

SCRUTINY BOARD (ADULTS, HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 13TH FEBRUARY, 2024

PRESENT: Councillor A Scopes in the Chair

Councillors P Alderson, C Anderson,
L Farley, M France-Mir, J Gibson, C Hart-
Brooke, R Jones, W Kidger, K Ritchie and
E Taylor

Co-opted Member present – Dr J Beal

75 Appeals Against Refusal of Inspection of Documents

There were no appeals.

76 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

77 Late Items

There were no late items.

78 Declaration of Interests

No declarations of interest were made at the meeting.

79 Apologies for Absence and Notification of Substitutes

Apologies had been received from Councillor M Iqbal, with Councillor R Jones attending as substitute member.

Apologies had also been relayed by Councillor F Venner, Executive Member for Children's Social Care and Health Partnerships.

80 Minutes - 16th January 2024

RESOLVED – That the minutes of the meeting held on 16th January 2024, be approved as an accurate record.

81 Matters Arising

Minute 69 – Members were advised that following the Board's discussion regarding out of hours bereavement arrangements, further information was being gathered from Registration Services and the Leeds GP Confederation and will be shared with Board Members in due course.

Minute 72 – The Principal Scrutiny Adviser confirmed that the Scrutiny Board’s observations regarding the proposed budget proposals had been incorporated into a composite Statement from Scrutiny and shared with the Executive Board as part of its meeting on 7th February 2024.

82 Leeds Drug & Alcohol Strategy and Action Plan

The Director of Public Health submitted a report setting out the current position and planned processes for refreshing and updating the Leeds Drug & Alcohol Strategy and Action Plan. The report also sought the Scrutiny Board’s views on the proposed approach to refreshing the drug and alcohol strategy and on the draft 2024-27 strategy vision and priorities/outcomes.

The following were in attendance:

- Councillor Salma Arif, Executive Member for Adults Social Care, Public Health and Active Lifestyles.
- Caroline Baria, Director of Adults and Health.
- Victoria Eaton, Director of Public Health.
- Anna Frearson, Chief Officer - Consultant Public Health.
- Magdalena Boo, Head of Public Health.
- Dan Burn, Health Improvement Principal, Public Health.
- Andy Maddison, Yorkshire & Humber Programme Manager (Substance Misuse), Office for Health Improvement and Disparities, DHSC.
- Nick Rank, Assistant Director, Forward Leeds.

The Executive Member for Public Health and Active Lifestyles gave a brief introduction and then handed over to the Chief Officer – Consultant Public Health and other invited contributors to highlight key aspects of the report. In summary, the following points were made:

- In December 2021, the Government published its ten-year Drug Strategy ‘From Harm to Hope’, followed by delivery guidance in June 2022 that set out a series of key actions and timescales, which included forming a local combatting drugs partnership and creating a local Drug Strategy and delivery plan. However, at that stage Leeds already had a partnership (Leeds Drug & Alcohol Partnership Board) and an existing Leeds Drug & Alcohol Strategy and Action Plan covering the period 2019-2024.
- The Leeds Drug and Alcohol Partnership (LDAP) Board continues to provide strong strategic leadership locally and supports effective partnership working around drugs and alcohol.
- With the existing Strategy due to expire this year, the proposed refresh gives the city and its strategic partners ownership of the strategic priorities and the direction of travel for Leeds on drug and alcohol issues, while also reflecting national priorities.

- The LDAP Board has benefited from new allocations of new increased funds for drug and alcohol treatment and recovery from the Universal Grant 2021/2 and the Supplemental Substance Misuse Treatment and Recovery Grant (SSMTRG) 2022-2025.
- The refreshed draft Strategy and Action Plan is being reviewed by all the sub-groups of the LDAP Board: Co-occurring Mental Health Alcohol and Drugs; Children and Young People; Criminal Justice (via Reducing Reoffending Board); Performance and Intelligence; Social Marketing Planning; Healthcare Sub-group.
- There is robust scrutiny, both nationally and locally, with the provision in Leeds considered as good practice by the Department of Health and Social Care (DHSC). The Leeds Strategy also mirrors national expectations.
- Forward Leeds, as the main provider, has also been rated as “Outstanding” overall by the Care Quality Commission (CQC). However, it aims to enhance and expand the delivery of its services even further, with links to the ‘Inclusive Recovery Cities’ programme which aims to promote visible recovery, challenges stigmatising and discriminatory attitudes and champions multiple pathways to addiction recovery.

