

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

WEDNESDAY, 20TH FEBRUARY, 2013

PRESENT: Councillor J Illingworth in the Chair

Councillors P Truswell, G Hussain,
J Walker, C Fox, S Varley, S Bentley and
M Robinson

CO-OPTED MEMBERS:

Joy Fisher, Leeds LINK
Sally Morgan, Equality Issues
Betty Smithson, Leeds LINK
Emma Stewart, Alliance of Service Users and Carers

Prior to the commencement of business a minutes silence was observed out of respect for Councillor Armitage who recently passed away.

83 Appeals Against Refusal of Inspection of Documents

There were no appeals against the refusal of inspection of documents.

84 Exempt Information - Possible Exclusion of the Press and the Public

There were no resolutions to exclude the public.

85 Late Items

There were no formal late items added to the agenda however supplementary information was circulated to Members in relation to Agenda Item 10 'Work Schedule – February 2013':

- 1) NHS February 2013 Newsletter – adults Living with Congenital Heart Disease;
- 2) Executive Board Minutes, 15th February 2013.

The information was not available at the time of agenda despatch.

86 Declaration of Disclosable Pecuniary and other Interests

Councillor Truswell, Emma Stewart, Joy Fisher, Sally Morgan and Betty Smithson declared an interest in Agenda Item 7 'Local Healthwatch – Healthwatch Leeds, as Members of LINK. (Minute No. 89 refers)

Councillor Illingworth declared an interest in Agenda Item 9, as a member of the National Institute for Clinical Excellence (NICE): Local Government Reference Group. (Minute No. 91 refers)

87 Apologies for Absence and Notification of Substitutes

An apology for absence was received from Councillor Murray.

88 Minutes of the Previous Meeting

RESOLVED – The minutes of the meeting held on 23rd January 2013 were approved as a correct record.

89 Local HealthWatch - HealthWatch Leeds

The Head of Scrutiny and Member Development submitted a report updating the Board on the arrangements for establishing a local Healthwatch organisation in Leeds from April 2013.

In attendance to assist Members with their questions were:

- Cllr. Lisa Mulherin (Executive Board Member for Health and Wellbeing) – Leeds City Council
- Rob Kenyon (Head of Partnerships and Organisational Effectiveness) – Leeds City Council, Adult Social Services
- Janet Somers (Consultation and Involvement Officer) – Leeds City Council, Adult Social Services
- Jess Parker – (Business Development Director) – Touchstone)
- Jagdeep Passan (Chief Executive) – Leeds Involving People
- Jon Beech (Mobilisation Manager) – Touchstone.

Apologies were received from Cllr. Lucinda Yeadon (Executive Board Member for Adult Social Care) due to a prior engagement.

The Chair opened the item by making reference to the key questions previously identified by the Scrutiny Board prior to the procurement process for local HealthWatch. By reference, the Chair identified the following questions as being particularly relevant to the discussion:

- How will you address the challenge of raising awareness of HealthWatch's role?
- How would you plan to develop and grow a "representative" body?
- How will you be inclusive of the "harder to reach/hear" groups?
- How can you demonstrate that you will recruit officers who have a genuine interest in health and social care?
- How will you assure the independence of HealthWatch so that it is able to robustly challenge the Council as a service provider and commissioner?
- How will you determine the priorities of the new body?
- How will you build partnership relationships e.g. with the Scrutiny Board (Health And Wellbeing and Adult Social Care) and (if appropriate) how will you demonstrate skills in complaints advocacy and resource providing support at all stages of a complaint?

The Head of Partnerships and Organisational Effectiveness addressed the Board updating Members on the procurement of local Healthwatch organisation for Leeds (to be known as Healthwatch Leeds). He highlighted the following points:

- HealthWatch represented one of many new organisations as a result of the Health and Social Care Act 2012.
- It was a statutory requirement for local authorities to procure HealthWatch.
- The new arrangements provided an exciting but challenging opportunity to build on existing strengths of public and patient involvement and engagement across the City.
- Thanks to all those involved to date in public and patient involvement and engagement across the City.

Reference was also made to some of the difficulties associated with the procurement timescales due to the availability and timing of the release of national guidance. The Head of Partnerships and Organisational Effectiveness closed his opening remarks by thanking Members of the Board for their continued interest and involvement in public and patient involvement and engagement across the City.

It was reported that the Government funding for local HealthWatch had not been 'ring-fenced' but the Council had given a commitment to use the resources for the intended purpose. It was reported that this was not an approach universally adopted across England.

The Board heard from the Business Development Director – Touchstone who outlined the future plans for Healthwatch. Members of the Scrutiny Board were assured about the transition from Leeds Local Involvement Network (LINK) to Healthwatch Leeds was considered a priority. The Scrutiny Board was also informed about the initial work plan for HealthWatch Leeds during the mobilisation period (i.e. prior to 1 April 2013), which included:

- Clarification meetings with the Council.
- Working with existing LINK members and staff.
- Working through Leeds LINK legacy project files.

