

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

WEDNESDAY, 26TH SEPTEMBER, 2012

PRESENT: Councillor J Illingworth in the Chair

Councillors P Truswell, G Hussain,
T Murray, J Walker, C Fox, S Varley,
M Robinson, B Urry and M Ingham

CO-OPTED MEMBERS

Joy Fisher, Sally Morgan and Emma Stewart

35 Chair's opening remarks

The Chair welcomed everyone to the meeting.

36 Late Items

Although there were no formal late items, the Panel was in receipt of the following supplementary information:

- NHS Airedale, Bradford and Leeds Performance Report (minute 44 refers).
- Amended page 139-140 of the agenda, which related to the NHS Airedale, Bradford and Leeds Performance Management Report to show a minor change on how performance reports would be considered with by the CCG Collaborate (minute 44 refers).

37 Declaration of Disclosable Pecuniary and other Interests

No declarations of disclosable pecuniary interests were made, however the declaration of another interest was made later in the meeting (minute 43 refers).

38 Apologies for Absence and Notification of Substitutes

Apologies for absence had been received from Councillors Armitage; Bentley and Bruce. Councillor Ingham was in attendance as a substitute for Councillor Bruce and Councillor Urry was present in place of Councillor Armitage.

Apologies were also received from Betty Smithson.

39 Minutes

The Board considered the minutes from the 27th June 2012 and 25th July 2012 meetings of Scrutiny Board (Health and Wellbeing and Adult Social Care) and also from the Call-In meeting held on 9th August 2012

With reference to minute 24 of the Scrutiny Board meeting held on 25th July 2012 relating to the review of Children's Congenital Cardiac Services in England, the Chair was asked to update the Board on the current situation regarding referring the decision to the Secretary of State for Health

The Chair referred to the length of time it was taking to assemble the case for submission, due to the difficulty obtaining information from the Safe and Sustainable Review Team, which seemed reluctant to respond to requests for information. Of particular concern was the unwillingness to provide basic documents, for example, reports and agendas, of various meetings- something that for Local Authorities meetings, were routinely published.

The Chair stated that this did not accord with Freedom of Information or open government and expressed his view that a decision properly taken should be able to be defended. The difficulty in obtaining information to support the decision of the Joint Committee of Primary Care Trusts could lead one to the suspicion, that despite considerable public engagement, and a period of public consultation on proposals for the future of Children's Heart Surgery, the decision to move service to Newcastle, where a Heart Transplant Unit was located, had been made at an early stage.

RESOLVED –

- (a) To approve the minutes of the following meetings of Scrutiny Board (Health and Wellbeing and Adult Social Care):
- 27th June 2012
 - 25th July 2012
 - 9th August 2012
- (b) To note the verbal update on the Review of Children's Congenital Cardiac Services provided by the Chair

40 Update on Recommendations following deputation to Scrutiny by the National federation of the Blind

Further to minute 28 of the Scrutiny Board (Health and Wellbeing and Adult Social Care) meeting held on 28th October 2012, where the Board considered a request for Scrutiny in relation to meeting the needs of blind and visually impaired people in Leeds and established a working group to consider this matter, the Board considered a report of the Director of Adult Social Services providing feedback on how the previous Board's recommendations had been progressed.

It was noted that a visit had been made to the facilities at Fairfax House by representatives of the Scrutiny Board, earlier in the week.

Attending for this item to present the report and respond to questions and comments from the Board were:

- Tim O'Shea (Head of Adult Social Care Commissioning) – Leeds City Council, Adult Social Services;
- Sinead Cregan (Adult Commissioning Manager) – Leeds City Council, Adult Social Services; and,
- Helena Hughes (Area Operations Manager) – Action for Blind People/Leeds Vision Consortium.

The Board was presented with a report that outlined the measures carried out immediately following the previous Scrutiny Board's recommendations about improvements to aspects of the service provided.

A brief introduction of the report was provided, following which the Board raised a number of questions about the services provided for blind and visually impaired people in Leeds by Leeds Vision Consortium.

The main points of discussion related to:

- The fundamental shift in service design – moving from a centre based service to a community/ outreach based service, focusing on individuals needs;
- the need to provide a range of services for blind and visually impaired people across Leeds, to suit all age groups, especially younger people;
- the referral process to services and the importance of the role of the hospital-based eye clinic liaison officer;
- the importance of assistive technology in helping to maintain service users' independence;
- the increased number of service users from BME groups;
- the role of the employment officer; the scale of the challenge in securing employment opportunities for people with visual impairments in what was currently a difficult labour market ;
- the outcomes achieved by people being assisted to find employment;
- the raised expectations for people with disabilities as a result of the success and legacy of the Paralympics;
- the importance of stakeholder involvement in shaping services.

