

SCRUTINY BOARD (HEALTH AND ADULT SOCIAL CARE)

MONDAY, 20TH NOVEMBER, 2006

PRESENT: Councillor B Lancaster in the Chair

Councillors S Bentley, D Coupar,
Mrs R Feldman, S Hamilton, R Harington,
J Illingworth, G Kirkland, J Lewis and L Russell

CO-OPTEES: J Fisher - Service Users and Carers
Alliance Group
E Mack - Leeds Voice Health Forum
Co-ordinating Group
B Smithson - Leeds PPI Forums City Wide
Group

49 Chair's Opening Remarks

The Chair opened the meeting by expressing the thanks of the Board to Councillor Jarosz for her previous commitment and work for the Board. Councillor Jarosz had recently been replaced on the Board by Councillor Harington who was given a warm welcome to the Board.

A warm welcome was also extended to the following colleagues from the City of Bradford Metropolitan District Council:

Councillor Elaine Byrom – Chair of the Health Improvement Committee
Councillor Michael Kelly – Deputy Chair of the Health Improvement Committee
Councillor John Godward – Labour spokesperson for Health
Peter Marshall – Scrutiny Officer

50 Declarations of Interest

Councillor Hamilton declared a personal interest in relation to agenda item 11 due to her employment with Leeds Teaching Hospitals NHS Trust. (Minute No 59 refers).

Mr E Mack declared personal interests in agenda item 8 and 10 due to his involvement on the Management Committee of Leeds Voice (Minute Nos 56 and 58 refer), and agenda item 9 due to his role as pharmaceutical consultant for Leeds PCT (Minute no 57 refers).

51 Late Items

In accordance with her powers under Section 100B(4)(b) of the Local Government Act 1972, the Chair admitted a late report regarding the Making Leeds Better – Pre Consultation Engagement Progress to the agenda. The report was not available at the time of the agenda despatch as information was still being collated from PPI Forums which was required to reflect updates in the Making Leeds Better programme.

52 Apologies for Absence

Apologies for absence were submitted on behalf of Councillor Shelbrooke.

53 Minutes

RESOLVED – That the minutes of the meeting held on 23rd October 2006 be approved as a correct record.

54 Matters arising from the Minutes

Home Care Services in Leeds – (Minute 47 refers)

Correspondence had been received regarding the Board's inquiry into Home Care Services. The correspondence raised questions into the commissioning of independent sector provision and the eligibility criteria for access to care. It was reported that the Board was due to receive a further report at its December meeting and Officers would be asked to comment in more detail on the tendering process for Home Care provision.

Reconfiguration of Renal Services in Leeds – (Minute 48 refers)

It was reported that there would be a further report on the Reconfiguration of Renal Services in Leeds at the Board's December meeting.

55 Overview and Scrutiny Committee Minutes

RESOLVED – That the minutes of the Overview and Scrutiny Committee held on 9th October 2006 be noted.

56 Executive Board Minutes

RESOLVED – That the minutes of the Executive Board held on 18th October 2006 be noted.

57 Making Leeds Better - Pre-consultation Engagement Process

The Head of Scrutiny and Member Development submitted a report which provided Members with an update on the Making Leeds Better pre consultation engagement process. A briefing paper from the Making Leeds Better Programme Team was appended to the report.

The Chair welcomed Jill Copeland, Making Leeds Better Programme Director and Ruth Mason, PPI & Communications Project Director to the meeting to give a presentation on the Making Leeds Better Programme.

The presentation aimed to update Members on the programme and engagement process, including stakeholder groups, emerging themes and next steps. The Board was reminded of the following main programme aims:

- The development of a new Children's and Maternity Hospital
- Investment in community based services, improving health and well-being, providing more localised care and reducing the reliance on hospital provision.
- Tackling inequalities in health across the city by improving access to health and social care services.
- Creating a main hospital site for Leeds at St James' which would enable a better use of resources and improve clinical safety and quality.

