

## **SCRUTINY BOARD (HEALTH )**

**TUESDAY, 20TH OCTOBER, 2009**

**PRESENT:** Councillor M Dobson in the Chair

Councillors J Chapman, D Hollingsworth,  
J Illingworth, M Iqbal, G Kirkland, A Lamb,  
P Wadsworth and L Yeadon

**CO-OPTEE:** E Mack

### **34 Declarations of Interest**

Councillor Dobson declared a personal interest in respect of Agenda Item 7 'Scrutiny Inquiry: The Role of the Council and its Partners in Promoting Good Public Health (Session 1)' (Minute No. 37 refers) in his capacity as a member of Leeds Initiative – Healthy Leeds Partnership.

### **35 Apologies for Absence**

Apologies for absence were submitted on behalf of Councillors Bentley and Congreve.

### **36 Minutes of the Previous Meeting**

**RESOLVED** – That the minutes of the meeting held on 22<sup>nd</sup> September 2009 be confirmed as a correct record.

### **37 Scrutiny Inquiry: The role of the Council and its partners in promoting good public health (Session 1)**

The Head of Scrutiny and Member Development submitted a report introducing the first session of the Scrutiny Board's inquiry to consider the role of the Council and its partners in promoting good public health.

The Chair advised that at this first session of the inquiry the Board would be considering issues associated with improving sexual health and reducing the level of teenage pregnancies. Members had been provided at Appendix 1 to the report with the Action Plan for the Improvement Priorities included in the Health and Wellbeing Partnership Plan (2009 – 2012), of which 'Reduce teenage conception and improve sexual health' was the fifth improvement priority and also with the report entitled 'Teenage pregnancy and parenthood strategy (2008-2011)' at Appendix 2.

The Chair welcomed the following officers to the meeting to address the Board and respond to any specific questions identified by Members:

- Sharon Foster, Sexual Health Lead (NHS Leeds, Public Health Team) and
- Vicky Womack, Sexual Health Lead (NHS Leeds, Public Health Team).

The officers from the Public Health Team presented the Board with a brief overview of their work and also highlighted areas of concern within the partnership working.

Members sought clarification on the delivery of various aspects of the service and also expressed their concerns on, in brief summary, the following issues:

- **Why had the Public Health Team not been given access to Party in the Park to promote sexual health and Chlamydia screening?**

*Members were advised that there had been much debate with the Council Event team as to whether it was the right type of venue as it was a family event. However the Public Health Team hoped that access would be gained in future as it was a more holistic approach that they were seeking. It was agreed that the Board would write to the organisers of Party in the Park questioning their justification for refusing attendance by the Public Health Team and requesting their support in the future.*

- **Whether the targets and guidelines of reducing chlamydia and genito urinary cases were a distraction from addressing the more important work of the sexual health team:**

*Members were advised that the team were able to carry out key prevention work in schools and elsewhere.*

- **Whether the distribution of contraceptives took account of certain religious groups' sensitivities:**

*Members were advised that training was given to their advisers on working with different ethnic communities, and young people could access services with complete confidentiality.*

- **The work carried out with young men to prevent teenage pregnancy:**

*Members were advised that Barnardos was commissioned to work with young men, however there was generally a shortage of male front line workers.*

- **Whether the targets for reducing teenage pregnancy would ever be reached and the reasons for this?**

*Members were advised that teenage pregnancy was part of the bigger picture of reducing inequalities and deprivation and therefore could not be dealt with in isolation.*

- **Reducing Inequalities and narrowing the wealth and health gap:**

*Members were advised that people in deprived areas were least likely to access services. A more co-ordinated and committed long term approach was needed between the partners to raise aspirations and break moulds. These strands of work should not be working in isolation: a more holistic approach was required.*

- **Whether the partnership approach was sufficiently strong and robust:**

*Members were advised that the Teenage Pregnancy and Parenthood Partnership Board brought together all the key partners: the Local Authority, Education Leeds, NHS Leeds, Leeds Teaching Hospitals Trust and the voluntary sector. Partnership working however had been hampered for instance during periods of restructuring of different agencies, for example the Youth Service. To have a shared vision was very important and officers expressed concern about the Sexual Health Strategy which was still under development.*

