



SCRUTINY BOARD (ADULTS, HEALTH & ACTIVE LIFESTYLES)

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Tuesday, 10th October, 2023 at 1.30 pm

(A pre-meeting will take place for ALL Members of the Board at 1.00 p.m.)

MEMBERSHIP

Councillors

P Alderson	-	Guiseley and Rawdon;
C Anderson	-	Adel and Wharfedale;
L Farley	-	Burmantofts and Richmond Hill;
M France-Mir	-	Moortown;
J Gibson	-	Cross Gates and Whinmoor;
C Hart-Brooke	-	Rothwell;
M Iqbal	-	Hunslet and Riverside;
W Kidger	-	Morley South;
K Ritchie	-	Bramley and Stanningley;
A Scopes (Chair)	-	Beeston and Holbeck;
E Taylor	-	Chapel Allerton;

Co-opted Member (Non-voting)

Dr John Beal – Healthwatch Leeds

Please Note: Please do not attend the meeting in person if you have symptoms of Covid-19 and please follow current public health advice to avoid passing the virus onto other people.

Note to observers of the meeting: We strive to ensure our public committee meetings are inclusive and accessible for all. If you are intending to observe a public meeting in-person, please advise us in advance of any specific access requirements that we need to take into account by email (FacilitiesManagement@leeds.gov.uk). Please state the name, date and start time of the committee meeting you will be observing and include your full name and contact details.

To remotely observe this meeting, please click on the 'View the Meeting Recording' link which will feature on the meeting's webpage (linked below) ahead of the meeting. The webcast will become available at the commencement of the meeting.

<https://democracy.leeds.gov.uk/ieListDocuments.aspx?CId=1090&MId=12306>

Principal Scrutiny Adviser:
Angela Brogden
Tel: (0113) 37 88661

Produced on Recycled Paper

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded).</p> <p>(* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Head of Governance Services at least 24 hours before the meeting).</p>	
2			<p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <ol style="list-style-type: none"> 1. To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2. To consider whether or not to accept the officers recommendation in respect of the above information. 3. If so, to formally pass the following resolution:- <p>RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:</p> <p>No exempt items have been identified.</p>	

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LATE ITEMS

To identify items which have been admitted to the agenda by the Chair for consideration.

(The special circumstances shall be specified in the minutes.)

4

DECLARATION OF INTERESTS

To disclose or draw attention to any interests in accordance with Leeds City Council's 'Councillor Code of Conduct'.

5

APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES

To receive any apologies for absence and notification of substitutes.

6

MINUTES - 12TH SEPTEMBER 2023

5 - 12

To approve as a correct record the minutes of the meeting held on 12th September 2023.

7

HEALTH AND CARE WORKFORCE

13 - 26

To receive a report from the Head of Democratic Services which presents a briefing paper by the Leeds Health and Care Academy on workforce challenges impacting on health and care service delivery in Leeds and how partners are working to address these.

8

LEEDS HEALTH AND CARE SYSTEM RESILIENCE AND WINTER PLANNING

27 - 48

To receive a report from the Head of Democratic Services which presents a briefing paper by the Leeds Health and Care Partnership on the current issues and actions linked to the Leeds health and care system resilience and winter planning process.

9

HOMEFIRST PROGRAMME

49 -
64

To receive a report from the Head of Democratic Services which presents a briefing paper by the Leeds Health and Care Partnership on progress with the HomeFirst Programme.

10

WORK SCHEDULE

65 -
84

To consider the Scrutiny Board's work schedule for the 2023/24 municipal year.

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DATE AND TIME OF NEXT MEETING

Tuesday, 7th November 2023 at 1:30pm (pre-meeting for all Board Members at 1:00pm)

THIRD PARTY RECORDING

Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts on the front of this agenda.

Use of Recordings by Third Parties – code of practice

- a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title.
- b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.

Webcasting

Please note – the publicly accessible parts of this meeting will be filmed for live or subsequent broadcast via the City Council's website. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed.

SCRUTINY BOARD (ADULTS,HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 12TH SEPTEMBER, 2023

PRESENT: Councillor A Scopes in the Chair

Councillors C Anderson, L Farley, S Firth,
M France-Mir, J Gibson, C Hart-Brooke,
M Iqbal, W Kidger, K Ritchie and E Taylor

Co-opted Member present – Dr J Beal.

27 Appeals Against Refusal of Inspection of Documents

There were no appeals.

28 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

29 Late Items

There were no late items.

30 Declaration of Interests

No declarations of interest were made at the meeting.

31 Apologies for Absence and Notification of Substitutes

All Board Members were present at the meeting.

Apologies had been received from Councillor Arif as the Executive Member for Adults Social Care, Public Health and Active Lifestyles and also from Caroline Baria, Interim Director of Adults and Health.

32 Minutes - 11 July 2023

RESOLVED – That the minutes of the meeting held on 11th July 2023, be approved as an accurate record.

33 Matters Arising

Minute no 21 – Matters arising from the meeting held on 13th June 2023.
Members were advised that the requested briefing paper from the Drug and Alcohol Team regarding the issue of cannabis use, particularly amongst young people, will be made available in October.

The Chair also highlighted that the Children and Families Scrutiny Board had arranged to hold a working group meeting on the issue of vaping amongst children and young people on 27th September at 2.30 pm. It was noted that Councillor Scopes and Councillor Anderson had volunteered to attend this meeting to represent the Adults, Health and Active Lifestyles Scrutiny Board.

Minute 22 – Leeds Mental Health Strategy 2020-2025

It was noted that Members had now received information on the evaluation framework linked to the Community Mental Health Grant allocations.

The Principal Scrutiny Adviser highlighted that while Members had also requested further information surrounding neurodiversity assessments for children, it was now proposed that this matter be considered as part of a working group approach, with arrangements to be confirmed in due course.

Minute 23 – Healthy Leeds Plan Refresh

Linked to the Healthy Leeds Plan, it was noted that Members had been sent details of the existing Outcome Frameworks associated with each of the Population Boards. It was also highlighted that these are currently under review and that updated versions were expected to be available in November.

34 Access to General Practice in Leeds

The Head of Democratic Services submitted a report which presented a briefing paper from the Leeds Health and Care Partnership on access to General Practice in Leeds.

The following were in attendance:

- Councillor Fiona Venner, Executive Member for Children’s Social Care and Health Partnerships
- Councillor David Jenkins, Deputy Executive Member
- Victoria Eaton, Director of Public Health
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- Gaynor Connor, Director of Primary Care and Same Day Response, Leeds Health & Care Partnership
- Dr George Winder, Chair of the Leeds GP Confederation and Clinical Director of Seacroft Primary Care Network
- Dr Mo Sattar, Clinical Director of Chapeltown Primary Care Network
- Andrea Mann, Clinical Director of Cross Gates Primary Care Network
- Dr Sarah McSorley, Vice Chair of Leeds Local Medical Committee

The Chair invited the Executive Member for Children’s Social Care and Health Partnerships to provide some introductory comments and then invited the Director of Primary Care and Same Day Response, along with representatives from the GP Confederation and Leeds Local Medical Committee, to give a brief overview of the key points set out within the appended briefing paper.

In summary, the following key points were highlighted:

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- Leeds has 90 practices that collaborate in an operating model of 19 Primary Care Networks (PCNs) and Local Care Partnerships (LCPs).
- Levels of appointments are now back to pre-pandemic levels and continue to grow, with 417,704 appointments carried out in June 2023, which is an increase of 28,000 appointments when compared to June 2022.
- For Leeds, it was reported that the overall experience of the GP practice was slightly better than the national and West Yorkshire average at 73%. However, it was acknowledged that the consensus view from both patients and staff is that more work still needs to be done to reduce the barriers some patients face when accessing services.
- Patients particularly value quality and continuity of care and so the balance between increasing access, using the range of professional expertise in a practice and maintaining continuity of care is one that continues to be developed.
- The reception team has a vital role to play in triaging patient calls. Care navigation is a process done by care coordinators, appropriately trained reception or other practice staff, to signpost to the most appropriate clinician or elsewhere outside of the practice.
- The impact of secondary care waiting times and changes in outpatient arrangements to more remote consultations have contributed to an increasing workload and appointment requests in general practice as people seek assurance, advice or information as they wait for hospital care.
- Core general practice is funded through a national GP contract. There is no specific standard within the contract which determines what workforce a practice should have in place other than it is sufficient and safe to deliver a core service as outlined in the contract.
- Within the national GP contract there has been a 2% staff pay uplift to practice funding in each of the last 5 years, which has impacted on the ability to recruit and retain staff.
- One of the key objectives for general practice nationally includes the recruitment of 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024.
- In Leeds, much of the growth of the workforce can be accounted for through the ARRS workforce with approximately 417 FTE in post and a further 490 FTE by April 2024.
- It was noted that a summary of the number and type of ARRS roles was set out within the paper. It was also highlighted that many of these staff can be new to primary care and as such would require support, training and supervision from GPs, which then impacts on their capacity demands.

The following areas were also discussed during the Board's consideration of the briefing paper:

- *Accessing appointments within two weeks* – it was noted that patients being able to access an appointment within two weeks is a national measure. It was reported that currently 80% of patients in Leeds have an appointment booked within 14 days or less and that the remaining 20%

were generally associated with pre-planned future appointments. It was agreed that the latest appointment data, which is tracked by practice and PCN, would be provided to Board Members.

- *The use of comparative data* – while acknowledging the value of collating data to be able to compare Leeds performance against other West Yorkshire places, the Board was advised that work was ongoing in terms of ensuring the accuracy of the data and looking at ways of also trying to compare “like with like”.
- *Primary care estates* – it was noted that there is limited capital available for primary care estate improvements and limited revenue budget. Members were informed that GP practices receive funding once a patient has registered. As such, responding pro-actively to increases in population growth can be challenging. However, the ICB continues to seek opportunities for improvement in this area. It was noted that there are good examples of practices working together to share estates as well as exploring opportunities to build further resilience by working closely with local community hubs and libraries. The Board also discussed potential opportunities to increase capacity quickly using temporary accommodation options, such as portacabins.
- *Links between planning and health provision* – it was highlighted that links between planning and health provision can be challenging but have improved. It was noted that discussions regarding the East Leeds Extension have been a particular recent focus, with the ICB undertaking an options appraisal on the appropriate response to the increased population attributed to the East Leeds Extension, which has identified a particular impact on 3 PCNs across the city.
- *Digital tools* – it was acknowledged that increasing the use of digital tools to support patient access is a key feature within the access recovery plan. Linked to this, importance was placed on improving public communications particularly around the use of PATCHS, a technology developed to book a GP appointment recently implemented across West Yorkshire. It was noted that the ICB is also continuing to engage with the council and other partners on programmes such as 100% Digital Leeds to address issues around digital exclusion. However, it was recognised that a non-digital option should also be kept available for those who either express this as a preference or who are without access to digital tools and technologies.
- *Helping people to understand and embrace the new model of general practice* – it was acknowledged that the vision of modern general practice is not as well known to most patients. Many will therefore still prefer and expect the traditional model of seeing a familiar GP rather than being seen directly by another professional in the general practice team. Importance was placed on working with the public to better understand and manage their expectations linked to the new model of general practice.

- *Recruitment and retention challenges* – the Board discussed some of the key challenges faced by GP practices and particularly the role of practice managers in terms of recruiting and retaining staff, which were reflective of the challenges nationally too. This included GPs themselves in terms of striving for a better work/life balance when often faced with demanding workloads. Linked to the new model of general practice, it was highlighted that trained reception or other practice staff were particularly hard to retain given their difficult role in trying to signpost patients appropriately and having to also deal with complaints and abusive behaviour from patients when their expectations are not being met.
- *Self-referral pathways* – it was noted that one of the main national objectives is to expand self-referral pathways to enable patients to access services directly and prevent the need for contacting the practice. Linked to this, the Board discussed some of the potential pitfalls of this approach and that many patients will need support to determine the most appropriate referral pathway for them.
- *Telephony systems* – it was reported that 54% of Leeds practices are already on cloud-based telephony with a further 12 practices identified as part of the next transition.
- *Continuing to improve access and experience of general practice* – it was highlighted that the national and local media would often paint a negative picture of general practice despite more appointments being made than ever before, alongside an increasing number of ways to access those appointments. However, there was also a consensus view that the system does still require much improvement, which includes the need to address staff burnout. It was reported that the ICB continues to seek and hear the views of people using general practice services in order to use this insight to help shape approaches and plans in improving the access and experience of general practice in the city.