The Board was informed of the following four stages of the Making Leeds Better strategy:

- Stage 1 – Initiation – This involved the creation of the strategy, systems and processes.
- Stage 2 – Engagement – Staff and Stakeholder engagement through an awareness phase and a targeted phase
- Stage 3 – Consultation – final consultation period to include the general public – following advice of stakeholders
- Stage 4 – Consolidation – continuation of stakeholder engagement and feedback to those consulted

A total of 76 key stakeholders for the Making Leeds Better programme had been identified and these were divided into four groups; Democratic, Staff, Patients & Public and Outside Leeds. Examples of the stakeholders in each group and the methods of engagement were given:

- Democratic – Examples of Democratic Stakeholders included this Scrutiny Board, Leeds City Council Leadership, MPs, Community Forums and the District Partnerships. Engagement had taken place via reports to various Council Committees and political groups, personal briefings with MPs and LCC Leadership as well as the formal scrutiny process. Further representations would be made at Area Committees in December.
- Staff – This included staff from all the local health trusts, social care workers, GP's, university staff and independent contractors. Staff had been involved with redesigning care pathways for patients and received newsletters, held meetings and roadshows and taken part in other staff events regarding the Making Leeds Better programme.
- Patients & Public – Voluntary, Community and Faith Sector Organisations and Patient and Public Involvement Forums were

included in this stakeholder group. Care pathway workshops had been held and patient surveys and engagement questionnaires had been distributed. Information relating to Making Leeds Better had been displayed in public places such as GPs surgeries to raise awareness of the programme.

- Outside Leeds – Stakeholders included surrounding Local Authorities and Primary Care Trusts. Engagement had taken place by invite to events, progress reports and electronic updates.

The following themes had emerged during the engagement process:

- Carers – the role of Carers and the impact of a future system which emphasised care closer to patients' homes.
- Voluntary, Community & Faith Sector – could they provide some of the newly commissioned services?
- Transport & Access – A transport and access working group had been established.
- The need for new or improved services in the community to be in place before the shift in service from hospital sites.
- The impact of MLB on users of Users of Mental Health Services.
- The significance of the impact on social care services.

It was reported that the next steps would include building on these emerging themes and putting forward more specific, targeting questions to the stakeholder groups.

Responses were made to the following questions and comments:

- Would young people be involved in the programme? Yes, as a large part of Making Leeds Better will involve children's hospital provision. Young people going into Leeds General Infirmary had already been consulted regarding their stays in hospital. Further consultation would take place with children via schools and the Youth Service.
- People have difficulty getting transport to services, particularly St James' hospital – how would those whose services have transferred from elsewhere get there? It was reported that talks had been held with Metro and other transport providers and there had been discussions regarding the possibility of free transport from the city centre to St James' hospital.
- Would the maternity and children's hospitals be a Leeds facility or extended to patients on a regional basis – particularly neo-natal care? Services would be available to those from outside Leeds. Careful planning would be carried out to assess future needs.
- Concern was expressed regarding consultation with stakeholders who came from outside Leeds and also associated transport issues. It was reported that consultation had taken place with all the surrounding PCTs regarding the commissioning of services and provision of more community services should help solve some of the transport issues.

- A question was asked regarding the size of the budget for Making Leeds Better. It was reported that there was limited extra funding and there had not been the creation of many new posts. However, it was reported that the development of MLB was being incorporated into the work of existing health staff.
- Had there been any resistance to proposals, and if so would some things be negotiable at the point of consultation? – It was noted that most people had been supportive regarding the proposals to provide care closer to or in their homes. However, in respect to hospital provision, most are happy providing that issues such as transport arrangements are in place.

Further issues discussed included the following:

- The co-ordination of community health provision and patient and public involvement.
- The future use of current hospital sites and buildings.
- Patient support groups.
- Preventative medicine.
- The role of Social Services – concern was expressed that there had not been a Social Services presence at recent public events.

The Chair thanked Ruth Mason and Jill Copeland for their presentation and attendance.

