

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

WEDNESDAY, 29TH FEBRUARY, 2012

PRESENT: Councillor L Mulherin in the Chair

Councillors S Armitage, K Bruce,
J Chapman, J Illingworth, G Kirkland,
S Varley, G Wilkinson and V Morgan

CO-OPTED MEMBERS Joy Fisher, Sally Morgan and Betty Smithson

64 Chair's opening remarks

The Chair opened the meeting and welcomed everyone in attendance

65 Late Items

The Chair admitted one late item to business to the agenda (minute 75 refers). The report was not available when the agenda was despatched and required urgent consideration at the meeting because it provided an update on a number of work areas and identified potential future items of business to be agreed by the Scrutiny Board

In addition, whilst not a formal late item, the Board was in receipt of additional information relating to agenda item 7, Leeds Health and Social Care Transformation Programme Update, which set out the specific adult ambulatory pathways being considered as part of the Transformation work (minute 69 refers)

66 Declarations of Interest

The following Members declared personal/prejudicial interests for the purposes of Section 81(3) of the Local Government Act 2000 and paragraphs 8-12 of the Members Code of Conduct:

Health and Social Service Care integration – Proposal to develop integrated Health and Social Care Teams, Councillor Armitage and Councillor Morgan declared personal interests through their involvement with Swarcliffe Good Neighbours and South Seacroft Good Neighbours, respectively, in view of the work being undertaken with all stakeholders at a neighbourhood level (minute 72 refers)

In view of her role as the Local Involvement Network (LINK) representative on the Integration Board and on the National Endowment for Science, Technology and the Arts (NESTA) Board, Joy Fisher declared personal interests in the following agenda items relating to the integration proposals:

- Health and Social Care Services Integration – an overview (minute 70 refers)
- Health and Social Service Care Integration – supporting working age adults with enduring mental health issues (minute 73 refers)
- Health and Social Care Service Integration – Harry Booth House (minute 71 refers)
- Health and Social Service Care Integration – proposal to develop integration Health and Social Care teams (minute 72 refers)

67 Apologies for Absence and Notification of Substitutes

Apologies for absence were received from the following:

Councillor Charlwood

Councillor Fox – who was substituted by Councillor Wilkinson

Councillor Hussain – who was substituted by Councillor Morgan

Councillor Hyde

Paul Truswell

68 Minutes

RESOLVED - That the minutes of the Scrutiny Board (Health and Wellbeing and Adult Social Care) held on 25th January 2012 be approved

69 Leeds Health and Social Care Transformation Programme - Update

The Board considered a report of the Head of Scrutiny Support and Member Development providing an update on work being carried out by the Transformation Board which was a city-wide agreement between health and social care partners intended to deliver solutions that sustained quality whilst substantially reducing the overall cost in the city of the health and social care economy by the end of 2014. Appended to the report was a copy of the Transformation Board's programme update and an extract from a House of Commons Health Committee report relating to public expenditure, for Members' information

Attending for this item were:

- Matt Ward (Associate Director of Commissioning) – NHS Airedale, Bradford and Leeds

- Dennis Holmes (Deputy Director) – Leeds City Council, Adult Social Services
- Claire Walker – (Programme Management Officer) (Transformation Board) – NHS Airedale, Bradford and Leeds

Apologies for absence were received on behalf of Phil Corrigan (NHS Airedale, Bradford and Leeds) who was unable to attend the meeting due to a recently sustained injury

Matt Ward presented the report and outlined a number of current developments detailed in the report and along with Claire Walker and Dennis Holmes, responded to questions from the Board. The main areas of discussion were as follows:

- **Clinical value in elective care** – with the Board being informed that a reduction of around 12,000 face-to-face follow ups had been achieved since 1 April 2011, through using more appropriate and innovative follow-up care, including by telephone and primary care intervention

It was highlighted that the alternatives to face-to-face follow-up appointments had been running for almost 12 months. Members were assured of safeguards in the process and advised that a blanket approach was not being adopted, rather it was for clinically led teams to consider the most appropriate way of following up appointments based upon the needs of the individual. Where telephone follow-ups were used, patients would be contacted by hospital staff and asked specific questions. Depending on the responses, a face-to-face appointment might be made, or a referral made to their GP if considered appropriate