- **Sexual Health Strategy (2009 – 2014) timescale and whether not having it signed off was hampering partnership working:**

*Members were advised that the strategy was written and it was with the Director of Public Health but might not be signed off for a few more months. Not having a formal shared vision that all the partners had signed up to, did impinge on the effectiveness of the partnership and achieving a co-ordinated approach to tackling the issues. It was explained that the Teenage Pregnancy and Parenthood Strategy 2008 - 2011 would feed into the Sexual Health Strategy (2009 – 2014).*

It was agreed that the Board would request a written response from the appropriate Council department questioning the reasons for the delay in the publication of the Sexual Health Strategy and requesting that it be signed off at the earliest opportunity as it was important for effective collaborative partnership working.

(Note: Later in the meeting the Deputy Director – Partnerships and Organisational Effectiveness – Leeds City Council, Adult Social Services agreed to provide a written response for the reasons for the delay in the delivery of the Sexual Health Strategy and an indication of the timescale for its publication.)

Questions were also asked on the following issues:

- The percentage of young girls that make a conscious decision to get pregnant rather than getting pregnant by accident.
- Girls having several children before they were 20.

The officers from the Public Health Team were thanked for their contribution and the Chair then welcomed the following officers to the meeting:

- Paul Bollom, Priority Outcome Commissioner (Leeds City Council, Children's Services),
- Kiera Swift, Teenage Pregnancy Co-ordinator (Leeds City Council, Children's Services),
- John Freeman, Head of Service (Health Initiatives and Wellbeing Team), Education Leeds, and
- John England (Deputy Director – Partnerships and Organisational Effectiveness) – Leeds City Council, Adult Social Services.

The officers from Children's Services gave a brief summary of their role and concurred that there was room for improved working with Local Authority partners, particularly in terms of advice being offered by schools and working with housing partners.

In brief summary, Members then raised the following particular issues of concern:

- **Sex and Relationship Education (SRE) was not equal in all schools:**  
*Members were advised by the Head of Service, Education Leeds, that there were barriers with certain senior managers and they were trying to raise the level of awareness amongst Governing Bodies of the importance of SRE in order to give it the priority that it deserved.*

- **SRE in primary schools:**  
*Members were advised that the emphasis of SRE in primary schools was more about forming long-term relationships. Outside agencies were brought in to teach this, although it was considered that schools should be trained up to do this.*
- **Collection of data and targeting areas of deprivation:**  
*Members were advised that data was being collected from various partners at a more local level, from which area profiles would be developed. The first meetings of Area Health and Wellbeing Partnerships had also taken place, which brought key partners together at area level. These meetings would take the lead in setting priorities at the local level and target areas of deprivation.*
- **The role of health trainers on sexual health matters in Super Output Areas:**  
*In response to Members' concerns, the Deputy Director – Partnerships and Organisational Effectiveness – Leeds City Council, Adult Social Services, agreed to find out whether health trainers were educating on sexual health matters in Super Output Areas and provide the Board with this information.*

During the discussions, the Priority Outcome Commissioner (Leeds City Council, Children's Services) also agreed to provide the Board with the recently published paper on young people's attendance at school and attainment.

All the officers then voiced their concerns about particular issues within the delivery of the service. These included:

- **Accessing Health Services:**  
*There were concerns at the general lack of language skills and social competencies of young men in particular and how this impaired their ability to access health and other services. There was also concern that vulnerable young people, who did not spend most of their time in main stream schooling, did not have access to health education services.*
- **Wellbeing and Reducing Inequalities:**  
*Officers agreed that improving health standards had to be seen in the wider context of improving other social issues such as housing and low educational attainment; that issues could not be tackled in isolation – a holistic approach was vital. However these discussions were growing in momentum at for instance the Narrowing the Gap Board and the Healthy Leeds Partnership meetings and it was hoped that these ideas would be captured in the Sexual Health Strategy.*
- **Partnership working and effectiveness:**  
*Officers advised that partnership working could be greatly improved. The appointment of a joint Director of Public Health, as done by other local authorities, might aid this.*

The Teenage Pregnancy Co-ordinator, Children's Services, informed the Board that:

- a seminar on SRE was being held that day for school governors in the Civic Hall and a toolkit would be provided.