RESOLVED – That the report and presentation be noted.

58 The Role of the new Leeds Primary Care Trust

The Head of Scrutiny and Member Development submitted a report regarding the role of the new Primary Care Trust (PCT) for Leeds. Appended to the report was a briefing paper from the PCT which gave an overview of the role of the PCT and proposed management arrangements.

The Chair welcomed Christine Outram, Chief Executive and Adrian Booth, Director of Policy and Planning of the Leeds PCT to the meeting.

It was reported that the PCT was currently undergoing a reorganisation following the merger of the previous 5 PCTs that covered the Leeds District. Over the next few months the PCT would be building on the existing achievements of the former PCTs and dealing with the appointment of its Executive Team. It was also reported that a single PCT would be able to streamline decision making.

The PCT had responsibility for the following three main functions:

- To engage with local people to improve health and wellbeing – Leeds has a diverse population and a large health agenda.

- To commission a comprehensive and equitable range of high quality, responsive and efficient services within allocated resources - transforming health care. Health Services in Leeds had huge potential and there were changes to the way health care was being provided nationally. Continued joint working was required with partners such as Leeds City Council and the Voluntary, Community and Faith sector.
- To directly provide high quality, responsive and efficient services where this gives best value – to provide a diverse range of services across the city.

Further issues discussed included the following:

- Health education – It was recognised that more health education would help to improve health. This was cited as an example of where health providers needed to work closely with others and in this case develop and strengthen links with education colleagues.
- Missed appointments – this was identified as a two way process and new technology was to be used in an attempt to address this problem.
- Preventative measures – what could be done to prevent poor health? Members questioned whether the PCT would make representations for licensing and planning applications in terms of presenting evidence on the health impact of such applications? It was reported that prevention was considered to be of importance and that the PCT and its predecessors had previously carried out preventative measures such as assisting people with quitting tobacco products.
- There was a need for the new PCT to keep local connectivity. It was a large PCT in terms of commissioning services and even for city wide issues such as moving the Making Leeds Better programme forwards there was still a need to retain local sensitivity.
- Reference was also made to the involvement of District Partnerships and Area Committees, Community Impact Assessments, Primary Care Development and how the PCT could make efficiency savings.

The Chair thanked Christine Outram and Adrian Booth for their attendance.

RESOLVED – That the report and briefing paper be noted.

59 Action Learning Project - Community Development in Health and Wellbeing

The Head of Scrutiny and Member Development submitted a report which provided the Board with an update on the Action Learning Project. Appended to the report were the findings of the Community Health Development Questionnaire carried out by the Healthy Leeds Partnership and from the Leeds PCT on how Community Development fits into their commissioning role.

The Chair introduced the following to the meeting:

- Rachel Swindells - Health Partnership Manager, Leeds Initiative

- Mary Green - Principal Lecturer, Leeds Metropolitan University
- John England - Deputy Director, Strategy and Performance
- Victoria Eaton – Head of Health Inequalities and Regeneration, Leeds PCT

Rachel Swindells informed the Board of some of the progress that had been made towards Community Development for Health in Leeds. Terms of reference for the Community Health Development Steering Group had been established which would steer the Community Health Development Network in Leeds. The Community Health Development Network was due to be launched in March 2007. The aim of the steering group was to promote Community Development and how it would support health and well-being. Community Health Development questionnaires had been returned from 59 organisations and had demonstrated the high level of need for a Community Health Development Network. Further progress included a small grants scheme for community based health activity and the production of a Community Health Development newsletter.

Victoria Eaton gave the Board a briefing on the role of the PCT in relation to Community Health Development activity. It was reported that the empowerment and engagement of local communities was central to the role of the PCT and examples of the community development approach used by the PCT were given. These included Health Needs Assessments and the commissioning of voluntary and community sector organisations. The PCT also worked closely with District Partnerships and was involved in a wide range of programmes and initiatives that demonstrated community development. These programmes had previously been developed by the previous Leeds PCTs in conjunction with various partners and focussed on local communities and their needs.