The Chair thanked everyone for their valuable contribution to the Board's discussion.

RESOLVED - That the report, along with Members comments and information requests, be noted.

35 **Director of Public Health Annual Report 2022**

The Director of Public Health submitted a report which presented the 2022 Director of Public Health Annual Report – 'In Our Shoes'.

The following were in attendance:

- Councillor Fiona Venner, Executive Member for Children's Social Care and Health Partnerships
- Councillor David Jenkins, Deputy Executive Member
- Councillor Dan Cohen, Chair of Children and Families Scrutiny Board

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- Victoria Eaton, Director of Public Health
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- Kathryn Ingold, Chief Officer / Consultant in Public Health
- Farrah Khan, Chief Officer Family Help, Children and Families Directorate
- Hannah Lamplugh, Strategy and Influence Lead, Children and Families Directorate
- Emily Carr, Associate Director Pathway Integration, Leeds Health & Care Partnership

The Chair invited the Deputy Executive Member to provide some introductory comments and then invited the Director of Public Health to introduce the report.

The Board was informed that the “In Our Shoes” report was publicly launched on 20th July at the Health and Wellbeing Board meeting. Progress against the recommendations reflected in this report will be shared in the next Director of Public Health Annual Report.

It was also highlighted that the report was submitted to the Association of Directors of Public Health (ADPH) as part of the annual report competition and celebration. The top four reports that stood out as overall good examples included Leeds, with the panel paying tribute to Leeds for giving a powerful snapshot of the inequity of outcomes for children and young people in the city.

The Director of Public Health then gave a brief presentation during the meeting to highlight key aspects from the 2022 annual report. This included a short film sharing individual stories of children and young people in Leeds, which had been produced to accompany the annual report ([link to film](#)).

The following areas were also discussed during the Board’s consideration of the report:

- *Selecting the theme of the annual report* - the Chair of the Children and Families Scrutiny Board particularly welcomed the decision to focus the 2022 annual report on children and young people and supported the findings and recommendations.
- *Access to healthcare services* – the Board acknowledged the recommendation directed to the Leeds Office of the West Yorkshire NHS Integrated Care Board to ensure health care services are accessible to all children and young people. Members particularly welcomed the focus on 3 key service areas which included dental services; mental health services; and speech, language and communication.
- *Children’s mental health* – importance was placed on continuing to work in partnership to improve and protect children’s mental health through the delivery of the Leeds Children and Young People’s Plan and the Future in Mind strategy. It was noted that these remain a key feature of the Children and Families Scrutiny Board work programme.
- *Neurodiversity*– particular reference was made to the support needs of children with neurodiversity either with or without formal diagnoses and the

role of the new Neurodiversity Hub as a one-stop shop for neurodivergence information and support for all children, young people and families in Leeds.

- *Exploring incentives to increase the uptake of existing programmes* – the Board suggested that the Council explores possible opportunities to offer financial incentives to increase the uptake of existing programmes that support families to make changes to better health.
- *Links to becoming a Marmot city* – it was noted that particular importance had been placed on ensuring that children are central to the delivery of work to become a Marmot city in terms of improving housing; planning; mitigating the impacts of poverty; children getting a fair start in life; and ensuring the Thriving Strategy is implemented.
- *Reducing suicide* – with regard to the recommendations stemming from the earlier 2017-18 annual report, the Board requested an update on the work being undertaken to reduce suicide in 30–50 year old men.

RESOLVED - That the report, along with Members comments and information requests, be noted.

36 Formal Response to Scrutiny Statement

The Head of Democratic Services submitted a report which presented the formal response of the Leeds Health and Care Partnership Executive Group (PEG) to the Scrutiny Board's Statement in relation to the Leeds Tier 3 Specialist Weight Management Service.

The Chair reminded Members of the key conclusions and recommendations stemming from the Board's working group meeting on 28th June 2023, which was then captured in the form of a Statement agreed by the Board during its July meeting.

Members noted that the response of the Leeds PEG had addressed the issues set out within the Board's Statement. The Chair highlighted that it would be helpful for Members to better understand how NHS funding is allocated and the expectations surrounding the governance and management of such funding. It was therefore proposed that a briefing session be arranged for Members.

RESOLVED –

- (a) That the formal response of the Leeds Health and Care Partnership Executive Group (PEG) to the Scrutiny Board's Statement in relation to the Leeds Tier 3 Specialist Weight Management Service be noted.
- (b) That a briefing session be arranged for Members to better understand how NHS funding is allocated and the expectations surrounding the governance and management of such funding.

37 Work Schedule

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

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The Chair explained that the Communities Team has requested nominations from all five Scrutiny Boards for representatives to sit on the Member Working Group as part of the Community Committee review. Members agreed that Councillor Kidger and Councillor France-Mir would be the nominated representatives of the Scrutiny Board (Adults, Health and Active Lifestyles).

RESOLVED –

- (a) That the Scrutiny Board’s work schedule for the 2023/24 municipal year be noted.
- (b) That Councillor Kidger and Councillor France-Mir be the nominated representatives of the Scrutiny Board (Adults, Health and Active Lifestyles) to sit on the Member Working Group as part of the Community Committee review.

38 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, 10th October 2023 at 1:30pm (pre meeting for all Board Members at 1:00pm)

Health and Care Workforce in Leeds

Date: 10th October 2023

Report of: Head of Democratic Services

Report to: Scrutiny Board (Adults, Health and Active Lifestyles)

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

- Under the guidance of the Leeds One Workforce Strategic Board (LOWSB), partners from across Leeds work together to understand and prioritise strategic actions required to strengthen the health and care workforce across Leeds. This work is primarily planned and coordinated through the Leeds Health and Care Academy through collaborative workforce planning and analysis, shared learning and education, and collective workforce projects.
- In January 2023, the former Adults, Health and Active Lifestyles Scrutiny Board received a briefing paper from the Leeds Health and Care Academy which gave an overview of the overall workforce challenges impacting on health and care service delivery in Leeds, including the impact of Covid, resourcing pressures and how partners are working together to address these as well as addressing the key strategic priority of reducing health inequalities.
- At the request of the Scrutiny Board, a further update has now been provided by the Leeds Health and Care Academy.

Recommendations

Members are requested to consider the content of the appended briefing paper by the Leeds Health and Care Academy.

What is this report about?

1. Appended to this report is a briefing paper from the Leeds Health and Care Academy which covers the following areas:
 - Summarises key changes to the workforce challenges over the last 6 months;
 - Provides an overview of the Leeds Health and Care Partnership's (LH&CP) response to current challenges;
 - Considers the progress and impact of the Leeds Health and Care Academy (LHCA) in relation to shared workforce priorities;
 - Updates the key work programmes and interventions led by LHCA and by partners to tackle health inequalities now and for the future;
 - Provides a Leeds partnership focus on Carers and the Third Sector workforce outlining challenges, opportunities and successes;
 - Considers collective actions required to sustain momentum.

What impact will this proposal have?

2. The appended briefing paper provides the Adults, Health and Active Lifestyles Scrutiny Board with an update on the overall workforce challenges impacting on health and care service delivery in Leeds, including capacity and resourcing pressures and how partners are working together to address these as well as addressing the key strategic priority of reducing health inequalities.

How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing Inclusive Growth Zero Carbon

3. With regard to Health and Wellbeing, the Best City Ambition states that in 2030 Leeds will be a healthy and caring city for everyone: where those who are most likely to experience poverty improve their mental and physical health the fastest, people are living healthy lives for longer, and are supported to thrive from early years to later life. To realise this ambition, there will be a focus on investing to ensure better and more equal access to essential services in health and learning, developed with and accessible for every community across Leeds.

What consultation and engagement has taken place?

Wards affected:

Have ward members been consulted? Yes No

4. Under the guidance of the Leeds One Workforce Strategic Board (LOWSB), partners from across Leeds work together to understand and prioritise strategic actions required to strengthen the health and care workforce across Leeds. This work is primarily planned and coordinated through the Leeds Health and Care Academy through collaborative workforce planning and analysis, shared learning and education, and collective workforce projects.
5. Representatives of the Leeds Health and Care Academy, including the Director of Leeds Health and Care Academy and Leeds Strategic Workforce, will be attending today's meeting to present the appended briefing paper and address any further questions from Board Members.

What are the resource implications?

6. Any related resource implications will be reflected as part of the appended briefing paper.

What are the key risks and how are they being managed?

7. Any related risk implications will be reflected as part of the appended briefing paper.

What are the legal implications?

8. This report has no specific legal implications.

Appendices

- Appendix 1 – Briefing paper by the Leeds Health and Care Academy presenting an update on the overall workforce challenges impacting on health and care service delivery in Leeds, including capacity and resourcing pressures and how partners are working together to address these as well as addressing the key strategic priority of reducing health inequalities (October 2023).

Background papers

- None.

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Purpose

This paper provides members of Adults, Health and Active Lifestyles Scrutiny Board with an update on the overall workforce challenges impacting on health and care service delivery in Leeds, including capacity and resourcing pressures and how partners are working together to address these as well as addressing the key strategic priority of reducing health inequalities.

The paper:

- Summarises key changes to the workforce challenges over the last 6 months;
- Provides an overview of the Leeds Health and Care Partnership's (LH&CP) response to current challenges;
- Considers the progress and impact of the Leeds Health and Care Academy (LHCA) in relation to shared workforce priorities;
- Updates the key work programmes and interventions led by LHCA and by partners to tackle health inequalities now and for the future;
- Provides a Leeds partnership focus on Carers and the Third Sector workforce outlining challenges, opportunities and successes;
- Considers collective actions required to sustain momentum

1. Summary

The Leeds Health and Care Partnership has continued purposeful activity to develop and sustain One Workforce in Leeds for health and social care, building on common goals, shared priorities and effective partnership working. Whilst the strategy remains steady, the last six months has seen increasing inclusion of the wider workforce across children's services, public health and those involved in supporting the wider determinants of health. There has long been recognition in Leeds that our health and care system will only work effectively for our population through supportive infrastructures and practices and a workforce which is motivated and enabled to work together across organisational boundaries. The commitment to work together to provide opportunities for skills, jobs and wealth creation, engaging and recruiting those in our most disadvantaged communities and inspiring the next generation health and care workforce remains at the cornerstone of our work.

The current refresh of the Leeds Health and Wellbeing Strategy and the Healthy Leeds Plan has provided an excellent opportunity for workforce partners to reflect, re-align and re-energise the shared ambition and approach to One Workforce in advance of our development of the next One Workforce Strategy in 2024.

The Leeds One Workforce Strategic Board, chaired by Dr Sara Munro, Leeds and York Partnership Foundation Trust, continues to provide essential guidance and challenge to our partnership working with a focus on advancing quality, amplifying impact, accelerating progress and driving efficiency. The environment remains challenging however, through the work of the LHCA and partners, there are encouraging indicators of progress across city-wide workforce priorities, and the relentless focus on reducing inequalities is delivering some tangible and much welcomed results.