Whilst welcoming the changes that had been made to services and noting the positive feedback from the recent visit to Fairfax House, the need to obtain direct feedback from service users/ stakeholders was highlighted – particularly in cases where an issue had been raised with the Scrutiny Board for investigation.

RESOLVED -

- a) To note the report and the actions that were undertaken by Adult Social Care and Leeds Vision Consortium to address the recommendations of the previous Scrutiny Board;
- b) To note the comments made and the information provided;
- c) That a further report be provided in six months time that included the following information/ details:
 - The number and age profile of blind and partially sighted people across Leeds;
 - The number and age profile of service users accessing/ using the various elements of services commissioned by the Council and provided by Leeds Vision Consortium;
 - Specific outcomes relating to employment service provided and take-up of employment, training and/or volunteering placements;
 - The number and age profile of service users from BME groups;
 - Direct responses from service users to the actions taken to address the concerns raised at Scrutiny Board (Health and Wellbeing and Adult Social Care) in October 2011.

41 Mental Health Needs Assessment

Further to minute 6 of the Scrutiny Board (Health and Wellbeing and Adult Social Care) meeting held on 27th June 2012 where mental health issues were identified as an area for consideration by the Board, Members received a report of the Head of Scrutiny and Member Development providing information on issues around the provision of mental health services together with details on the Leeds Mental Health Needs Assessment (MHNA), May 2011.

Attending for this item to present the report and respond to the Board's questions and comments were:

- Victoria Eaton (Consultant in Public Health) – NHS Airedale Bradford and Leeds
- Nigel Gray (Chief Officer Designate) – NHS Leeds North CCG
- Michele Tynan (Chief Officer – Learning Disabilities) – Leeds City Council, Adult Social Services
- Richard Wall (Head of Commissioning (Mental Health and Learning Disabilities)) – NHS Airedale, Bradford and Leeds
- Catherine Ward (Emotional Health and Wellbeing Lead) – NHS Airedale Bradford and Leeds

Nigel Gray introduced the report and referred to the data that had been obtained through the MHNA and stated the importance of using this data to inform decision-making and service commissioning and to link into the Joint Health and Wellbeing Strategy.

Reference was made to the recommendations in the MHNA which contained a mix of specific examples of work to be undertaken, together with some long-term, strategic recommendations including how resources could be utilised.

The integration of social care teams with the Leeds and York Partnership Trust and the benefits this would bring in providing services was highlighted.

The Board was also informed about proposals for the transformation of mental health day services in Leeds, with a three month consultation process being embarked upon with service users to consider retaining two of the three mental health day care centres and looking at the future of The Vale, in Hunslet. The Board was assured that nothing would change at The Vale until alternative services had been put in place. The Board was informed that service users had identified the importance of retaining staff-led and user-led recovery groups as well as safe spaces, with Adult Social Care looking to develop a number of small community bases to help fulfil these requirements.

Detailed discussion took place, with the following key areas being raised:

- the provision of mental health services and whether having two separate NHS providers was a sensible and efficient approach;
- Welfare reform and the potential implications of 30,000 people in Leeds being on Incapacity Benefit, with up to 50% likely to be suffering mental health problems;
- the work being done by Leeds City Council to help support people affected by the changes to the benefits system
- Personalised budgets for people in receipt of Social Care services and the potential additional pressure for people with mental health problems;
- the level of need and demand for psychological services, with a focus on the importance of preventative work, particularly in poorer communities where there was clear correlation between health and wellbeing and multi-level deprivation;
- the recommendations in the MHNA and whether these were subject to resources being available and the extent of the funding gap between demand and provision;

RESOLVED –

- (i) To note the report and information presented, as part of the Board's ongoing inquiry into mental health.
- (ii) That a further report be presented to the Board that details:
 - The current provision and providers of mental health services across the City – including statutory and non-statutory services;
 - The current available budget / funding for mental health services across the City;
 - An outline of the current demand for primary, secondary and tertiary mental health services across the City;

42 Leeds Suicide Audit (2008-2010)

With reference to the previous agenda item (Minute 41 refers), the Board considered a specific report from the Head of Scrutiny and Member Development which related to one of the key recommendations identified in the Leeds Mental Health Needs Assessment; the requirement to undertake a suicide audit for the City. Appended to the report was a copy of the audit for 2008-2010, for Members' consideration.

Attending for this item to present the report and respond to the Board's questions and comments were:

- Victoria Eaton (Consultant in Public Health) – NHS Airedale Bradford and Leeds
- Catherine Ward (Emotional Health and Wellbeing Lead) – NHS Airedale Bradford and Leeds
- Nigel Gray (Chief Officer Designate) – NHS Leeds North CCG
- Richard Wall (Head of Commissioning (Mental Health and Learning Disabilities)) – NHS Airedale, Bradford and Leeds

Councillor Mulherin, Executive Board Member for Health and Wellbeing – Leeds City Council was also in attendance.