- A pilot scheme of the Family Nurse Partnership was taking place in Leeds in the Inner East and Inner South areas which aimed to help young parents break the cycle of pregnancy. They were hopeful that this scheme would have beneficial long term effects.

Members had previously agreed that it might be beneficial for the Board to hear contributions from the voluntary sector that worked at the front line of delivering sexual health services. Various organisations were proposed. It was also suggested that it might be helpful to hear the views of Council staff working in other areas such as housing or leisure for instance, as to how much consideration was given to health and wellbeing in their work and to also hear from young people. It was agreed that further discussion would be undertaken with the Chair as to whether this could be scheduled into the work programme or if a working group would be more appropriate, taking into consideration current work commitments as defined in the work programme.

The Chair thanked the officers for attending the meeting and for their contributions.

#### **RESOLVED –**

- (a) That the contents of the report and appendices be noted.
- (b) That the Chair, on behalf of the Board, contact the organisers of Party in the Park requesting their support for the attendance by the Public Health Team in the future, in order to assist their promotion of young people's sexual health and Chlamydia screening.
- (c) That the Board request that the Sexual Health Strategy (2009 – 2014) be signed off at the earliest opportunity and accept the Deputy Director – Partnerships and Organisational Effectiveness – Leeds City Council, Adult Social Services' offer to provide a written response for the reasons for the delay in the delivery of the Sexual Health Strategy and an indication of the timescale for its publication.
- (d) That consideration be given to further inquiry in the area of improving sexual health and reducing the level of teenage pregnancies by inviting various voluntary groups, young people and officers in leisure and housing to address the Board on this issue, either at a full meeting of the Board or at a working group.

(Note: Councillor Chapman joined the meeting at 10.30am during the consideration of this item.)

### **38 Updated Work Programme 2009/10**

The Head of Scrutiny and Member Development submitted a report presenting an outline work programme for the Board to consider, amend and agree as appropriate.

Also included in the report was a detailed update on a number of areas – some of which had not previously been formally considered by the Board:

- Provision of renal services at Leeds General Infirmary (LGI) – this included a set of supplementary questions on issues that were still outstanding.

- Provision of dermatology services at Ward 43 LGI – notification of requests for scrutiny on the provision of dermatology services at Ward 43 LGI and the current position.
- Use of 0844 numbers at GP surgeries – the general background and current position was provided.
- Openness in the NHS - an update on information received so far.
- Children’s cardiac and neurosurgery services - information on national reviews of children’s cardiac and neurosurgery services.

Appended to the report was the following information:

- Renal Services: Provision at Leeds General Infirmary – Follow-up questions (Appendix 1).
- Children’s heart surgery centres in England – Draft service specification standards (Appendix 2).
- Children’s Neurosurgery Services Bulletin (Appendix 3).
- Minutes of the Executive Board meeting held on 17<sup>th</sup> September 2009 (Appendix 4).
- Scrutiny Board (Health) Work Programme 2009/10 – updated October 2009 (Appendix 5).

The Chair drew Members’ attention to several new unscheduled items added to the work programme:

- Provision of dermatology services at Ward 43 (Leeds General Infirmary),
- Use of 0844 Numbers at GP Surgeries,
- Openness in the NHS,
- Children’s Cardiac Surgery Services, and
- Children’s Neurosurgery Services.

Councillor Chapman, as Chair of the Scrutiny Board (Adult Social Care), advised the Board that the working group, ‘Supporting working age adults with severe and enduring mental health problems’ had met on 19<sup>th</sup> October 2009 and it was agreed that the minutes of that meeting would be circulated to Members of the Scrutiny Board (Health).

**RESOLVED –**

- (a) That the report and appendices be noted.
- (b) That the Work Programme be agreed.
- (c) That the minutes of the working group meeting ‘Supporting working age adults with severe and enduring mental health problems’ held on 19<sup>th</sup> October 2009 be circulated to Members of the Board.

**39 Date and Time of Next Meeting**

Noted that the next meeting of the Board would be held on Tuesday 24<sup>th</sup> November 2009 at 10.00am with a pre-meeting for Board Members at 9.30am. Mr Mack’s apologies were noted for that meeting.

The meeting concluded at 11.45pm.