In terms of measurable impact, our collaborative work to better integrate the health and social care workforce in Leeds is a long term approach and is tracked over time. The last year has demonstrated some key areas of growth and improvement but also some systemic issues which will take some time to resolve. Workforce capacity remains challenging but collective actions around

recruitment, development, retention and staff well-being are maintaining a stable city-wide position. Key indicators include:

- Overall vacancy rates reducing but some critical services still challenged. Financial pressures impacting recruitment strategies.
- Unplanned absence remains slightly higher than target across the majority of services
- Contingent staffing mechanisms are in place and operating effectively across the city
- Staff engagement and well-being remains a key focus following the impact of the pandemic and in the context of cost of living pressures and national industrial action
- Overall turnover is slightly higher than targeted but broadly stable, with identified pockets of high turnover
- Student numbers remain lower than required to meet demand for registered professions

Notable areas of progress include:

- The Talent Hub continues to increase recruitment of local residents into health social care jobs and training (>470 in 2022 with a 30% increase targeted for 2023). Consistently achieving over 90% retention rate after 12 months in post shows the added value of this approach relative to direct recruitment.
- The Talent Hub focus on narrowing inequalities has supported a wide diversity of candidates, 42% of whom were unemployed and 60% who were from ethnically diverse backgrounds.
- The number of new roles in primary care has increased from 386 to 425 over the last year as GP practices strengthen the multi-professional approach to services.
- The new city health and care T Level qualifications started in 2021 with 34 students and by 2023 have nearly doubled to 67, with increasing numbers of placements in settings outside acute nursing.
- In the last 12 months there's been a 25% increase in Apprentices participating in the city-wide programmes and the launch of two new collaborative apprenticeships.
- This year has seen a 22% increase in staff accessing Academy training (c1,100 to 1,350 employees), with participation from all parts of the sector
- Over 2000 employees from all parts of the sector have accessed the new digital learning portal since it was launched in April.

2. Background

The demands on health and social care services across the whole city remain high. Despite the incredible work of colleagues from every part of the system to improve access to services and reduce waiting lists, there continues to be very significant health and care challenges resulting from Covid-19 and the cost of living pressures. The summer months have provided opportunity for some recovery activity, but as we now prepare for the next winter period, the pressures on workforce are expected to remain higher than pre-Covid and this once again brings risks around wellbeing, retention, and capacity for longer term planning and improvement. The end of universal Covid vaccination programmes has relieved a little of the added pressure in the system, however the Autumn vaccination campaigns for selected groups will commence again shortly.

A tight labour market continues to create a competitive recruitment environment, however this is now exacerbated by significant financial pressures across all health and care services. These financial pressures are translating into restrictions on recruitment, reductions in funding available for education and training, and in some organisations, structural reorganisations. Many of our services in Leeds have also been directly affected by national Industrial Action which, despite collective work to mitigate, has had a significant impact on the capacity and pace of key services for the people of Leeds.

In more positive developments, the long awaited NHS Long Term Workforce Plan was published in June 2023 and provides some real opportunity for advancing our city's collaborative work around

retention, training and transformation. It was encouraging to see the close alignment with our One Workforce strategy, and Leeds partners have already started to explore how it can help enhance our activity in Leeds, not just across NHS partners but for the whole health and social care system. In April 2023, the Department of Health and social Care published the Next Steps to put People at the Heart of Care which builds on the 2021 White Paper, and provides a clear focus on carers and careers in care. Whilst there is still no national workforce strategy for health and social care, Leeds has been closely involved in the development of a regional strategy across Yorkshire and Humber, and the synergies across sectors are being actively progressed.

Workforce across the health and care sector remains one of the key risks to sustainable service delivery. Whilst this is not unique to Leeds, our large and diverse city also provides specialist clinical services for a much wider geographical footprint and subsequently is balancing additional, competing demands. Although accountability for workforce risks sits with organisational boards, the Leeds One Workforce Strategic Board ensures that we continue to assess workforce risk collectively across the city and take joint approach to managing it effectively, focussing on the best possible outcomes for our citizens.

3. Developments across the Leeds Health and Care Partnership in response to current challenges

Existing work across the seven shared strategic workforce priorities in Leeds has created a strong foundation for responding and adapting our approach to the changing environment affecting our workforce. Over the last six months there have been particular areas of focus which have enabled us to progress some key ambitions.

1. **Integrated Workforce Design** has focussed on collaborative work to increase new roles in Primary Care, and agreed a city-wide approach to more effective joint workforce planning.
2. **Growing and Developing Registrants** has expanded three key programmes, diversifying Clinical Placements, growing collaborative Clinical Apprenticeships and engaging more Leeds higher education students into our core workforce.
3. **Working Across Organisations** has expanded staff benefits across the city's workforce; opened up better access to flexible working; and continued to grow our city's Talent Hub which supports partners to recruit candidates more effectively.
4. **Preventing ill health** has continued to support health and social care organisations through free collaborative training in health promotion and primary prevention.
5. **Narrowing Inequalities** has seen increasing impact through the Careers in Communities programme, and the award of additional external funding to expand and develop careers innovation through developing new, person-centred technology.
6. **Learning together** is a longer term plan for education and development which has seen some key milestones in the last six months, including the completion of our first collaborative T-Level programme with a national award for one of our Leeds learners, and continued success and expansion of our Apprenticeship programmes.
7. **Improving Health and Wellbeing** has remained a key focus of activity with improved communications and additional funding to better support employees from our smaller organisations, for example VCSE.

4. Leeds Health and Care Academy Progress and Impact Report

The Leeds Health and Care Academy continues to be a key driver for collaborative workforce solutions and, working under the guidance of the city's Leeds One Workforce Strategic Board, has progressed some key areas of work over the last six months. These areas of focus were specifically

selected in the context of the changing pressures outlined above. Direct access to the projects and webpages outlined below can be accessed through our website [Home - Leeds Health and Care Academy](#)

- A review of the capacity and variety of **clinical placements** across the city has informed a refreshed partnership project sponsored by Steph Lawrence, Leeds Community Health Trust. This project has established plans to increase potential placements across private, independent and voluntary organisations; improve the leadership and culture for supporting more diverse placements; and develop alternative methods of delivery including virtual placements and simulated learning.
- Research into the employment and volunteering opportunities for Leeds Higher Education students has led to a proposal for strengthening pathways into part time health and social care roles to boost our current workforce capacity and support future **career pathways** from wider academic disciplines.
- A focussed partnership project between **Forum Central and LHCA** started in April 2023, to improve reach and benefits for staff in the Third Sector in Leeds. Tailored communications, co-located working, shared research and workforce insights, a newly formed HR Network Group and specific resources to enable VCSE organisations to make the most of the partnership benefits, have all led to measurable increases in VCSE employees and volunteers' participation in training, access to wellbeing services, use of the Talent Hub for recruitment and involvement in collaborative workforce projects.
- Over the spring and summer, **Leeds City Resourcing Group** has shifted its focus from addressing short term capacity pressures to addressing some underlying challenges that affect employers across the city. These include improving access to flexible working (>1k users since June), launch of a shared health and social care careers website (>2.5k users since January), an integrated plan for international recruitment across and health and social care nursing, and extending staff benefits across the wider sector (>650 users since April) . This work continues to be underpinned by improving workforce data and insights which is also being used to inform longer term joint workforce planning.
- LHCA has secured additional funding to enhance our **health and wellbeing support** for staff across the partnership which is being used to recruit a Welfare Officer to support staff and volunteers from smaller organisations e.g. VCSE, and to strengthen our research and evaluation of health and wellbeing support to ensure continuous improvement of both impact and sustainability.
- A collaborative project to engage young people with a **person-centred approach to careers** in health and social care has started. This work is developing innovative technology combined with community-based co-design to create an exciting resource for our city's schools, colleges, universities and youth support groups. The result will be easier navigation of the diversity of our health and social care careers, supported by clear and accessible routes to education and employment.
- LHCA is **working in partnership with Carers** Leeds to extend its offer of training and development to the c 70,000 unpaid carers in Leeds- specifically:
 - reviewing the inclusivity of language and access for carers to the Learning Portal. A group of Carers are being asked to work through the portal and provide feedback on both navigation and relevance of content
 - work is also underway to curate and signpost carers to the most relevant training and support from the Academy offer- three key areas have already been identified:
 - Training related to personal care (e.g. Pressure Ulcer Prevention)
 - Condition-specific information (e.g. Long Term Conditions)
 - Navigating the system (e.g. assertiveness, finance, how the system in Leeds works, personal wellbeing)
- Carers have also been signposted to the Talent Hub as they explore opportunities to utilise their skills and experience in a paid health and social care setting.

The main Leeds One Workforce Programme (attached) continues beyond these specific areas of focus and the recent appointment of an Embedded Researcher and additional data capacity is improving our capabilities for evaluating methodologies and impact, and developing a powerful evidence base to support learning and improvement across the city and beyond.

At the heart of this work, the voices of patients, services users and carers is providing an increasing opportunity for us to tailor our contributions better around some key service priorities, and the support of Healthwatch Leeds has been invaluable. Unpaid carers in particular are an essential part of our health and care system and whilst the One Workforce approach includes carers and the Academy offers training, wellbeing support and career opportunities, there is much more work to do, to ensure these opportunities are accessible and add value for those who are not 'employees' or 'professional volunteers'.

5. Collective focus on narrowing inequalities; now and for the future

The Leeds One Workforce approach to narrowing inequalities was co-designed in 2021 building on the innovative partnership approach already visible in the city. The programme is geographically targeted, focusing on working with communities within the 10% most disadvantaged wards. With a long term ambition, Leeds partners developed and established the Connecting Communities with Health and Care Careers programme which, in its first 18 months has demonstrated some really positive impact across its primary goals. Between January and August 2023, we have supported 622 candidates, 42% of whom were unemployed and 60% of whom were from minority ethnic communities. Many of these people brought with them a wealth of experience from unpaid caring roles and the values-based recruitment approach has allowed them to showcase their skills and knowledge in a different way.

Destinations have included 145 into education or training, 105 into employment and 100 referrals to specialist services for learning and employment support. Two very encouraging indicators of long term impact are that 114 people have achieved an accredited qualification during this period and that 95% of people who secured a job, are still employed after 12 months. This far exceeds direct recruitment processes for similar roles across any communities.

In February 2023, Leeds One Workforce partners reviewed the impact and organisational commitment to the programme and unanimously agreed to embed this as a permanent programme into the Academy's Talent Hub, as a core part of our city's commitment to narrowing inequalities. The programme continues to attract national interest around research and additional funding to extend and adapt into different settings.

An ambitious three year business plan for the development and growth of the Talent Hub was presented and approved by Leeds One Workforce Strategic Board in April. Designed to be person-centred, the Talent Hub actively disrupts traditional recruitment processes across the partnership, promoting values based recruitment, improving candidate's recruitment experience, improving retention rates and delivering efficiencies. Fundamentally, the Talent Hub is designed to narrow inequalities through engaging with the experience of individuals and communities, intervening to remove historic barriers and supporting individuals to gain the abilities, motivation and opportunities to succeed. A key benefit to this has been the opportunity to engage unpaid carers in career conversations, exploring how their skills and experience can provide a platform for future training, volunteering and careers.

Ensuring that our shared approach to narrowing inequalities is fully embedded across employers, educators and community groups in the Leeds Health and Care system, the city has a partnership steering group which includes expertise from the Third Sector and is committed to driving systemic change, evaluating impact and providing support and challenge to tackle the root causes. Our next

area of focus is on prevention and early intervention to narrow the gap, and supporting organisations to strengthen support for individuals to thrive in rewarding, long term careers.

There remains considerable opportunity to strengthen connectivity between training and education opportunities and widening participation initiatives, as well as building on links with volunteering and the experience of carers to improve access into future health and social care careers. The collaborative partnership demonstrates the power of place based leadership of anchor institutions to support the wider health and prosperity of local communities.

6. Collective focus on Carers and the Third Sector workforce; working in partnership - challenges, opportunities and successes

The Third Sector is an integral part of the Leeds Health and Care system and is committed to its role in the leadership, governance and delivery of services across the city. The ambition to better integrate and strengthen the Third Sector workforce remains a priority and key Third Sector representatives are active members of the Partnership Executive Group, the Leeds One Workforce Strategic Board, and many committees and steering groups supporting collaborative working.

This is however not without challenge. Issues and concerns regarding the vulnerability of Third Sector have been increasingly raised in recent months across a number of Leeds Health and Care Partnership meetings, and Forum Central are currently reviewing the partnership's responses in the context of the West Yorkshire March [Harnessing the Power of Communities ICB Paper](#). The relationship with Third Sector Leeds (the city's Voluntary, Community and Social Enterprise (VCSE) assembly) and also the Third Sector Partnership is strong and ensures that we are tackling our challenges together.