The Chair stated that Councillors from the Armley Ward, who had raised some concerns around the levels of suicides in the LS12 area of the City, had been invited to attend the meeting, however apologies had been received due to unavoidable circumstances.

Members were informed that ,nationally, this issue was being given prominence, with a National Suicide Prevention Strategy being launched by the Government earlier in September 2012..

A summary of the key findings of the Leeds Suicide Audit were included in the report, with the headlines being given as:

- 179 recorded suicides in Leeds between 2008-2010;
- Suicide rates in Leeds were relatively static (compared to previous audits) and broadly comparable with national average and rates within Yorkshire and the Humber;
- the male/female suicide ratio was higher in Leeds, with a higher number of men taking their own lives;
- the majority of those people recorded in the audit were white, locally born men in the 30-50 age group;
- the risk factors driving people to take their own lives were mainly around social isolation; relationship problems; unemployment and debt, with higher incident rates in deprived areas;
- the majority of people taking their own lives had not been in touch with specialist mental health services before committing suicide but had

been in touch with primary care services, although not necessarily in connection with a mental health issue.

Councillor Mulherin stated there was a need to target work around white males and also in the LS12 area which had been identified in the audit as seeing the highest incidences of residents taking their own lives, with 21 of the 179 people (approximately 12%) having an LS12 postcode.

Other areas of importance highlighted by Councillor Mulherin were:

- building up resistance at an early stage and the need to work with school clusters and individual schools;
- the specific risk group in the city of white men aged 30-50 and the need to consider how to engage with this group possibly through non-traditional means;
- the need to tackle the stigma and discrimination which can surround mental health problems and the positive example set by Leeds City Council, which had signed up to the Mindful Employer scheme;
- the need to make it easier for people to discuss mental health issues and to encourage better peer support.

Councillor Mulherin also referred to survivor-led crisis support and the lack of sufficient out of hours mental health services which she considered might be useful for the Board to explore further. Councillor Mulherin specifically commended the work of Dial House in Leeds which provided this type of support in a safe, non-clinical setting for people in crisis, suggesting that looking at services for people outside the hospital environment could also be considered.

In brief summary the main areas of discussion were:

- the importance of flagging up patients in the higher risk groups (identified in the audit) who presented regularly at GP surgeries, but not necessarily with mental health issues and to carry this through to those presenting at A&E, as regular attendees, especially where no physical illness could be ascertained;
- the limitations of the data and the difficulty in assessing the exact number of suicides due to how deaths were recorded. However it was noted that as part of the Leeds audit, open verdicts and verdicts of misadventure had also considered;
- ways of engaging large numbers of people to disseminate information about mental health issues;
- the role of the Samaritans and the need for appropriate support to be available to those who were bereaved through suicide;
- the lack of improvement in the suicide figures for the city and whether this indicated that previous action plans had not been effective;
- the need for evidence-based interventions to form the basis of identified actions/ recommendations;

- the need for appropriate specialist support to be given to military personnel returning from the front line experiencing mental health problems;
- access to means to commit suicide was not identified as a significant risk factor.

Nigel Gray highlighted that despite some gaps in the available data around the specific circumstances associated with each suicide, the audit had provided valuable information which would be shared with GPs to enable better preventative work to be established. This could then be measured for its effectiveness.

RESOLVED – To note the information around the Leeds Suicide Audit (2008-2010) and that the Board consider a further report that includes specific details / data around:

- Survivor Led Treatment / provision;
- Current out of hours provision for mental health services;
- The level of Out of Area treatments for mental health services users across Leeds.

43 Quarterly Performance Report

Prior to consideration of this item, Councillors Ingham and Robinson left the meeting.

The Assistant Chief Executive (Customer Access and Performance) submitted a report which presented a summary of the quarter 1 performance data relevant to the Scrutiny Board (Health and Wellbeing and Adult Social Care)

The following information was appended to the report:

- Performance reports relating to the City Priority Plan
- Adult Social Care Directorate Priorities and Indicators

Attending for this item and to respond to queries and comments raised by the Board were:

- Councillor Mulherin (Executive Board Member for Health and Wellbeing) – Leeds City Council
- Councillor Yeadon (Executive Board Member for Adult Social Care) – Leeds City Council
- Stuart Cameron-Strickland (Head of Policy, Performance and Improvement) – Leeds City Council, Adult Social Services

The Board was informed that due to the length of discussions on the previous items, Brenda Fullard (Consultant in Public Health) – NHS Airedale, Bradford and Leeds had needed to leave for another meeting. The Board decided to

defer consideration of the Q1 performance relating to health but to examine issues arising from the data in respect of Adult Social Care.