- **Urgent and emergency care** – that the 49 adult ambulatory pathways had been considered and were now being prioritised around where the greatest impacts were likely to be seen

It was confirmed that the schedule of ambulatory pathways provided was a nationally defined list of pathways and other than self harm, did not include any other mental health pathways. Other work on mental health was taking place but this was part of a different workstream

- **Older people and long term conditions** – that integrated care was being developed with the aim of providing a better experience for patients. For those with long-term conditions, this involved using available data to predict those who would be at risk of developing health problems and might benefit from a more proactive diagnostic and management of disease approach. Through early intervention and advice, the aim was to help patients to better manage their own health needs

Members were advised that a range of sources were being used to gather local intelligence in order to help predict future illness. This

included a number of different agencies, including ALMOS and mechanisms were in place for Councillors to alert the NHS and Social Care where there were concerns about constituents

Members were further advised that structural changes in the working model were being piloted, as presented elsewhere on the agenda (minute 72 refers). This consisted of integrated teams, co-ordinated by an individual at GP practice level with a wrap around of professional disciplines in order to treat patients holistically

It was highlighted that integrated working had been achieved in the area of people with learning disabilities but that to achieve this cultural and organisational change citywide was a significant undertaking

- **Diabetes** – the improved model of care was nearly complete and reductions in associated secondary care costs had been achieved
- **Home oxygen service** – aimed at improving patient care by enabling patients to more effectively manage their own health and reduce the number of hospital-based reviews needed, whilst increasing visits to homes where oxygen use could be monitored more effectively

Members were informed that further advice would be available to clinicians and Adult Social Care staff around home oxygen, through an up-coming Oxygen Awareness Week and the importance of reiterating key messages to patients around safety and smoking cessation

It was highlighted that while the Diabetes and Home Oxygen Service projects were relatively small, the projects provided good examples of where integrated teams were working with patients to develop models of care and assessment

The Board welcomed the report, the work being undertaken and the progress reported. However, it was noted that a significant aim of the Transformation Board was to make efficiency savings within the health and social care economy by the end of 2014. This aspect was not addressed in the update provided

RESOLVED -

- a) To note the report and the information presented at the meeting
- b) That a further report be presented to the April 2012 meeting clearly identifying the efficiencies identified and generated through the work of the Transformation Board and the supporting projects and where resources had been reinvested to improve the patient experience

On behalf of the Scrutiny Board, the Chair sent best wishes to Phil Corrigan for a speedy recovery

70 Health and Social Care Services Integration : An overview

The Board considered the first of a series of four reports relating to the integration of health and social care services

Members considered a report of the Director of Adult Social Services providing an overview of the principal integration initiatives currently underway between Leeds City Council (predominantly through Adult Social Services) and colleagues from the NHS family of organisations within the city. Appended to the report was a document from The King's Fund relating to integrated care for patients and populations

Attending for this item were:

- Dennis Holmes (Deputy Director) – Leeds City Council, Adult Social Services
- Matt Ward (Associate Director of Commissioning) – NHS Airedale, Bradford and Leeds

Dennis Holmes outlined the background to proposed integration and stressed this was something which was being considered by Local Authorities and NHS Trusts throughout the country. It was highlighted that work in this area was seeking to address two fundamental issues, namely:

- Improving patient/service user experience – reducing duplication and providing seamless interactions with a number of different health and social care professionals
- Making better use of public money – through more integrated working arrangements, making better and more efficient use of available resources

It was emphasised that alongside the desire for better patient care and experiences, the current financial circumstances being faced by a number of public organisations had been a significant driver, leading to greater focus on public funding and how this could be made to work better for patients and reduce duplication

Whilst there were different levels of integration, one of the key challenges for Elected Members would be around governance issues and how Councillors could exercise their democratic role in this area, with the importance of this being stressed as a key to success

Over recent years, it was reported that, on a national level, significant challenges around funding streams and governance arrangements had led to a general stagnation around health and social care integration

Members commented on the report, with the main issues discussed being:

- Terms and conditions of employment, given that the Council and NHS operate different pay and grading structures and how potential tensions this could cause would be addressed