The 2020 State of the Sector (SOTS) report, which explored Third Sector resilience, has recently been refreshed using 2022 data and insights, and reveals a concerning loss of Leeds health and care Third Sector capacity. As VCSE organisations have a key role in reducing health inequalities, this reduction in capacity has directly impacted on system partners' ability to take early action and limit the scale of increasing inequalities. The report highlights that key workforce challenges over the last 6 months have included a lack of digital support and capacity; increased operating costs; and escalating recruitment due to the loss of staff seeking greater security and better conditions due to on-going uncertainty around funding. This is creating instability and increased financial vulnerability across the sector.



One of the significant collaborative responses over recent months has been the prioritised development of the Third Sector HR Network which builds on the connection with Leeds One Workforce Strategic Board, and takes practical steps to work towards “Team Leeds”. Supported by the LHCA and Forum Central, the HR network helps organisations with workforce issues across the whole employee lifecycle as well as identifying opportunities to share resources and leverage combined purchasing power to drive efficiencies through economy of scale. Initiated in 2022, from an un-resourced start, the network now has 67 members with 14 new members joining in the last 3 months. Initial impact has been very positive, connecting new organisations with the Talent Hub, increasing access to staff benefits and health and wellbeing support, and making training and education more accessible for staff in this sector.

Although in its infancy the HR network holds promise to further improving a number of the current and future challenges. Opportunities to build resilience have been identified but it is recognised that they will require additional resource and leadership capacity. These include:

- Expanding engagement with diverse VCSE organisations across health, social care and the wider determinants of health
- Involvement in the city’s collective workforce planning approach
- Input into the Leeds Learning Need Analysis and influence over how those needs are met
- Collective coordination of professional volunteers and student placement opportunities
- Further exploration of the city’s Staff Portability Framework to enable Third Sector staff to access the learning and development which is available.
- Insights and opportunities to influence pay constraints and subsequent disparity with the rest of the health and care system, both locally but also supporting Leeds to have a national voice
- Research into working carers, volunteering, sessional workers and the pipeline to employment into health and care

- Support for (small) organisations such as via information sharing to
 - improve managing staff across the employment lifecycle from recruitment onwards
 - improve efficiencies through organisational change, such as restructures, downsizing and merger

The HR Network model could shape the way we tackle other challenges across the sector together e.g. integrating the city's digital strategy across the third sector, including information governance and sharing. Given the funding challenges faced, it may also be appropriate to extend similar initiatives such as West Yorkshire Community Accounting Service led finance events and business support from SeeAhead.

The challenges facing the Third Sector workforce remain significant, but knowing what our communities are experiencing in terms of the cost of living pressures and the increasing demand for services means that partnership working is more important than ever.

7. Sustaining Momentum

Despite current and on-going challenges across the system, the Leeds One Workforce Strategic Board continues to provide essential guidance and focus to ensure that work across the partnership aligns to the core purpose, shared ambition and real impact of One Workforce.

Strengthening the Leeds Health and Care Partnership and supporting priority system work remains a core part of Academy's remit. Through reinforcing synergies with the Health and Well-being Strategy, the Healthy Leeds Plan and the Inclusive Growth Strategy partners are better able to identify what is best tackled together and what remains, rightly, an individual partner responsibility. Prioritisation and using evidence effectively to support innovation, is key to the continuing progress of the partnership, and the Academy supports partners to focus on work which explicitly advances quality, amplifies impact, accelerates progress and drives efficiency.

The Leeds Health and Care Workforce Partnership continues to work closely with wider partners to develop our long term strategy, optimise real opportunities and manage risk. Key partners include:

- The West Yorkshire Integrated Care Board
- The Department for Health and Social Care through the Leeds Health and Social Care Hub
- The Leeds Academic Health Partnership
- The Leeds Learning Alliance
- The Leeds Anchors Network

Over the last six months the LHCA has had the opportunity to influence beyond Leeds with the Academy presenting at the Leeds Innovation Arc Showcase, NHS Workforce Conference South, Healthcare Partnership Network event, the NHS England EDI webinar and a health inequalities discussion with NHS Providers. In addition Academy colleagues have co-authored two academic papers relating to our city's work around narrowing health inequalities and deepening our understanding of strategic workforce planning in health and social care.

It is through these strong relationships that we continue to develop and improve our approach to One Workforce and tackle the challenges together.

8. Additional papers for context

An overview of the Leeds Health and Care Academy Annual report can be accessed here - [LHCA-ANNUAL-REPORT-2022-23.pdf \(leedshealthandcareacademy.org\)](#)

Leeds Health and Care One Workforce Strategy 2024 can be accessed here - ([Leeds Health and Care One Workforce Strategy- 2024](#))

Leeds One Workforce Programme can be accessed here - [Leeds One Workforce Programme - Leeds Health and Care Academy](#)

Academic Papers:

[Reducing health inequalities through skills training, support and removing barriers to employment - James Woodall, Susan Coan, Michelle Stanley, 2023 \(sagepub.com\)](#)

[Strategic workforce planning in health and social care – an international perspective: A scoping review - ScienceDirect - Claire Sutton, Rebecca Randell et al](#)

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Leeds Health and Care System Resilience and Winter Planning

Date: 10th October 2023

Report of: Head of Democratic Services

Report to: Scrutiny Board (Adults, Health and Active Lifestyles)

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

- The Adults, Health and Active Lifestyles Scrutiny Board agreed to utilise its October meeting to understand the current issues and actions linked to the Leeds health and care system resilience and winter planning process.
- While each organisation in the System has its own winter and resilience plans, decision management tools and assurance and governance structures, the Scrutiny Board has been provided with an overview of the issues and actions at a system level, as well as an update on plans to support prevention of health issues and increase capacity in the System in the coming months. This information is presented in the form of a briefing paper by the Leeds Health and Care Partnership (see Appendix 1).

Recommendations

Members are requested to consider the content of the appended briefing paper by the Leeds Health and Care Partnership.

What is this report about?

1. Each organisation in the Leeds health and care system has its own winter and resilience plans, decision management tools and assurance and governance structures. However, the appended briefing paper by the Leeds Health and Care Partnership – co-ordinated by the Director of Pathway Integration – provides the Scrutiny Board with an overview of the issues and actions at a system level, as well as an update on plans to support prevention of health issues and increase capacity in the System in the coming months.
2. The key areas covered within the appended briefing paper include:
 - Overview of the national and local context
 - Oversight and Governance
 - Prevention through vaccination and prevention programmes
 - Sufficient capacity in Primary Care
 - Admission avoidance
 - Timely discharge from hospital
 - Access to and flow through Mental Health Services
 - Risks common to all areas

What impact will this proposal have?

3. Having previously maintained an interest in the Leeds health and care system resilience and winter planning process, the Adults, Health and Active Lifestyles Scrutiny Board agreed to utilise its October meeting to understand the issues and actions linked to the current process.

How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing

Inclusive Growth

Zero Carbon

4. With regard to Health and Wellbeing, the Best City Ambition states that in 2030 Leeds will be a healthy and caring city for everyone: where those who are most likely to experience poverty improve their mental and physical health the fastest, people are living healthy lives for longer, and are supported to thrive from early years to later life. To realise this ambition, there will be a focus on investing to ensure better and more equal access to essential services in health and learning, developed with and accessible for every community across Leeds.

What consultation and engagement has taken place?

Wards affected:

Have ward members been consulted?

Yes

No

5. The Leeds Health and Care Partnership includes health and care organisations from across Leeds who are working together to improve the health of people in Leeds. In taking a lead role in co-ordinating the information set out within the appended briefing paper, the Director of Pathway Integration will be attending today's meeting. However, there will also be representation from other health and care organisations to assist in addressing any further questions from Board Members.

What are the resource implications?

6. Any related resource implications will be reflected as part of the appended briefing paper.

What are the key risks and how are they being managed?

7. An overview of identified risks is set out in the appended briefing paper.

What are the legal implications?

8. This report has no specific legal implications.

Appendices

- Appendix 1 – Briefing paper by the Leeds Health and Care Partnership on Leeds Health and Care System Resilience and Winter Planning (October 2023).

Background papers

- None.

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Date of meeting:	10 October 2023		
Subject / title of report:	Leeds Health and Care System Resilience and Winter Planning		
Report author(s) and presenter(s):	Helen Lewis, Director of Pathway Integration, Dawn Bailey, Chief Officer Public Health (Health Protection)		
Concise summary of item:	To update the Scrutiny Board on: Approach to Winter Resilience and Planning Progress on increasing winter capacity Risks		
Has this item been discussed or planned to be discussed by another Board/group?	Capacity plan updates overseen by H&SC System Resilience Coordination Group; all individual items overseen by individual provider boards, LCC Public Health etc		
Report presented for: <i>If for approval or decision, please state clearly and concisely what approval or decision is required</i>	Approval		Discussion: Discussion to focus on: <ul style="list-style-type: none"> • Approach to Winter Resilience and Planning • Progress on increasing winter capacity • Risks
	Decision		
	Discussion	x	
Does the report contain confidential information?	Yes		
	No	x	
Does this report contain commercially sensitive information?	Yes		
	No	x	

Report to: Scrutiny Board (Adults, Health & Active Lifestyle)

Date: 10 October 2023

Subject: Leeds Health and Care System Resilience and Winter Planning

Background & Context

- Each organisation in the System has its own winter and resilience plans, decision management tools and its own assurance & governance structure. This report is to bring an overview of the issues and actions at a system level, and to update on plans to support prevention of health issues and increase capacity in the System in the coming months. The paper covers specific interventions targeted at winter and does not cover the significant wider planning of the Council and its partners around food, housing and fuel poverty and the wider communities' work to support this.
- In addition to individual winter and resilience plans within organisations and the improvement work of the HomeFirst programme, the system in Leeds is developing plans to create additional capacity to support the modelled demand for acute hospital beds and discharge packages over the winter period.
- It also notes uptake of vaccines, given the vital importance of this in helping to mitigate illness requiring acute intervention, particularly among vulnerable groups.
- Significant risks exist to plans not only because of the uncertainties around Covid, flu and other respiratory conditions, but by the likely continuation of industrial action over the winter period. The system is working on plans to mitigate those risks.
- Progress against the plans and risks will be monitored weekly by the System Resilience Operational Group

National Context

The National Winter drive is to deliver the ambitions of the Urgent and Emergency Care recovery plan:

- 76% of patients being admitted, transferred, or discharged within four hours by March 2024, with further improvement in 2024/25.
- Ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25.

Ask for providers to meet key thresholds:

- Achieving an average of 80% A&E 4-hour performance over Q4 of 2023/24.
- Completing at least 90% of ambulance handovers within 30 minutes during Q3 and Q4 of 2023/24.

The NHS Winter Board Assurance Framework contains the following 6 nationally mandated winter metrics:

- 111 call abandonment.
- Mean 999 call answering times.

- Category 2 ambulance response times.
- Average hours lost to ambulance handover delays per day.
- Adult general and acute type 1 bed occupancy (adjusted for void beds).
- Percentage of beds occupied by patients who no longer meet the criteria to reside

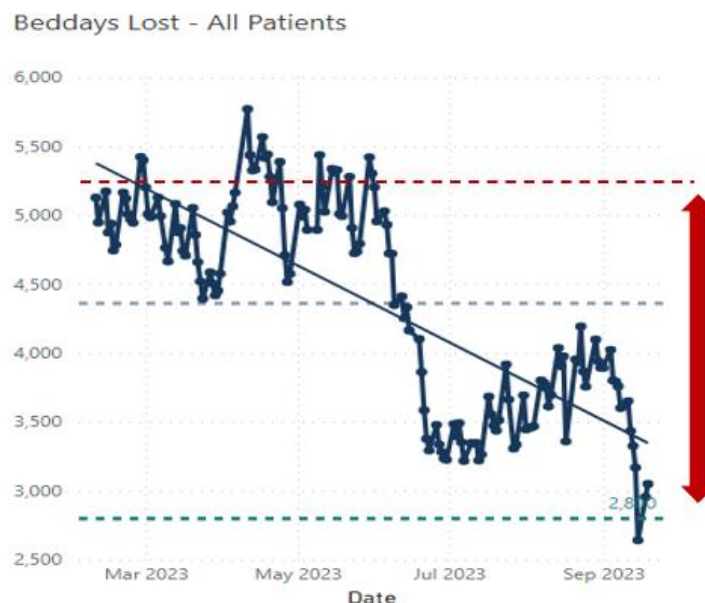
Context for Leeds

The Leeds System is entering this winter in a stronger position than for 2022/23.