The Chief Executive (Leeds Involving People) addressed the Board and informed Members that Healthwatch would build on the legacy of LINK and that the focus would be on ensuring the service needs of people are met.

The Mobilisation Manager (Touchstone) informed the Board about how HealthWatch Leeds (as a new organisation) would operate and the values that it would adopt, including:

- Working in collaboration with others.
- Building on the positives from previous work (i.e. the legacy of LINK).

- Being accountable, transparent and specific.
- Providing constructive challenge by using the knowledge, skills and experience of service users.

The Chief Executive (Leeds Involving People) advised that it would be important for HealthWatch Leeds to build, develop and maintain relationships with HealthWatch England and the Care Quality Commission (CQC) in order to help provide constructive, powerful and evidence based challenge.

Members of the Scrutiny Board raised a range of issues and sought assurance across a number of areas, including:

- Failings associated with Mid Staffordshire recently highlighted through the Francis Inquiry report. *In response, it was recognised that it was important for all stakeholders to share information. It was also highlighted that a shift in cultural was needed across organisational boundaries – moving towards more supportive, constructive and non-punitive relationships. Reference was also made to the HealthWatch Leeds Performance Outcomes (detailed in appendix 2 of the report presented to the Scrutiny Board).*
- The essential ‘patient champion’ role of HealthWatch Leeds and the transition establishing HealthWatch Leeds, from the previous arrangements and structures established through Leeds LINK, *In response, there were some shared concerns about the impact of the nationally driven timescales, but it was reported that the Council and HealthWatch Leeds were well placed for move forward, particularly compared to other arrangements across the region. It was highlighted that priorities would be agreed with the commissioners (i.e. Adult Social Care), however it was also recognised that arrangements would still be in development by 1 April 2013.*
- The relationship between the local HealthWatch and advocacy functions and why the functions were split (in Leeds). *It was highlighted that smaller (local authority) areas had tended to combine the local HealthWatch/ complaints advocacy functions. However, in Leeds, a duty to share information had been built into the arrangements and there would be an early discussion about an information protocol.*
- Coordination of partners’ activities across the Touchstone consortium – and associated governance and structural arrangements. Members sought assurance that the complex matrix of involvement with other organisations and groups would be co-ordinated. *In the short-term, it was highlighted that during the mobilisation period, a mapping exercise (around existing/ on-going consultations) would be undertaken. It was also important to work with Leeds LINK in terms of its legacy document in order to help identify immediate priorities. In the longer-term, the aim would be to use the existing network arrangements while attempting to simplify engagement processes and structures.*
- Organisational structure of HealthWatch Leeds. *It was outlined that the budget for HealthWatch Leeds was around £600k / annum, which included a specific allocation for signposting and providing advice to*

service users. It was highlighted that there was a memorandum of understanding between partners of the consortium, around roles and responsibilities. In terms of organisation structure, it was confirmed that this was still being finalised – but would include the transfer of 3 posts from the former LINK host organisation (Shaw Trust). It was agreed to provide a more detailed outline of the organisational structure to a future meeting of the Scrutiny Board.

- *Key messages to current members of Leeds LINK during the transitional period and beyond. The involvement and contribution of LINK members and volunteers is valued and a desire for all current LINK members to become involved in the work of HealthWatch Leeds. It was highlighted that the impartiality of HealthWatch Leeds (from service providers) would be a key feature of the organisation.*

RESOLVED –

- (i) That the contents of the report be noted;
- (ii) That a future report be submitted outlining the organisational structure and associated roles within HealthWatch Leeds.

90 Public Health transition in Leeds

The Head of Scrutiny and Member Development submitted a report which provided the Scrutiny Board with an update on the transition and transfer of Public Health responsibilities to Leeds City Council from April 2013.

In attendance to answer Members' questions was:

- Cllr. Lisa Mulherin (Executive Board Member for Health and Wellbeing) – Leeds City Council
- Dr. Ian Cameron (Joint Director of Public Health) – NHS Airedale Bradford & Leeds / Leeds City Council.

The Joint Director of Public Health – NHS Airedale Bradford & Leeds / Leeds City Council addressed the Board congratulating the Council on the positive reception for NHS staff and services being transferred over from the Primary Care Trust (to be formally abolished on 1 April 2013).

Members of the Board were informed that a number of Public Health services / functions would be formally transferring to the Council from 1 April 2013, including a number of prescribed / mandatory functions, such as:

- Sexual health services
- NHS Health Check programme
- Local authority role in health protection
- Public health advice
- National Child Measurement Programme.