It was reported that one of the biggest impediments of structural integration was the different working structures in the two organisations, with the view that full integration was possibly undesirable, particularly at this stage, as the focus of the service would be on staffing issues. Therefore, it was proposed to bring staff into the integrated structure while maintaining continued employment with their current employer. Arrangements would be maintained until further consideration could be given to if and how, full integration could take place

It was also reported that both organisations had strong Trade Union representation and that there was a commitment to maintaining working conditions

- How the success of integration would be measured

In response it was stated that success would be measured in different ways. In terms of Adult Social Care, there was an acceptance that integration would lead to less time being spent in hospital by older people through the provision of a better health and social care system

Concerns were raised that the measurements of success related to older patients but there were no details of how younger patients with long term health conditions would benefit from integration

Officers responded that initially older people were the priority in terms of service integration, as they represented the biggest group of service users accessing these services

- The need to ensure that the correct levels of support were in place when tackling early discharges to avoid readmission

It was outlined that further work would be required to ensure that health professionals considering early discharge would have knowledge of the services which would be provided to the patient in terms of aftercare to better inform that decision

- The approach towards joint commissioning, in addition to integrated service delivery

It was outlined that there was a greater commitment to viewing public money as a single source, rather than in terms of Council funding and NHS Leeds funding. As such, regular meetings between the financial directors of both organisations were taking place

- The relationship between local arrangements and national policy, including the Health Bill which was currently progressing through Parliament

It was reported that the local proposals around service integration were considered to be appropriate from both a patient care and experience perspective and from an organisational perspective, regardless of the proposals contained in the current Health and Social Care Bill

RESOLVED - a) To note the report and associated information provided at the meeting

b) To welcome the ambition and commitment demonstrated at the meeting while recognising the significance of the likely challenges ahead

c) To maintain an overview of progress of the developments in general and any specific matters that may arise in the future

71 Health and Social Care Service Integration - Harry Booth House

The Board considered a report of the Director of Adult Social Services providing an overview of the development of the city's first intermediate care unit which would provide residential and nursing care beds jointly commissioned and delivered in partnership with Leeds Community Health Care Trust

Attending for this item were:

- Dennis Holmes (Deputy Director) – Leeds City Council Adult Social Services
- Matt Ward (Associate Director of Commissioning) – NHS Airedale, Bradford and Leeds
- Paul Morrin – (Director of Integration) – Leeds Community Healthcare NHS Trust

Dennis Holmes presented the report and informed Members that the building was currently functioning as a 40 bed residential home. Greater potential for the building had been identified which had led to discussions and agreement with the former NHS Leeds to establish an intermediate care unit providing residential and nursing care in what was an unusual and innovative partnership

The provision would comprise, 30 specialist nursing care beds and 10 residential intermediate care beds and it was hoped that this integrated service would have a positive impact on the length of time people needed to stay in hospital and at the same time preparing individuals to return to their own home and maintain their independence for as long as possible

It was planned that the new facility would be operational from 1 October 2012

In responding to queries from the Board, the following information was provided:

- Harry Booth House had been selected for this project as the building was capable of being appropriately adapted. If this provision proved successful similar schemes elsewhere would be considered. Currently it was thought 3 hubs could eventually be established across the city, but this would depend on the success of the current project and identifying suitable accommodation in the correct location
- The ethos of the facility would be to help rehabilitate people through an integrated team of Local Authority and NHS staff
- In terms of safeguards, the Deputy Director of Adult Social Care would act as a commissioner with all the processes attached to any private contract and that the Care Quality Commission, as a regulatory body, would also have a role in inspecting the premises and services provided
- The facility would provide care for older patients and that in terms of provision for younger patients needing intermediate care, few models existed, with younger people's care needs generally being managed in their own home
- In terms of lead delivery arrangements, this would be through NHS staff but with an integrated team
- As a new facility no staff would be inherited, therefore a staff specification had been drawn up which would be tested through the recruitment and selection process to ensure those appointed met the requirements of this innovative care setting
- An increase in the number of people needing care across the City was likely to lead to an increase in the skilled workforce capable of delivering that care. However, in the future those carers were likely to be employed across a broader range of organisations than at present
- In light of delays to the development of a new facility in Otley, Members' concerns about a reliance on the role of the private sector in care provision were noted