- The number of acute bed days associated with no reason to reside patients has reduced by over 2000 since March 23 supported by the work of the HomeFirst programme.
- The purchase of short-term care home beds has been eliminated over summer in recognition this pathway does not support people to have the best outcomes
- There are some improvements in our care home and home care market sustainability and stability from last year – these providers are vital to support people into long term care.

These improvements have been supported the implementation of a system reporting suite that supports leaders in the system to understand where the pressure is in the system daily and work collaboratively to address issues.

Hospital Live NR2R Length of Stay has decreased by over 2000 since March 23



Leeds Teaching Hospitals NHS Trust (LTHT) has used nationally recommended modelling scenarios to predict the number of acute beds required across winter to maintain non-elective and elective demand. Winter activity profiles across urgent and emergency care services show a seasonal increase in demand for services in November, with particularly pressured periods from January to the end of February 24. Modelling suggests the system will struggle to maintain the ambition of 96% occupancy within LTHT from Oct 23- May 24. (see Appendix A). Priority system capacity and improvement plans have been aligned to mitigate this increase and support the delivery of a safe winter.

To deliver a safe winter over the Leeds Health & Care Partnership must ensure:

- 1. Good oversight & governance**
- 2. Prevention through vaccination and prevention programmes**
- 3. Sufficient capacity in Primary Care**
- 4. Wherever possible supporting people at home to avoid A&E admissions**
- 5. Ensure timely discharge from hospital to accommodate acute demand**
- 6. Access to and flow through Mental Health Services**

1. Oversight & Governance

To support the oversight and management of risks over winter, there has been a refresh of the national Operational Pressures Escalation Level (OPEL) scores and the introduction of a System Coordination Centre specification (SCC) to provide clarity on the governance structures that support patient access. SCCs will be a central co-ordination service to providers of care across the ICB footprint, with the aim to support patient access to the safest and best quality of care possible.

The Leeds health and care system will continue to maintain a system OPEL that reflects the wider system pressure and supports system leaders to balance risks. At escalated OPEL levels the system Decision Management Tool will support rapid decision making to collaboratively mitigate risks.

The following Governance arrangements have been shared via the ICB, which are worth noting. They demonstrate the range of asks and settings which are overseeing this work, and the potential for duplication of reporting which requires careful management.

Place

- Place based governance through local A&E Delivery Boards
- System Resilience Operational Group – weekly (and stand up as required)
- Active System Leadership – weekly (and stand up as required)
- System Coordination - weekly (and stand up as required)

West Yorkshire Integrated Care Board

- UEC SRO led Wednesday morning system wide operational group – weekly
- ICB Tactical System Leadership Team – weekly (operational)
- YAS Executive Tactical Group – weekly
- ICB West Yorkshire formal System Leadership Team – Monthly
- ICB Board – Bi monthly –Finance, Investment and Performance Committee- Bi Monthly -
- UEC Programme Board – Bi Monthly
- All plans reviewed and feedback provided - October

Regional/National

- North East & Yorkshire UEC Operations
- Regional Winter Bi-lateral discussions
- National Winter review panel

2. Prevention through vaccination and prevention programmes

Vaccination

Vaccinations are an important element of the prevention agenda. The flu/covid vaccination campaign was brought forward to start on the 11 September 23 and began with adult care home residents and those most at risk to receive vaccines first. Both vaccines are being given at the same time wherever possible.

The target is to have all care home residents/housebound people to be vaccinated before 22 October 2023 with care home staff to be offered vaccines via PCNs when vaccinating residents. An additional vaccine offer is also planned via LCH IPC for care homes where uptake is low. The overall target is for all eligible individuals to have been invited to come forward by 15 December 2023.

This year's surveillance from the Southern Hemisphere indicates a flu season that is above the average of the last 5 years or case rates but below that seen in 22/23. The same data indicates an earlier declaration of flu season than in previous years which is reflected in the flu vaccination timeframe. Vaccination rates are monitored closely and actions taken to ensure we focus on increasing uptake, particularly in disadvantaged and at-risk communities and groups.

The autumn covid booster programme is targeting cohorts:

- Persons at higher risk of severe Covid-19 would be offered a booster vaccine dose in preparation for winter 2023/24.
- Residents in a care home for older adults.
- All adults aged 65 years and over.
- Persons aged 6 months to 64 years in a clinical risk group, as laid out in the Immunisation Green Book, COVID-19 Chapter (Green Book).
- Frontline health and social care workers.
- Persons aged 12 to 64 years who are household contacts (as defined in the Green Book) of people with immunosuppression.
- Persons aged 16 to 64 years who are carers (as defined in the Green Book) and staff working in care homes for older adults.

Challenges/Risks

- Vaccine Supply to align with the earlier start date
- No written contract for the 6month – 4year old cohort
- Significant problems onboarding community pharmacies to covid programme (risk of losing providers)
- Limited capacity to deliver the outreach model – there is a reliance on community pharmacy to deliver this approach
- Current issue potentially of non-frontline workers in NHS settings now not being offered covid vaccination (National policy change from previous years)
- May not find a provider for housebound people to meet any gaps in service which may impact on meeting the 22/10 target for vaccination.

Public Health & Health Prevention

Winter prevention plan

The UKHSA Adverse Weather Plan for England (2023) outlines actions and advice for reducing preventable cold weather-related deaths and ill-health. Nationally thousands of people die each year from conditions linked to exposure to cold weather, these are referred to as excess winter deaths.

Excess winter deaths are extra deaths from all causes that occur in the winter months compared with the expected number of deaths. The majority occur among the elderly population and most excess winter deaths are due to respiratory diseases. *(Please note, excess winter deaths data is measured as a five year rolling average, latest national publications are being updated. Further work is underway to understand the impact of covid on excess winter deaths.)*

LCC Public Health are working with partners to prevent the major avoidable effects on health during cold weather periods through provision of services, guidance and messaging to protect the most vulnerable informed by the UKHSA National Adverse Weather Plan.

The programmes of work aim to protect the health of the population during periods of cold weather by preparing for, alerting people to, and protecting from, the major avoidable effects on health. The following outlines the public health priorities and key actions being implemented during the winter period of 23/24.

The system wide winter prevention plan focuses on 3 key priorities which are informed by the UKHSA Adverse Weather Plan 2023:

- Prevention and management of winter related diseases, infections and ill health in Leeds.
- Support people living with frailty to reduce vulnerability to poor health during the winter period.
- Mitigate the health impacts of cold and cost of living

The plan enables people to live healthier lives throughout periods of adverse weather. In addition, the plan supports the health and social care system reduce the pressures brought about by additional demand during the winter period.

The actions and interventions within the plan provide additional support to people who are:

- At risk of hospitalisation during winter to avoid admission to hospital where possible
- Unable to return home without measures in place to enable them to do so safely or independently therefore delaying discharge when demand is particularly high.

In addition to providing system leadership to winter prevention plans, LCC Public Health commission a range of preventative frontline services and initiatives across the city to protect vulnerable people from the hazardous impacts of cold weather. (A number of prevention services are commissioned and/or partially funded by other parts of the system as outlined below.)

Commissioned services and interventions include:

1. Community Infection prevention and control service (LCH) providing a 7 day a week support, advice and outbreak response to community settings including care homes and home care and educational settings.
2. Home Plus (NHS Leeds ICB, Public Health & Communities, Housing & Environment commissioned) - enabling and maintaining independent living through improving health at home, helping to prevent falls and cold related health conditions.
3. Active Leeds Health Programmes - Delivering a range of activities to support people to self-manage their health conditions through physical activity and support those at risk of falling to improve their strength, balance and coordination. Contract managed by LCC, funded by NHS Leeds ICB.
4. Lunch clubs – addressing malnutrition, hydration and social isolation Lunch clubs addressing.
5. Winter grants – small grants scheme for community groups to support people to stay well and warm at home.
6. Neighbourhood Network Schemes (commissioned by LCC Adults and Health, partially funded by Public Health) - provide a range of services, activities and opportunities promoting the independence, health and well-being of older people throughout Leeds. Development of co-circulation of respiratory illness pathways and guidance for care home staff, education settings and primary care
7. Targeted 'Winter Letters' from Director of Public Health promoting UKHSA action cards to ASC, Primary Care, Third Sector, Education and Early Years
8. Winter Messages Workshops for Local Care Partnership and other staff cohorts
9. Development and availability of free public health resources targeted at local workforce
10. Provision of public health support/interventions to LCC led cost of living programmes
11. Winter Friends programme building on the success of previous years Winter Friends Campaign/website encouraging people to become a 'Winter Friend' within their community, providing practical advice, resources and info on support services in order to help mitigate the impact of cold weather.

3. Sufficient capacity in Primary Care

Primary medical services (general practice), nationally across West Yorkshire and in Leeds are under significant pressure, resulting from unprecedented demand for services, which has increase over the last 12 months. The total number of appointments offered across the 90 GP practices continues to exceed pre-pandemic levels.

In order to keep the system safe over winter we are focusing on the opportunities to improve patient access to, and experience of, general practice is a key priority shared across the Same Day Response and Primary Care Programme Boards. A 24/7 primary care workstream has been established recognising that poor access to same day primary care results in increased pressure elsewhere in the urgent and emergency care system.

Same Day response clinics are being established in 3 GP Practices to support on the day demand.

Risks

- There is a risk that the impact of delivering vaccination programme, maintaining pace and uptake will impact on the capacity in primary care
- Despite the above actions there is a risk of insufficient primary care capacity to meet the increase demand over winter

4. Admission avoidance & Ambulance handover times

The demand for A&E has remained relatively stable across the past 2 years with no significant statistical increase or decline. There remains a level of variability with peaks linked to season, COVID Flu and RSV. LTHT admissions have decreased from 2022/23 through the development of strong Same Day Emergency Care offers on our hospital sites, supported by improved services in the community.

Pathways are in place to support patients to access Urgent Treatment Centres for minor injuries and illness, and additional same day GP capacity to support minor illnesses. In addition to this Leeds has a Primary Care Access Line (PCAL) supporting alternatives to hospital attendance. This service has responded to over 82,000 primary care clinical calls with 54,000 of those calls resulting in A&E avoidance in the last year.

This admission avoidance work has been supported by the HomeFirst programme and further improvements are expected over the course of winter as the programme continues. LTHT is carrying out estate work before the end of November to maximise the footprint for medical and elderly Same Day Emergency Care.

Across the NHS there are challenges in ambulances being available to respond in a timely way to 999 calls. This is in part driven by national delays in handing over patients from ambulance services to hospitals. There is a national target of 15 minutes for Ambulance handover time. Leeds Teaching Hospital Trust (LTHT) continues to work to reduce the time it takes for ambulance handover through partnership working with Yorkshire Ambulance Service (YAS) and last winter at times had the lowest ambulance handover times in the country. Going into winter 23/24 LTHT continues to prioritise ambulance handovers and the average handover time is 9 min for LGI & 12 min for SJUH. Escalation measures are in place between partners at times of extreme pressure.

Risks

- There remains a risk that the available capacity will be insufficient to meet the increased demand over winter for 999, 111 and other admission avoidance services.
- As with other places across the country, performance against the national A&E targets has been challenging. On some days, patients can wait for extended periods in A&E. This is in part due to bed availability which has remained a challenge, despite improvements in occupancy.
- Further industrial action will impact on the elective care backlogs, although the urgent electives have been preserved wherever possible. The loss of senior clinical

decision makers during industrial periods also impacts on the rate of referrals for ongoing services and can lead to the batching of referrals.

5. Timely Discharge from hospital

Leeds is entering winter 23/24 in a better position than in previous years due to the reduction in patients waiting for discharge from hospital. There has been a notable change in the number of people being discharged with support at home (pathway 1) over the last 6 months, largely driven by an increase in homecare starts from hospital. To support this demand shift over winter the system is working to improve capacity in receiving services in line with the expected peak of demands.