In addition to a number of non-prescribed / discretionary services/ functions, including:

- Obesity
- Physical activity
- Substance misuse (drugs and alcohol)
- Stop smoking services and interventions
- Children 5-19 public health programmes
- Nutrition initiatives.

It was outlined that approximately 90 public health posts, including vacancies, would transfer to the Council from 1 April 2013, along with the responsibility to manage around 100 contracts at an approximate value of £28M.

The Board was also informed of an uplift in Leeds' Public Health grant allocation for 2013/14 and 2014/15, as detailed in Appendix 3 of the report. The Executive Board Member for Health and Wellbeing – Leeds City Council outlined some of the issues associated with the transition for Public Health staff and the Council, but highlighted the significant opportunity this presented to the Council, and specifically the role of Elected Members.

Members queried the different roles of new/ emerging NHS bodies, and it was confirmed that the NHS Commissioning Board (through its local area teams) would take responsibility for commissioning some services previously the responsibility of the Primary Care Trusts – including screening programmes and immunisation/ vaccination.

Members welcomed the opportunity provided by the transfer of Public Health responsibilities to the Council, but were wary of the role of some national NHS bodies and, based on recent experiences, expressed some concern regarding their future operation.

In considering the Council's new Public Health responsibilities, Members also discussed:

- Free access to swimming pools as an example of how the Council could influence participation in physical activity.
- The structure of Public Health staff across the Council. It was confirmed that it was not intended to form a new directorate/ department, with small teams of staff allocated across the Council to help embed public health duties across service areas.
- The shadow / transitional funding to support the transfer of Public Health to the Council. It was confirmed that the allocated resources had been spent / committed.
- Capacity issues. It was confirmed that, during the transition and due to staff movements, a number of vacancies had existed. A commitment was given that vacancies would be filled.
- The role of the Council Contact Centre in directing Public Health enquiries appropriately. It was confirmed the issue of training in this regard was still to be fully resolved.

The Chair thanked the Executive Board (Health and Wellbeing) and the Joint Director of Public Health for their attendance and contribution to the discussion.

RESOLVED – That the contents of the report presented at the meeting be noted.

91 National Institute for Clinical Excellence guidance

The Head of Scrutiny and Member Development submitted a report which provided an outline of the role of the National Institute for Clinical Excellence (NICE) and the recently published guidance aimed at local authorities.

Dr. Ian Cameron (Joint Director of Public Health) – NHS Airedale Bradford & Leeds / Leeds City Council was in attendance.

The Joint Director of Public Health informed the Board that progress has been made and that NICE had appointed a North of England consultant responsible for working with local authorities to help take forward NICE guidance.

The Board discussed the areas where NICE guidance had been produced and noted those areas where guidance was in development.

The Joint Director of Public Health advised that the proposed structure of Public Health staff within the Council would help provide assurances around the use and implementation of NICE guidance across City Priority areas and within relevant service areas.

The Joint Director of Public Health also reported significant developments in terms of understanding the public health agenda, in particular highlighting progress within the City Development Directorate – while acknowledging further work was still required.

Members considered that it would be essential for Council Directorates to work collaboratively to ensure the effective implementation of NICE guidance.

Members also agreed to invite the Chief Executive to a future Board to share his opinions on the role of the Council and discharge of its public health responsibilities.

RESOLVED –

- (a) That the report and discussions be noted
- (b) That the Chief Executive be invited to the Board to share his opinions on the role of the Local Authority in managing its public health responsibilities.

92 Work Schedule - February 2013

The Head of Scrutiny and Member Development submitted a report which considered the Board's work schedule for the forthcoming municipal year.

The Board discussed undertaking extra work but acknowledged the pressure this would put on already stretched resources, with particular reference to the work done and coordinated by Leeds City Council in relation to the review of children's heart services in England, and its impact on children and families in Leeds and across Yorkshire and the Humber.

Discussion took place on scrutiny activity around adult social care provision.

The Board agreed that an additional meeting should take place in May to allow the Board to continue aspects of its work programme.

Working group meetings were agreed by the Board as follows:

- 12th March 2013 2:30pm to 5:30pm – Maternity Services;
- 20th March 2013 11:10am to 12:30pm – CCG; and
- 21st March 2013 2pm to 5pm – Visual Impairment.

RESOLVED –

- (a) That the work schedule be revised in line with the discussions at the meeting; and
- (b) That an additional meeting of the Board be organised to take place during May 2013.

(Councillor Hyde and Councillor Bentley left at 12:30pm. Councillor Robinson left the meeting at 12:40pm)

93 Date and Time of the Next Meeting

Wednesday 27th March 2013 at 10.00am in the Civic Hall, Leeds. (Pre meeting for Board Members at 9.30am.)