RESOLVED – a) To note the information provided in the report and discussed at the meeting

b) To maintain an overview of progress and be advised of any significant delay in delivering the project

c) That, following a suitable period of operation, a further report be provided that reviews progress and achievements

72 Health and Social Service Care Integration - Proposal to develop integrated Health and Social Care teams

The Board considered a report of the Director of Adult Social Services providing details of the work being undertaken in Leeds to improve the effectiveness of health and social care services, including the approach of using demonstrator sites to test out and develop aspects of the model of service

Minutes approved as a correct record
at the meeting held on Wednesday, 21st March, 2012

Attending for this item were:

- John Lennon – (Chief Officer) – (Access and Inclusion) - LCC Adult Social Care
- Matt Ward (Associate Director of Commissioning) – NHS Airedale, Bradford and Leeds
- Paul Morrin – (Director of Integration) – Leeds Community Healthcare NHS Trust
- Karl Milner – (Director of Communications and External Affairs) – Leeds Teaching Hospitals NHS Trust
- Al Sheward – (Divisional Nurse Manager) (Medicine) – Leeds Teaching Hospitals NHS Trust

John Lennon presented the report and outlined the proposals to develop integrated health and social care teams around current GP practices across the three Clinical Commissioning Groups (CCGs) in Leeds. Whilst the proposals were challenging it was felt that the move towards creating an integrated service would provide a better patient experience for service users and help facilitate a more proactive approach to the diagnosis and management of disease and long-term conditions

The importance of early intervention in managing and treating illness (risk stratification) was reiterated, as was self management of illness

Three demonstrator sites had been selected, one in each of the CCG areas, with different practice populations in a mix of inner and outer city areas. These would be based in the local communities and as close to the GP practices as possible, although there were some challenges in finding suitably sized premises in the right locations

It was outlined that there was need to progress work in this area at pace and on a large scale. It was recognised that the proposed timescales were challenging

Karl Milner stated that Leeds Teaching Hospitals NHS Trust fully supported the proposals which sat with the Trust's own strategy

The Board discussed the timescales for receipt of the first report on the work of the demonstrator sites

RESOLVED - a) To note the information provided in the report and discussed at the meeting
b) That the Director of Adult Social Services be asked to submit a progress report to the Board early in the new municipal year (i.e. June/July 2012)

(Following consideration of this matter, Councillor Armitage withdrew from the meeting)

73 Health and Social Service Care Integration: Supporting working age adults with enduring mental health issues

The Board considered a report of the Director of Social Services providing an update on progress since the Scrutiny Inquiry undertaken in 2009/2010 by the previous Board, regarding developing a more integrated service for those people with severe and enduring mental health problems who require support from both health and social care

Attending for this item were:

- John Lennon (Chief Officer, Access and Inclusion) – LCC Adult Social Care
- Lynn Parkinson (Associate Director) – Adult Service – Leeds and York Partnership NHS Foundation Trust
- Richard Clayton – (Programme Manager) – Leeds and York Partnership NHS Foundation Trust
- Richard Wall – (Head of Commissioning) (Mental Health and Learning Disabilities) – NHS Airedale, Bradford and Leeds
- Pip Goff – (Manager) – Volition

John Lennon presented the report and stated that Executive Board had agreed to delegate the specialist mental health social work function to Leeds and York Partnership NHS Foundation Trust (LYPFT) and that Council staff from Adult Social Care would be seconded to LYPFT. Management structures would also be integrated to ensure there were clear lines of accountability

The Board was informed that the first phase would commence on 1st April 2012 and that the strength of the phased model being adopted would be in bringing together people who were currently working in this area, with the next phase being to look at areas of duplication

It was also stated that this represented work in progress, with further work needed in a number of critical areas

The Chair invited Members' questions and comments and in brief summary the key areas of discussion included:

- the proposed timescales
- the importance of a streamlined system for service users and that the proposals were welcomed
- the forthcoming welfare changes and the need for people to be supported in managing these changes
- that the integrated service could provide the opportunity for innovative work to take place