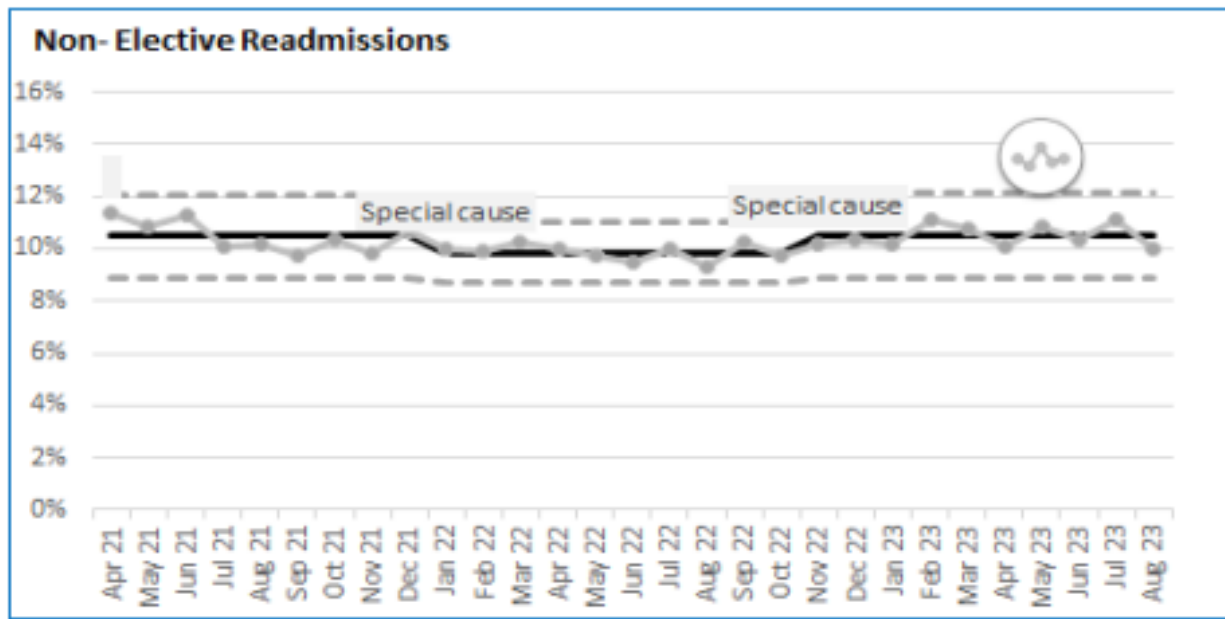
Community health services, particularly the Neighbourhood Teams have ongoing challenges throughout this year because of demand and staffing, but services continue to prioritise hospital discharge wherever possible. The Neighbourhood Team capacity has been supplemented by partnering with private home care companies, funded through the ICB and partnering with the VSCE Enhance service where partners are acting as 'proxy family' to support with tasks that would previously have needed a statutory partner.

The HomeFirst Programme is working to further increase capacity of receiving services over winter. The Active Recovery Programme is working to increase the capacity in the Reablement service and increase joint working between LCH and the LCC through the combining of referral pathways into the triage hubs across the city. The Rehabilitation & Recovery bed programme is working to reduce the length of stay in the community beds to support increased throughput.

The Home Wards for frailty and for respiratory conditions are working well, and we are increasing capacity in these to provide an alternative to admission wherever possible. Our target is to create 115 Virtual wards beds in total by March 23 including a new remote health monitoring service to support early discharge from hospital. There is an opportunity to further utilise the Home Wards' capacity and the HomeFirst programme is working to increase demand through improving awareness and referral route/pathways.

To accommodate the additional demand over winter we are developing a Short-Term Assessment Service to support people at home while they are assessed for their long-term care & support needs and recover from their hospital stay.

To assure ourselves that patients are not being discharged from hospital prematurely or without adequate community support we monitor the readmission rates to LTHT monthly. The average 30 day readmission rate for non-elective patients at LTHT has remained stable since Oct 22 and is currently 9.96%, reassuring us that the improvements we have made by increasing capacity and pace have not adversely affected readmissions. There are a range of actions being taken within LTHT to maintain and reduce this further.



Risks

- There is uncertainty about the market’s ability to deliver sufficient out of hospital capacity to meet demand.
- There is potential to have an imbalance in demand and capacity within intermediate care
- System flow will break down should community services and social care be unable to maintain services to meet demand
- There are particular pressures on our community health services due to an increased number of people choosing to die in their own homes.

6. Access to and flow through Mental Health Services

Mental Health services continue to be under sustained pressure with occupancy across inpatient services at a normalised position of over 100%. This means that we have variable but consistent numbers of people needing hospital care ‘out of area’, sometimes at considerable distance, from Leeds. We know that from a clinical outcome and a patient experience perspective this is far from ideal and does not provide the care we aspire to. We have a continued work programme to support our shared aspiration to reduce our occupancy levels.

Over a period of 5 years, we have worked hard to build alternative and community support that enables us to provide care as close to home as possible in urgent and emergency situations, but very often the clinical risk is such that inpatient admission out of area is necessary. We have had numerous interventions in Leeds that reiterate that in acute adult MH services we have the right number of inpatient assessment and treatment facilities in place but that these need to be supported by coordinated and integrated community provision. We have plans in place to continue to drive this as a priority. Access to housing remains a challenge for this client group.

In our older adult services however, this is more problematic with a sustained Delayed Transfer of Care position of inability to admit to Care Home provision and in particular, for people who need provision for more specialist complex and challenging behaviour. At any time around 30% of our beds in our specialist MH Older Adult inpatient services are occupied with people awaiting a new setting.

We are working closely with LA colleagues to build on aspects of the successful model for dementia care at the Willows but that this is unlikely to be operational until March 24. Some additional Independent sector nursing beds for people with more complex dementia have been beneficial to the system and more are due to open imminently. LCC and NHS colleagues are working closely together to identify the most suitable patients for these beds from across the system which should have an impact on occupancy for both LYPFT and LTHT.

Risks

Our key mental health risks and mitigations over winter include:

1. Sustained focus and attention on patient flow in Adult and Older Adult Care (recognising that we will be impacted by staff availability and managing the significant increase in demand in the urgent care response and admission).
2. Access to suitable accommodation is a significant barrier to discharge across all adult ages.
3. Despite a significantly improved capacity (increased colleagues and reduced caseloads), in our Working Age Adult CMHTs, we are going into winter at a critical time as it continues to recover from over 18 months of vacancies and maintaining safe care delivery. The upcoming Community Mental Health Transformation, although will see significant benefits in the community (including Primary Care) may also create potential disruption as a result of delivering and embedding the changes. Changes are due to start for three early implementer Local Care Partnerships in November 2023 subject to some final work on governance arrangements.
4. Significant staffing risks in our core Leeds MH Services (Crisis services) with vacancies in our core services approaching 50%.
5. Sustained pressure in Children and Young People's Tier 4, Forensic. Acute Adult, Eating Disorder, Rehab and Older Adult Services, Crisis services.

Focus on the interface (and prioritisation) with LTHT colleagues to support and maintain flow in liaison and discharge services from LTHT for people with mental health needs.

Risks common to all areas

Alongside the risks associated with the individual areas referenced above there are significant risks common to all areas of the Leeds Health & Care Partnership:

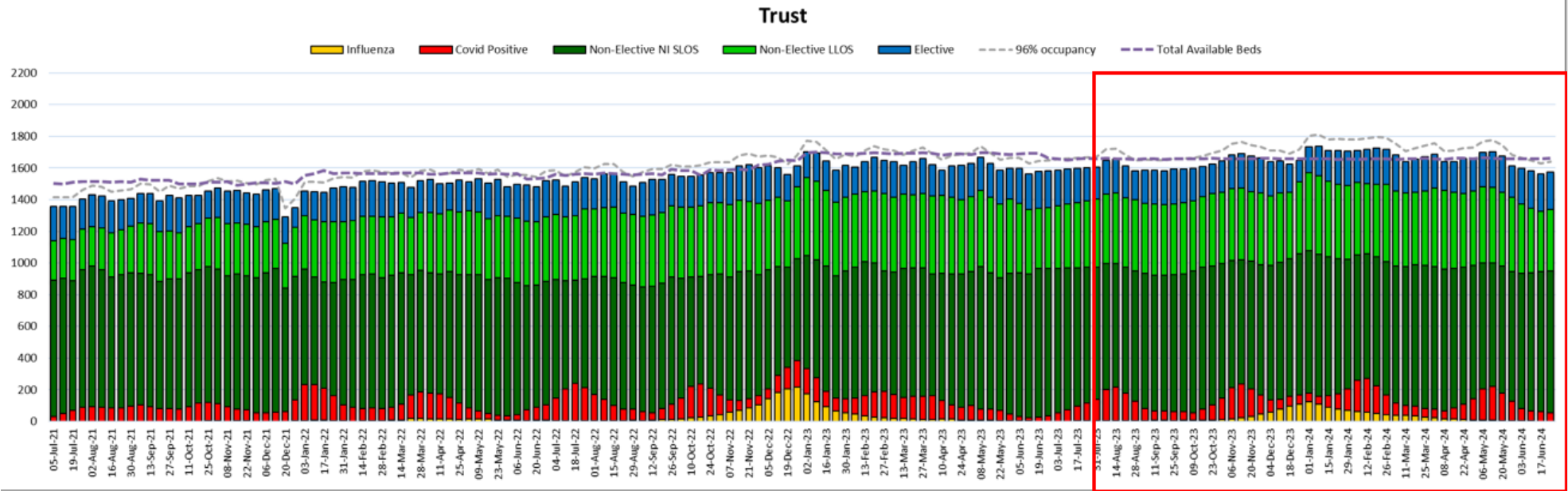
- Industrial action
- Extreme weather
- Maintaining quality and safety
- Workforce pressures – exceptional levels of sickness and vacancies
- Increased infectious diseases above the modelled levels (COVID, flu, RSV etc.)
- Contingency for electives
- Public expectation and behaviour
- Supply chain issues
- Cost of living and fuel poverty
- Financial landscape in LCC and ICB

Summary

The system enters winter in a stronger position than 2022/23. There remain significant pressures particular around A&E attendance, flow through mental health services and the impact of industrial action. The Leeds Health and Care Partnership is working hard to plan for the coming period, mindful of the pressures on citizens and staff which may exacerbate the health and care needs of our system. Scrutiny Board is asked to note the ongoing work, the risks, and the governance arrangements in place to try to mitigate the impact of these demands on the health of our population.

Bed Modelling outputs

Scenario 1 – Most likely case



Additional Capacity Plans

LTHT Bed Modelling Scenario 1 (Covid peak before and after flu peak in January) indicated a maximum bed deficit of 178 to achieve 96% occupancy in LTHT in Jan 24. Plans have been developed to deliver additional system capacity between Sept- Mar to bridge this gap.