Stuart Cameron-Strickland presented the report which outlined specific matters that related to the provision of Adult Social Care services.

Members discussed the report and focussed on personalised budgets, with the following information being provided:

- the introduction of personalised budgets aimed to offer people choice about whether they would like to manage the provision of their own care needs by buying in the services they required, or whether they would prefer to have services delivered in the traditional way;
- there was no pressure on people to have personalised budgets and that the Local Authority would manage budgets if people preferred
- that support and advice was available for those people dealing with the issue of personalised budgets, with the Centre for Integrated Living being the key organisation in the city. It has hoped that relationships could be developed with other organisations, with close working being undertaken in this area with the Neighbourhood Networks.

At this point Joy Fisher declared an interest through her involvement with the Centre for Integrated Living.

- checks and monitoring were undertaken to ensure that budgets were being used by the person who had the entitlement and for appropriate services. Through these checks it was felt that any possible abuse of a vulnerable person by relatives or friends would be detected, although Councillor Yeadon stressed that in these situations it was likely that safeguarding issues would have been flagged up prior to any mis-use of self directed support.
- pension contributions for those people who employed a personal assistant were included in the budget allowances provided
- that a Board was to be developed comprising cross-party representation and relevant stakeholders to consider issues around the management of social care budgets on behalf of individuals.

RESOLVED – To note the Q1 performance information provided for Adult Social Care and to consider the Health and Wellbeing element of the report at the next meeting.

44 NHS Airedale, Bradford and Leeds - Performance Report

The Board considered a report of the Head of Scrutiny and Member Development providing:

- Details on the transitional arrangements for three key areas; Corporate Performance; Quality and Safety for the three Clinical Commissioning Groups (CCGs) in Leeds which were due to take up their duties in April 2012, arising out of the restructure of the NHS; and,

- the most recent performance scorecard, dated September 2012, for the city as a whole and for the three Leeds CCGs – which was appended to the report.

The following representatives attended the meeting to present the report and respond to Members' questions and comments:

- Nigel Gray (Chief Officer Designate) – NHS Leeds North Clinical Commissioning Group
- Graham Brown (Performance Manager) – NHS Airedale, Bradford and Leeds

Members were informed that with the move from Primary Care Trusts (PCTs) to CCGs, the reporting of performance would be routed to CCGs, rather than the PCT Cluster Board. To facilitate this, the CCGs had formed sub-committees of the PCT Cluster Board.

In respect of the PCTs, Nigel Gray assured Members that whilst staff had been made redundant as part of the changes, there would be sufficient staff to carry through the transitional functions. In terms of the CCG arrangements, Nigel Gray advised that further information could be provided in a separate session if the Board wished.

The Board then considered the detailed performance information which had been circulated as a supplementary document.

The main areas of discussion related to:

- Increasing Access to Psychological Treatment, which citywide was shown as being below threshold;
- levels for MRSA and other Health Care Acquired Infections (HCAIs) and the measures being taken to avoid/ reduce the occurrence, with concerns raised about the performance of Leeds Teaching Hospitals Trust;
- more detail around urgent and emergency ambulance journeys, with exception reports requested to enable the Board to understand areas where there may be problems in meeting the standards and targets;
- Government changes to the present performance regimes with data for cancer waits, A&E 4 hours waits and 18 week waits from referral to treatment not being required to be reported on. On this the Board welcomed Graham Brown's assurances that this data would continue to be provided and considered by local CCGs, even where there was no statutory requirement to do so.

RESOLVED -

- a) To note the information presented in the NHS Airedale, Bradford and Leeds Cluster Board, including the amended information on the transitional performance monitoring and assurance processes circulated at the meeting.

- b) That consideration be given to setting up a Working Group of the Scrutiny Board (Health and Wellbeing and Adult Social Care) to consider the arrangements around the formal implementation of the three CCGs in Leeds, from April 2013.
- c) That narrative information be provided in a future report to identify the root causes of some of the delays around urgent and emergency ambulance journeys.

During consideration of this matter, Councillors Murray, Urry and Walker left the meeting

45 Work Programme

The Chair referred to the amount of time being taken up with preparing the case for the review of the decision on Children's Congenital Heart Surgery and because of this it had not been possible to submit a formal work programme for the Board's consideration. However, the decisions taken by the Board for further reports and scrutiny in relation to:

- the recommendations following the deputation to Scrutiny by the National Federation of the Blind
- the Mental Health Needs Assessment
- the Leeds Suicide Audit (2008-2010)
- the Health and Wellbeing element of the Q1 Performance Report

would be entered into the Board's Work Programme.

46 Date and Time of the Next Meeting

Wednesday 24th October 2012 at 10.00am – Pre-meeting for all Board Members at 9.30am