- any possible conflict of interests for Social Workers embedded in a health team which was managed by a health team, particularly around the Approved Mental Health Professional (AMHP) role
- assurances around the interests of patients would always come first; this reassurance was given

RESOLVED - a) To note the information provided in the report and discussed at the meeting

b) To note the decision taken by Executive Board in December 2011 to integrate specialist mental health social care services with specialist secondary mental health services with LYPFT acting as host organisation for the partnership

c) To note the development of a partnership agreement under Section 75 of the National Health Services Act 2006 detailing the governance of the partnership between ASC and LYPFT

d) To note the secondment of social care staff to LYPFT from 1st April 2012

e) To note that further detailed work will be undertaken to ensure the ongoing balance of social care management in the partnership

f) To note the review of roles and functions of social work within the partnership

g) To note how the potential risks around Governance, Finance, HR and Performance will be managed in the phased approach to implementation as set out in the submitted report

h) To maintain a general overview of progress and any specific matters that may arise in the future

74 Decommissioning the Leeds Crisis Centre

Further to minute 32 of the Health and Wellbeing and Adult Social Care meeting held on 28th October 2011 where the Board agreed to receive a monitoring report on the closure of the Crisis Centre in 2011, Members considered the report

Attending for this item were:

- John Lennon (Chief Officer Access and Inclusion) – LCC Adult Social Care
- Richard Wall – (Head of Commissioning) (Mental Health and Learning Disabilities) – NHS Airedale, Bradford and Leeds
- Pip Goff – (Manager) - Volition

John Lennon presented the report which outlined the impacts of decommissioning the Leeds Crisis Centre in terms of:

- The impact on patients
- The impact on staff
- The impact on external partners

Pip Goff, Manager of Volition, reported that closing the Crisis Centre had meant there was a gap in provision in terms of signposting people, however there had not been any feedback suggesting a recognisable gap in service provision. It was reported that one organisation, Women's Counselling and Therapy Service, had indicated it had received significantly more referrals and that more assessments had been done, but that this could not be attributed specifically to the closure of the Crisis Centre. John Lennon, stated that having been in contact with colleagues in the NHS, no impact of the closure of the Crisis Centre could be discerned and that additional funding had been provided by the NHS to cater for possible increased demand

Richard Wall confirmed that additional capacity had been funded by NHS Leeds and commented that this had been swiftly taken up by service users

The Chair queried the increase in the request for women's mental health services at a time when the advice from LYPFT was that significant increases were being seen in the numbers of working age men with mental health problems

The Board considered the report and whether further scrutiny activity should be considered

RESOLVED - That a further monitoring report be submitted for the Board's consideration in six months time

75 LATE ITEM - Work Schedule - February 2012

The Head of Scrutiny and Member Development submitted a report together with a copy of the Board's current work programme. Minutes arising from the Executive Board meeting held on 10th February 2012 were appended to the report, along with the Council's Forward Plan (1st February – 31st May 2012) which detailed items relating to the Board's portfolio and terms of reference. A copy of the minutes from the Health Service Developments Working Group of 7 November 2011 were also appended to the report

A summary of the main areas of inquiry was also detailed in the report

Proposals for working group meetings to consider issues around health inequalities were discussed. These were outlined as:

- 9 March 2012 – Minimise the impact of poverty on health of under 5s (scheduled to meet at Hunslet Club)
- 16 March 2012 – Action on housing, transport and environment to improve health and wellbeing (scheduled to meet at New Wortley Community Centre)

It was outlined that further details would be provided to all Board Members as soon as possible

A query was raised about the current position in respect of the national review of Children's Congenital Cardiac Services, with the Chair stating that a further court hearing would be held on 19th or 20th March, following an appeal by the Safe and Sustainable Review Team with the possible options flowing from that being outlined, dependent upon the outcome of the legal case

RESOLVED - a) To note the summary of the main areas of inquiry provided in the report, along with the appended information
b) To agree the work schedule as presented in Appendix 1

76 Date and Time of the Next Meeting

Wednesday 21st March 2012 at 10.00am (pre-meeting for all Board Members at 9.30am)