During the Board’s discussions on this matter, the following issues were also raised:

- *Informing alcohol licensing decisions* – The Board discussed commercial determinants of health and the negative impacts linked to the saturation of licensed premises. It was acknowledged that as licensing authority, the Council can publish a Cumulative Impact Assessment to help limit the number or types of licence applications granted where there is evidence showing that the number or density of premises in an area is having a cumulative impact and leading to problems which are undermining the licensing objectives, one of which includes the protection of children from harm. While Members were advised that local processes do involve engagement with Public Health, there was shared frustration that health is not regarded as one of the key licencing objectives nationally.
- *Addressing drugs and alcohol within one strategy* – The Board discussed the key differences in dealing with alcohol and drug issues and while acknowledging that the Strategy was primarily addressing substance misuse, Members felt that having a clear narrative on profiles and cohorts was warranted as part of the revised version of the Strategy.
- *Utilising the Third Sector to help target areas of need* – Members sought assurance that services were being targeted in areas of need, which primarily involved deprived areas. Linked to this, the Board also discussed the value of working with the third sector as trusted intermediaries in deprived communities.
- *Alcohol related harms and social norms* – The Board discussed the use of language and attitudes associated with drinking alcohol and how this has become a social norm despite the recognised risks. While regarded as a

commercial determinant of health, it was noted that the alcohol industry maintains a focus on individual responsibility.

- *Cannabis use* – Linked to a previous briefing paper provided to the Board, Members made reference to the Advisory Council on the Misuse of Drugs (ACMD) evidence review on cannabis, which was dated 2008, as it was felt that more recent research was needed. Further information was also sought surrounding the prescribing policy linked to the medicinal use of cannabis.
- *Working collaboratively to reduce offending associated with drugs* – The Board discussed the wider community safety impacts and sought assurance that there is collaborative working, particularly with West Yorkshire Police, to reduce offending and antisocial behaviour associated with drugs.
- *Prevention work in schools* - Members sought further information surrounding the targeted work in schools aimed at ensuring that children and young people are informed about the potential harms of drugs and alcohol.
- *Prison continuity of care* – The Board discussed the importance of improving continuity of care for those with drug and alcohol issues going into, and coming out of, prison.
- *Affected others* – Members felt it would be helpful for the Strategy to acknowledge the impacts felt more broadly by affected family members and friends too, which could be captured through case studies.
- *The reducing trend of youth drinking* – While the Board was advised that the current data is indicating a decline in youth drinking, this may not necessarily be the visible experience in some communities and therefore it would be helpful to hear the views of Elected Members too.
- *Forward Leeds work with Muslim communities and faith communities* – Members were advised that through its community engagement strategy, Forward Leeds was working with different communities but acknowledged that further work was needed to ensure that the service user population is more representative.
- *Young people leaving care* – Members were advised that as part of its 2024-25 plan, Forward Leeds will be recruiting a Young Person Care Leaver Co-ordinator to work within the young person's team as this was recognised as a key need.
- *Mutual aid* – Members discussed the benefits of individuals being signposted to drug and alcohol mutual aid group meetings, such as Narcotics Anonymous, Alcoholics Anonymous and/or Smart Recovery. Members requested further information regarding the location of existing mutual aid groups and details on how to set up a new group.
- *Tackling the issue of vaping* – In response to Members' concerns, the Chair confirmed that the Children and Families Scrutiny Board was continuing to lead on this issue.
- *Sharing data linked to relevant Key Performance Indicators* – Having noted that the LDAP Board will report on the progress towards achieving strategic outcomes to the Health and Wellbeing Board, a request was made for the relevant KPI data to also be shared with Scrutiny Board Members.

The Chair acknowledged the positive work being undertaken by the Leeds Drug and Alcohol Partnership Board and thanked everyone for their valuable contribution to the Board's discussion.

RESOLVED –

- (a) That the contents of the report be noted.
- (b) That Members comments and requests for information, as reflected above, are noted and considered as part of the refresh of the Leeds Drug and Alcohol Strategy and Action Plan.

83 Leeds Suicide Prevention Action Plan 2024-27 and Suicide Audit 2019-21

The Director of Public Health submitted a report that provided an update and overview of the Leeds Suicide Prevention Action Plan (2024 – 27). Also appended to this report were the findings from the latest Leeds Suicide Audit 2019 – 21.

The following were in attendance:

- Councillor Salma Arif, Executive Member for Adults Social Care, Public Health and Active Lifestyles
- Caroline Baria, Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Caron Walker, Chief Officer – Consultant Public Health
- Rachel Buckley, Health Improvement Principal (Public Mental Health), Public Health
- Jules Stimpson, Operations Manager, Leeds Mind
- Eddie Devine, Head of Mental Health Pathway Integration, Leeds ICB

In introducing this item, the Chair acknowledged the sensitivities surrounding the issue of suicide and emphasised the importance of using appropriate language, with reference made to the sensitive language guide 'Creating hope through language' that was included in the meeting agenda pack.

The Chief Officer – Consultant Public Health, also highlighted that talking about suicide can be distressing and upsetting and therefore referred to the support available through the Leeds Suicide Bereavement Service, which is a peer led service.