John England informed the Board of how Leeds City Council contributed to Community Health Development and reported on projects that were carried out in schools, with older people and BME groups. He stressed the importance of working with partners and sharing experience to enable a successful approach to Community Health Development.

Mary Green reported on how Community Health Development and health inequalities were drivers for health issues nationally and that health education issues needed to be directed to adults as well as children. There was also a need to involve groups and communities that would usually be less likely to be engaged in health issues.

Comments made from the Board included the growing number of ethnic communities across Leeds and the support that would be required and the need to raise literacy levels across some communities.

The Chair thanked Rachel Swindells, Victoria Eaton, John England and Mary Green for their attendance.

RESOLVED – That the report be noted.

(Councillor Lewis left the meeting at 12.40 during discussion of this item).

60 Inquiry into Dignity in Care for Older People

The Head of Scrutiny and Member Development submitted a report regarding the Board's Inquiry into Dignity in Care for Older People. Terms of reference for the Board's Inquiry were attached to the report along with reports from the Director of Adult Social Services, Leeds Teaching Hospitals NHS Trust and Leeds Mental Health Teaching NHS Trust.

The Chair welcomed the following to the meeting:

- Mick Ward – Modernisation Manager
- Mike Evans – Chief Officer, Adult Services
- Tracey Cartmell – Employee Development Manager
- Gary Hostick – Associate Director, Mental Health Services for Older People, Leeds Mental Health Teaching NHS Trust
- Clare Linley – Deputy Chief Nurse – Operations, LTHT
- Sally Mansfield – Nurse Consultant, Older Peoples Services, LTHT
- James Woodhead – Project Manager (Older & Disabled People)

It was reported that there was a challenge facing the workforce due to changing demographics and the fact that people were living longer. Reference was made to the Department of Health Document 'A New Ambition for Old Age' and the 'dignity challenge' for healthcare providers and commissioners. Key issues relating to dignity in care included the following:

- To enable people to retain their independence
- Privacy in hospital
- Engaging family support
- Supporting confidence and self esteem
- Tackling loneliness and isolation

In response to questions regarding the skills of the workforce, it was reported that Social Services had various training initiatives in place. These included an induction pack, recognition of NVQ care qualifications, good working partnerships with the universities and further development through coaching and mentoring. Clare Linley reported that Leeds Teaching Hospital Trust considered raising staff awareness as a key issue and referred to government policy. A further question was asked regarding the financial implications of improving the workforce. It was reported that specific grants had not been made available.

Gary Hostick reported on issues facing the Leeds Mental Health Teaching NHS Trust. It was recognised that there was a need to update the skills of the workforce and appointments had been made for facilitators for Dignity and Mental Health. There was a need to improve access to services to BME communities and strengthening ways of working with service users and

carers. Further issues highlighted included safety, privacy and problems with mixed sex units.

Further issues discussed included the role of Dignity Champions, the promotion of good practice and regulation of independent providers. Visits to hospital wards within Leeds Teaching Hospitals NHS Trust and Leeds Mental Health Teaching NHS Trust were also arranged for Board Members during early December.

RESOLVED – That the report be noted.

61 Work Programme

The Head of Scrutiny and Member Development submitted a report which contained an updated copy of the Board's Work Programme for the 2006/07 Municipal Year. Appended to the report was an extract from the Forward Plan of Key Decisions which related to the Board's portfolio area.

In response to an issue raised about the Board achieving a balanced work programme in terms of health and social care issues, it was reported that following the meeting of the Overview and Scrutiny Committee on 6th November 2006, it had been agreed that Scrutiny Boards would receive quarterly performance management reports from relevant departments of the Council. This would provide the Board with performance updates on Adult Social Services.

RESOLVED – That the report be noted.

62 Date and Time of Next Meeting

Monday, 18th December 2006 at 10.00 a.m. in Civic Hall, Leeds. (pre-meeting at 9.30 a.m.)

The meeting concluded at 1.25 p.m.