Leeds Winter plan	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Demand modelling LTHT (bed deficit at 96% occupancy)		0	70	150	178	150	180
Capacity gap after mitigation from currently funded schemes (unit is beds)		0	0	0	0	0	0
Confirmed Discharge schemes (Beds Released)	5	18	70	152	184	188	183
LTHT Beckett wing wards			0	30	60	60	60
LTHT Home Telemetry (Children's, ERCP, Cardiac, Renal)	0	5	10	16	18	22	25
HomeFirst Improvement	0	8	25	41	41	41	48
Home Ward Frailty within HomeFirst	5	5	5	20	20	20	20
Short Term Assessment Service			30	45	45	45	25
The Oaks @ Dolphin Manor (<i>works dependent</i>)	0	0	0	0	0	12	12

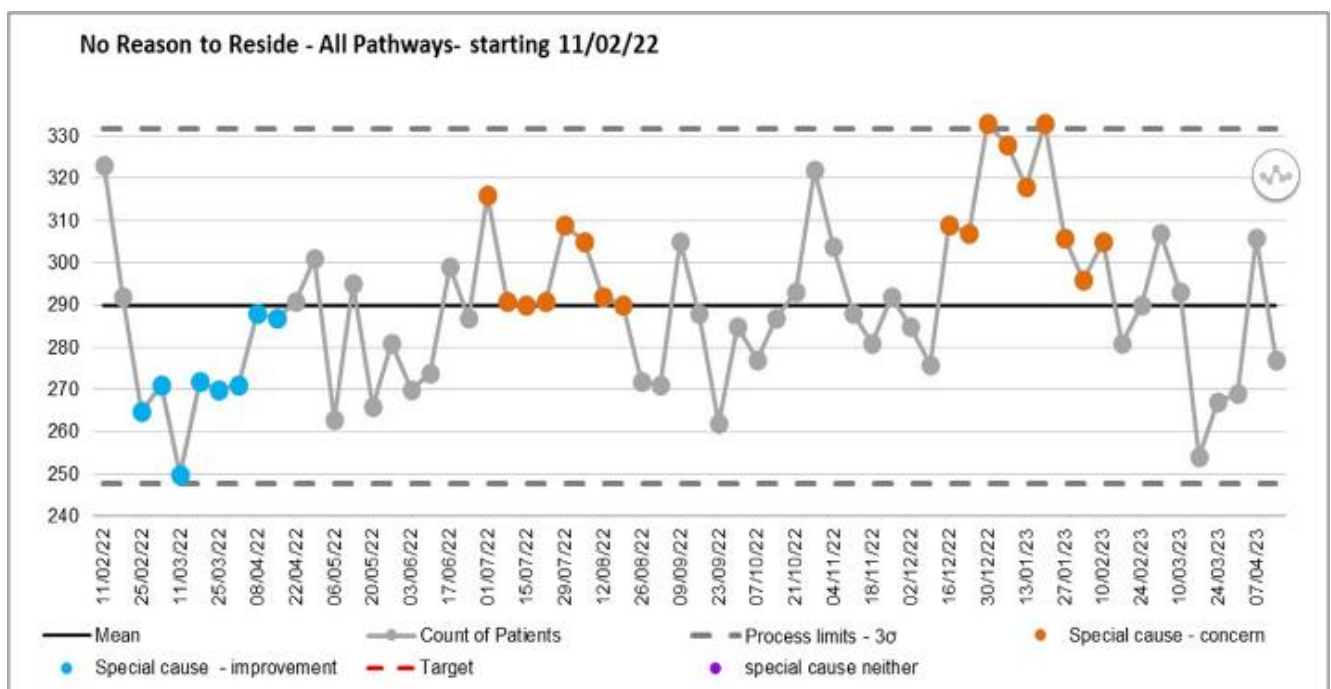
Appendix B

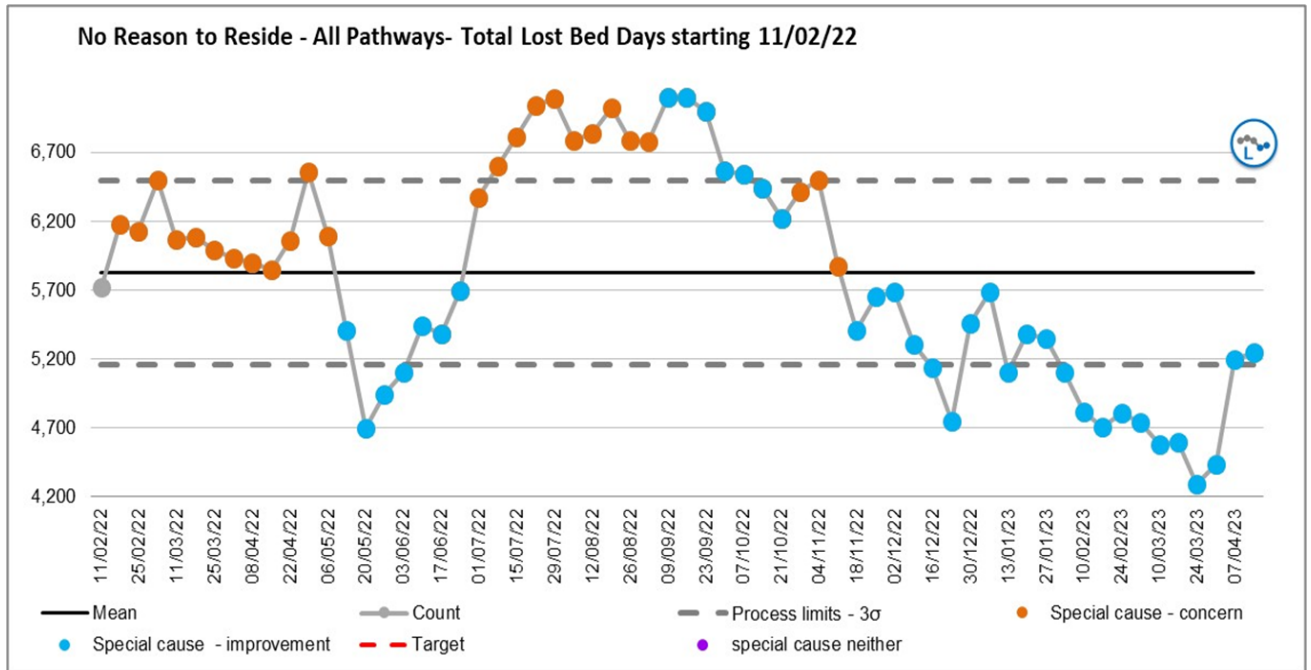
Update on the approach and mitigation of risk during winter 2022/23

In 2022/23 LTHT modelled bed deficit over winter was 271. The system delivered the equivalent of 263 beds during winter to balance the deficit. There was an additional challenge to the system in Nov 22 of the loss of community beds from a change of provider, which created some challenges with the availability of capacity to meet the modelled demand.

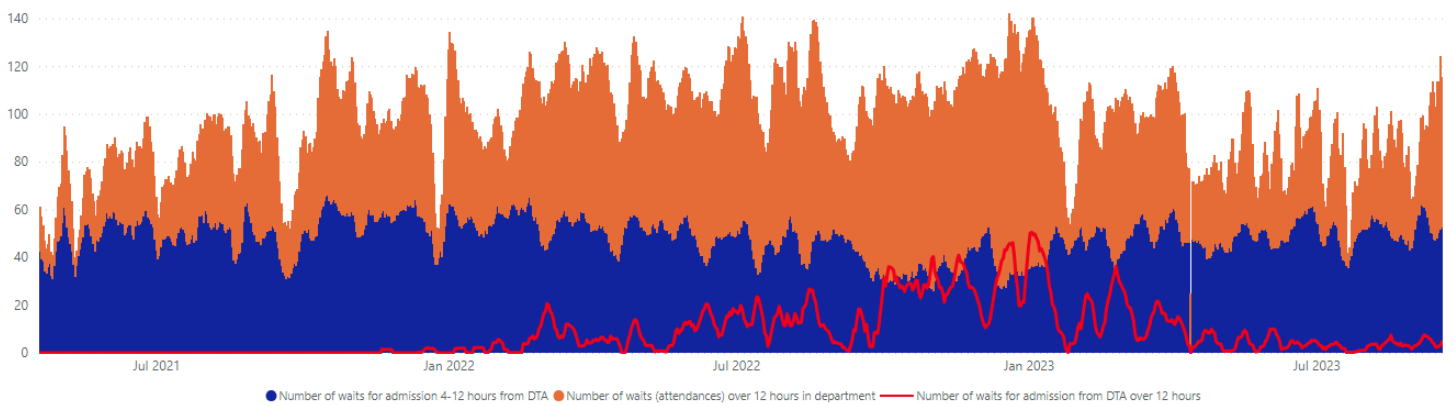
Through our additional capacity plans Leeds successfully maintained the flow through the health and care system in winter 2022/23 as demonstrated by the maintenance of number of no reason reside people in hospital and reduction in the number of bed days for people who are no reason reside. However, it should be noted that the baseline of pressure during summer 2022/23 going into winter was significantly high and while the additional winter capacity plans mitigated the increase pressure, they were not sufficient to address the baseline pressure in the system. There were still several days of extreme pressure, where significant numbers of patients needed to be cared for in areas not designed for inpatient care, or waited a long time in the A&E for admission. Pressures linked to flu and Covid added to the difficulties. Our ambition is to improve on this during 23/4 and as referenced within the paper we are entering winter 23/24 in a less pressurised position.

Over the course of the winter we saw increased pressure at the front door of health services as seen through the increased number of 12hour waits in A&E. To support this primary care services increased the same day offer through the Same Day Response and Community Ambulatory Paediatric Services alongside improvements to the Primary Care Access Line (PCAL) which supports alternatives to hospital attendance.





LTHT – A&E Number of admitted patients waiting over 4 hours for admission, Number of attendances waiting over 12 hours in department and Number of waits for admission from Decision to Admit over 12 hours – 7 day rolling average



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HomeFirst Programme

Date: 10th October 2023

Report of: Head of Democratic Services

Report to: Scrutiny Board (Adults, Health and Active Lifestyles)

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

- The HomeFirst programme sets out to achieve a sustainable, person-centred, home-first model of intermediate care across Leeds that is joined up and promotes independence.
- A dedicated Home First Programme Team has been established to take forward the programme and is made up of staff from across the Leeds Health and Care Partnership (LHCP) working alongside Newton Europe - an external transformation/consultancy partner commissioned by the LHCP to also provide support.
- Appended to this report is a briefing paper by the Leeds Health and Care Partnership which provides a progress update on the HomeFirst Programme for the attention of the Adults, Health and Active Lifestyles Scrutiny Board.

Recommendations

Members are requested to consider the content of the appended briefing paper by the Leeds Health and Care Partnership on the HomeFirst Programme.

What is this report about?

1. The appended briefing paper by the Leeds Health and Care Partnership provides a progress update on the HomeFirst Programme, including progress against each of the five HomeFirst projects in relation to Active Recovery at Home; Rehab & Recovery Beds; Transfers of Care; Enhanced Care at Home; and System Visibility & Active System Leadership. The briefing paper also provides an update on the ongoing work to value and realise the financial impact delivered by the programme.

What impact will this proposal have?

2. The HomeFirst programme sets out to achieve a sustainable, person-centred, home-first model of intermediate care across Leeds that is joined up and promotes independence.

How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing Inclusive Growth Zero Carbon

3. The current Leeds Health and Well-being strategy sets out the ambition that Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest. The aims of the HomeFirst programme support many of the strategy's priorities including "the best care, in the right place, at the right time".

What consultation and engagement has taken place?

Wards affected:

Have ward members been consulted? Yes No

4. The HomeFirst programme is currently in a period of piloting and testing the changes to ways of working, processes, workforce and culture that have been carefully designed with experts from across services and organisations. The changes are being iterated based on the measurable impact they are having on the programme KPIs, as well as feedback from staff and patients/service users.

What are the resource implications?

5. Any related resource implications will be reflected as part of the appended briefing paper.

What are the key risks and how are they being managed?

6. Any related risk implications will be reflected as part of the appended briefing paper.

What are the legal implications?

7. This report has no specific legal implications.

Appendices

- Appendix 1 – Briefing paper by the Leeds Health and Care Partnership presenting a progress update to the Adults, Health and Active Lifestyles Scrutiny Board on the HomeFirst Programme.

Background papers

- None.