The Executive Member for Adults Social Care, Public Health and Active Lifestyles and the Chief Officer – Consultant Public Health gave a brief introduction to the report and highlighted the following key points:

- Suicide is a complex and devastating event and leaves lasting impacts on families, friends and entire communities.
- The Leeds Suicide Prevention Action Plan has been collaboratively developed by the Leeds Strategic Suicide Prevention Group, which meets

quarterly and brings together key strategic stakeholders from the city to also oversee the delivery of the action plan.

- Engagement through the Leeds Suicide Prevention Network, which is chaired by Leeds Mind, ensures the development of the plan includes the voices of those with lived experience of being bereaved and affected by suicide as well as those who work directly with people who may be at higher risk of suicide.
- Local data is used to ensure actions and priorities are targeted and based on common risk factors and target populations in Leeds. This includes data from the Leeds Suicide Audit (2019 – 21) and real time suspected suicide surveillance data supplied through partnership working with West Yorkshire Police.
- The action plan demonstrates citywide investment, ambitions and actions matched to key areas of action in line with national strategy and policy too.

During the Board's discussions on this matter, the following issues were also raised:

- *The reporting of ethnicity in Coroner's records* – The Board was advised that the reporting of ethnicity in Coroner's records is often limited due to inconsistencies with how it is recorded by numerous sources, such as within police and medical records. This is an ongoing national issue which can impact the quality and interpretation of suicide data. Linked to this, the Executive Member highlighted her intention to write to the Chief Coroner to stress the importance of this data and suggested that the Scrutiny Board may wish to raise this matter with the Chief Coroner too, which was supported by the Chair.
- *Association with mental health issues* – Members noted that a history of mental health problems was the most commonly recorded risk factor with 85% of the suicide audit population having some kind of recorded mental health history. However, Members were also advised that the majority (66% of the audit population) had never come into contact with Mental Health Services. With regard to those who had, 42% were in contact three months prior to their death and 24% of those had expressed suicidal ideation.
- *Transforming mental health services* – Linked to its earlier consideration of the Leeds Mental Health Strategy, Members were reminded of the Community Mental Health Transformation workstream and the development of a new and integrated model of primary and community mental health care which primarily aims to ensure people can access mental health care where and when they need it, and be able to move through the system easily so that people who need intensive input receive it in the appropriate place. Members discussed progress with the 3 integrated community mental health hubs and also the community-based grant funding scheme for small to medium local organisations who offer support for people with complex and ongoing mental health needs.

- *Addressing social isolation as a risk factor* – Members also discussed the actions being taken to address social isolation having acknowledged that 41% of the audit population were living alone at the time of their death.
- *Engaging with primary care and GPs* – The Board was pleased to note that the Leeds Strategic Suicide Prevention Group includes representation from primary care and General Practice and that further work is being undertaken to build on the ‘professional curiosity’ approach.
- *Working closely with sports leaders* – The Board discussed the positive influence of sports leaders in helping break down barriers in talking about mental health and suicide and was pleased to note that the Council is already working with the Rhinos Foundation as part of a campaign to encourage people to check-in with their mates and help normalise conversations around mental health and suicide, particularly among men.
- *Suicide prevention champions* – Emphasis was made on making suicide prevention everybody’s business and encouraging people to become a West Yorkshire Suicide Prevention Champion to help support prevention campaigns and tackle the stigma often associated with suicide.

The Chair thanked everyone for their valuable contributions and welcomed the content of the new Leeds Suicide Prevention Action Plan for 2024-27 and the work of the Prevention Group.

RESOLVED –

- (a) That the contents of the report, along with Members comments, be noted.
- (b) That the Chair of the Adults, Health and Active Lifestyles Scrutiny Board writes to the Chief Coroner surrounding the limited reporting of ethnicity in Coroner’s records.

84 Work Schedule

The Head of Democratic Services submitted a report that presented the Board’s latest work schedule for the forthcoming municipal year.

Members were asked to formally note that in view of timeframe changes made to the Community Health and Wellbeing Service pilot programme, an update report on this will now be scheduled for the Scrutiny Board’s July 2024 meeting.

The Chair explained that the Board’s March meeting is scheduled to be the final meeting in the current municipal year. As such, this will include a draft work schedule of the successor Scrutiny Board for the 2024/25 municipal year. Members were therefore invited to share any suggested areas of work for the successor Scrutiny Board to pursue in the new municipal year.

Suggested areas of interest included mental health crisis services; workforce planning in health and social care; winter planning and system resilience; the prevalence of asthma and other respiratory diseases and the potential of a joint piece of scrutiny work around tackling damp and mould in local housing given the recognised health risks.

RESOLVED –

- (a) That the Scrutiny Board's work schedule for the 2023/24 municipal year be noted.
- (b) That a draft work schedule of the successor Scrutiny Board for the 2024/25 municipal year is considered during the Board's March meeting.

85 Date and Time of Next Meeting

RESOLVED – To note the next meeting of the Adults, Health and Active Lifestyles Scrutiny Board is scheduled for Tuesday, 12th March 2024 at 1:30pm (pre-meeting for all Board Members at 1:00pm)