed centre would provide a regular GP service in addition to a walk in facility.

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

- It was anticipated that the centre would alleviate pressure on accident and emergency services/ units in Leeds.
- Sunday openings would provide increased opportunities to access health care.
- Concern over the condition and location of the health centre building – unsuitable wheelchair access, low ceilings, narrow corridors, poor parking provision and access via public transport.
- In response to questions regarding the number of GPs employed at the centre, it was reported that there would always be a GP present, with overall clinical responsibility as part of the provider's contractual obligations. It was not guaranteed that a patient would get to see a GP in the first instance.
- The boundary for the practice at the centre would be citywide; this would enable any resident within the City of Leeds to register there.
- Other health care and nurse practitioners would also be available at the site (It was noted that the full extent of such facilities would be determined by the successful service provider awarded the contract).
- There were no plans to cut provision at any of the city's other walk in centres. Analysis had shown that there would not be a threat to the future of other GP practices.
- GPs at the centre would be employed by the provider of the contract.
- Contract monitoring arrangements – it was reported that some aspects of this were still commercially sensitive and would be made available to the Board in due course. It was also offered to issue the Board with other information including details of the capital and revenue budgets associated with establishing the centre.
- Enforcement – any enforcement issues would fall within the PCTs Performance Management Framework. The PCT had previously carried out successful enforcement procedures where necessary.
- Patient involvement in the consultation and procurement process.
- Viability of the centre – which had been forecast using business planning and workforce models.
- All necessary IT systems were in place for the Centre to be operational.

- Details of the successful bidder responsible for providing services at the GP-led Health Centre could not yet be released, but would be made available to the Board when possible.
- The Centre would be in operation from 1 March 2009.

In summary to the discussion, it was reported that NHS Leeds were confident that the GP Led Health Centre would provide a considerable improvement to services in and around the Burmantofts area as well as providing more health care options for people across the City. It was suggested that the Working Group make another visit to the centre, following completion of the current refurbishment works.

RESOLVED – That the report and discussion be noted with the following actions.

- Details of the preferred/ successful provider to be issued to the Board as soon as confirmed (within the boundaries of the procurement process), along with confirmed service provision.
- Confirmation of the capital and revenue budgets associated with establishing a GP-Led Health Centre at Burmantofts.
- Confirmation of any information previously submitted to/ considered by the former Health Proposals Working Group.
- A further visit to Burmantofts Health Centre (following the completion of the refurbishment works).
- A further report to be submitted to the January 2009 Board meeting in addition to a report from the Director of Adult Social Care which would provide a Council perspective on the development.

50 Provision of Stroke Care

The Head of Scrutiny and Member Development submitted a report which reminded the Board of the request to consider the provision of stroke care as part of the work programme. The request had been made following the announcement of the Department of Health Stroke Awareness campaign.

The Chair welcomed the following to the meeting for this item:

Christine Outram, Chief Executive, NHS Leeds
 Lucy Jackson, Public Health Consultant, NHS Leeds
 Paula Deering, Head of Development and Commissioning for Long Term Conditions, NHS Leeds
 Steve Jamieson, Divisional General Manager, Specialist Surgery, Leeds Teaching Hospitals NHS Trust

It was reported that stroke awareness was not only a national priority, but also a priority in Leeds. Citywide there were over 1,600 new stroke cases every year and over 8,000 people living with the effects of a stroke. The national strategy focussed on the following key elements:

- Prevention – raising awareness, healthy lifestyle choices, identifying symptoms, regular vascular checks

- Time taken to access the right services during the instance of a stroke – this could have a major effect on the need for and level of post stroke treatment and the quality of life for the stroke patient
- Life after stroke – the PCT had a Stroke Transformation Board

Members attention was brought to the FAST campaign of the Stroke Association which focussed on recognising symptoms and the importance of early treatment. Local initiatives had included a publicity campaign and work with community groups.

Further issues discussed included the following:

- Response times and the subsequent impact on the quality of life and chance of survival.
- The development of a hyper acute stroke unit – which acted as a single unit for all of West Yorkshire.
- Genetic connections – as part of planned assessments, patient's family histories could be checked.

RESOLVED –

- (1) That the report be noted.
- (2) That the Board be issued with the following:
 - information/data on the impact of early treatment/interventions, referred to at the meeting.
 - Department of Health information regarding its stroke awareness campaign.

51 Mental Health Act 2007 - Supervised Community Treatment

The report of the Head of Scrutiny and Member Development referred to the Board meeting of 21 October and the report which set out the main changes to the Mental Health Act 1983 and reminded of the Board's concern regarding the practical implications around Supervised Community Treatment. Appended to the report was a submission of the Leeds Partnership NHS Foundation Trust which provided more detail on Supervised Community Treatment.

The Chair welcomed Dr Tim Barnton, Leeds Partnership NHS Foundation Trust to the meeting.

It was reported that Supervised Community Treatment was one of the key amendments to the Mental Health Act 1983 since when a greater number of patients had been cared for within the community. The key change would allow certain patients to receive Supervised Community Treatment following a longer term hospital order and treatment. This would allow patients to continue to receive treatment within the community. Under the provisions of the Act, a patient could be recalled to hospital for treatment without delay where necessary.

RESOLVED – That the report be noted.

52 NHS Next Stage Review - High Quality Care for All

The report of the Head of Scrutiny and Member Development informed Members about the NHS Next Stage Review – High Quality Care for All. Supporting papers from NHS Leeds and Leeds Teaching Hospitals NHS Trust (LTHT) were appended to the report.

Christine Outram, Chief Executive, NHS Leeds and Ross Langford, Deputy Director of Marketing and Communications, LTHT were present for this item.

Members attention was drawn to the eight health pathways agreed by the Strategic Health Authority for the NHS across the Yorkshire and Humber region. Specific reference was made to the Staying Healthy Pathway and the high population of Super Output Areas in and across Leeds and the need to address health issues and health inequalities in these areas.

In brief summary, the following issues were discussed:

- Many factors impacting on overall health and well-being
- The use of preventative activities, treatments and medicines.
- Lack of play and exercise areas, particularly for children and young people in inner city areas.
- Poor health issues in areas of high deprivation.
- Smoking cessation.
- Patient safety and tackling MRSA and C.Diff.

RESOLVED – That the report be noted.

53 Work Programme

The report of the Head of Scrutiny and Member Development outlined the Board's Work Programme for the remainder of the current municipal year. Also appended to the report was a copy of recent Executive Board minutes and Members attention was drawn to those issues within the remit of the Scrutiny Board (Health).

It was agreed to reconsider the GP Led Health Centre item at the next meeting of the Board, which would include a report from the Director of Adult Social Care to provide a Council perspective.

It was also agreed to undertake an Inquiry into Hospital Discharges which would consider current discharge arrangements and how the Council and its partners planned to strengthen procedures by:

- Focussing on the quality of peoples experiences;
- Setting out clear reciprocal responsibilities, with procedures in place for ensuring compliance with those standards; and
- Agreeing a process for resolving and learning from concerns about the quality of multi-disciplinary work.

RESOLVED –

- (1) That the report be noted.
- (2) That the work programme be amended as agreed.

54 Date and Time of Next Meeting

Tuesday, 20 January 2008 at 10.00 a.m. (Pre-meeting for all Members at 09.30 a.m.)