HomeFirst Programme – AHAL Scrutiny Board Progress Update

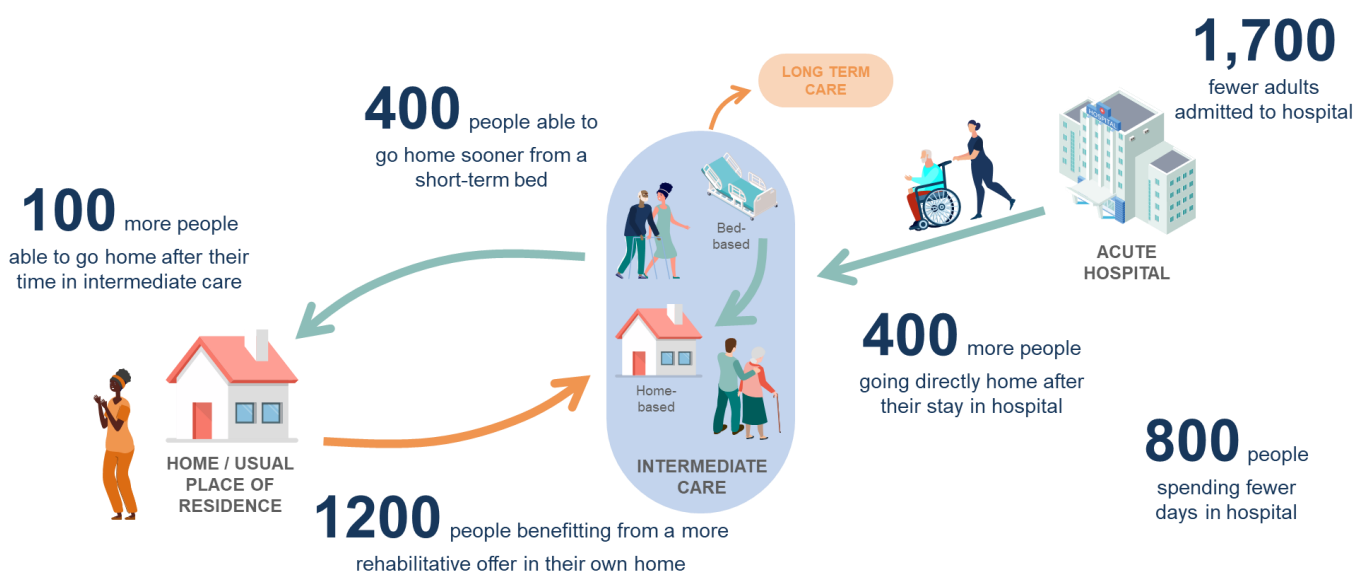
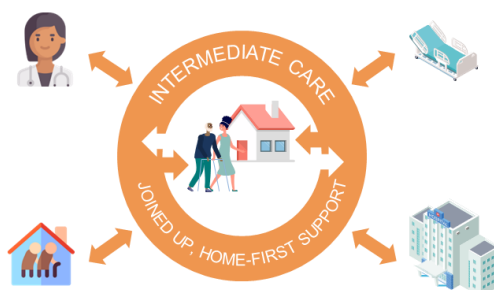
Contents:

- Overall Progress Update
- Project Updates:
 - Active Recovery at Home
 - Rehab & Recovery Beds
 - Transfers of Care
 - Enhanced Care at Home
 - System Visibility & Active Leadership
- Finance & Benefits Realisation

Overall Progress Update

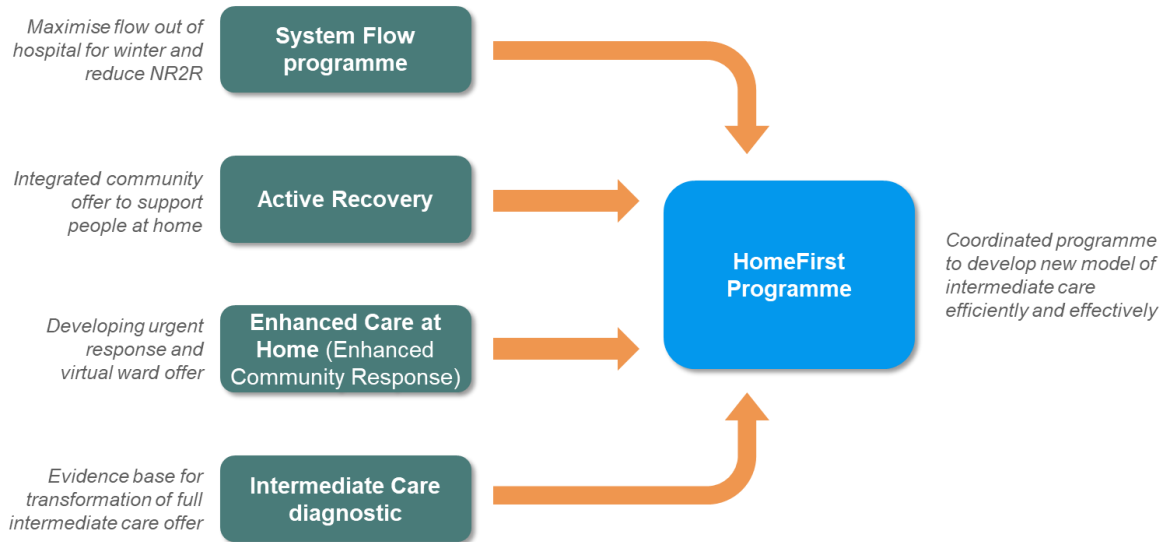
The HomeFirst programme has been set out to achieve the following outcomes for the Leeds Intermediate Care System:

A sustainable, person-centred, home-first model of intermediate care across Leeds that is joined up and promotes independence

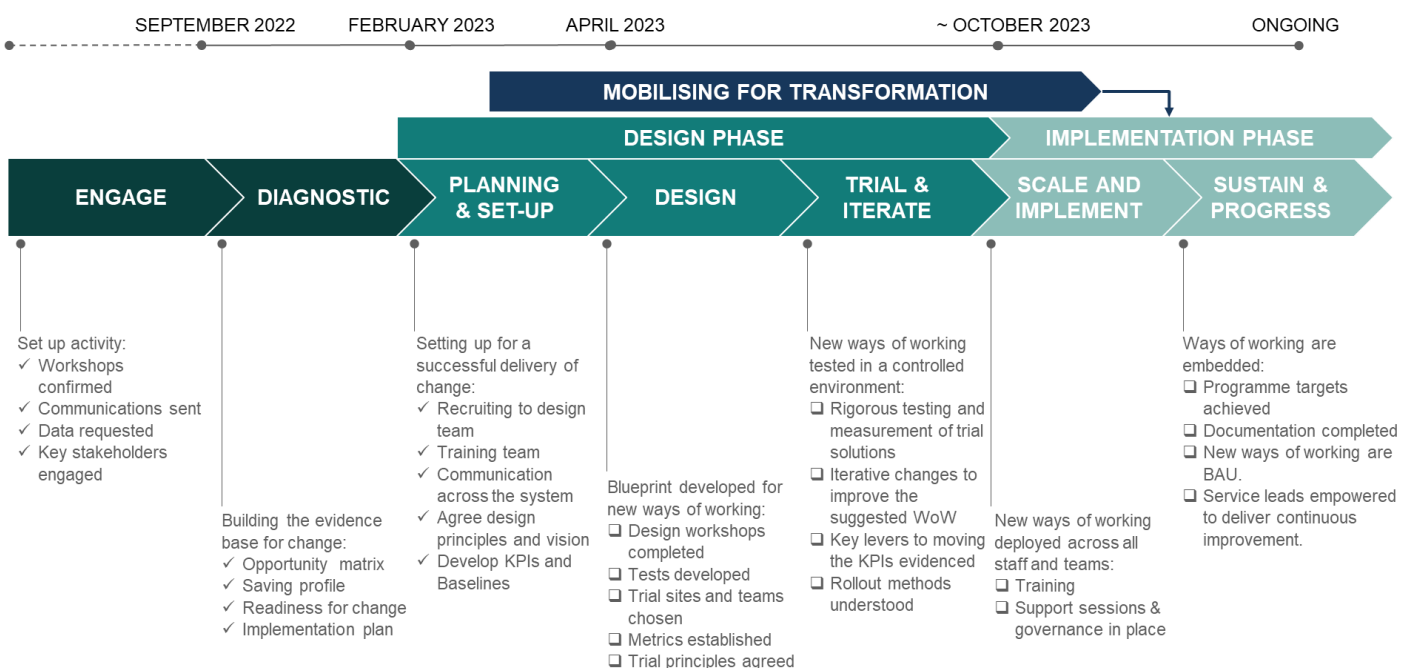


This culminates in an ambition to improve outcomes for over 3000 Leeds residents each year, resulting in an annualised financial saving of £17.3m to £23.1m.

The programme was pulled together following the intermediate care diagnostic in autumn 2022 and brings together a number of pre-existing transformation initiatives across the system:



Across the programme we are currently in a period of piloting and testing the changes to ways of working, processes, workforce and culture that have been carefully designed with experts from across services and organisations. The changes are being iterated based on the measurable impact they are having on the programme KPIs, as well as feedback from staff and patients/service users. Once we have the confidence and evidence in each of these changes, we will transition into the rollout phase, scaling up the new models of care and support across the system and services.



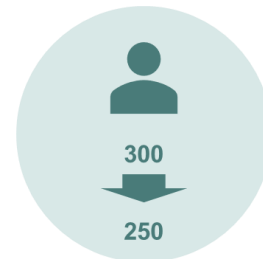
As a result, many of the changes from the programme are still to be implemented, however, early improvements have been seen as we have balanced the priority of impact this year for our residents, with the need for long-term test and redesign. There are three key areas in particular where we have seen significant early improvement:



IMPROVED HOSPITAL NR2R LENGTH OF STAY

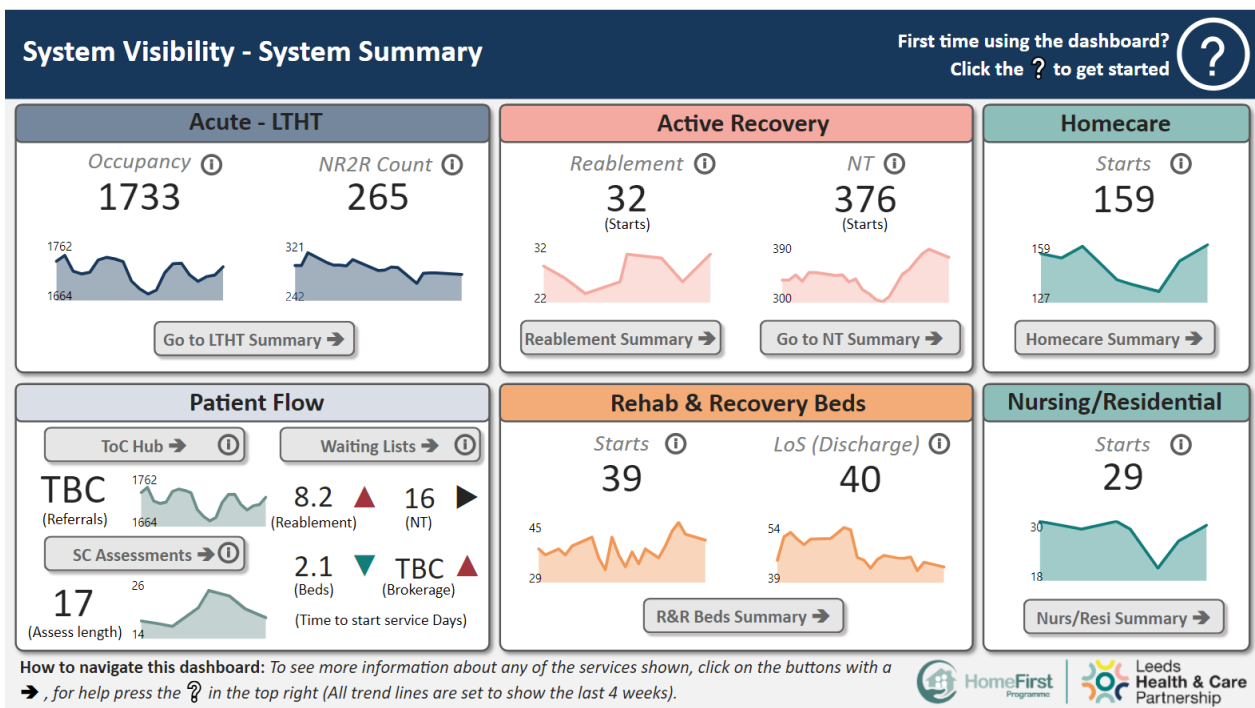


REDUCED DEMAND FOR PATHWAY 2 COMMUNITY BEDS



REDUCED NUMBER OF NR2R IN THE HOSPITAL

A core component to these improvements has been the implementation of a System Reporting suite that allows leaders to understand where the pressure is in the system, what is contributing to it, and what outcomes we are achieving with a live view. Managers and team leaders can now view down to patient level to understand capacity, flow, delays, next steps, and outcomes. This is beginning to embed a culture of data-driven decision making in the system, and the programme will continue to embed this across all teams.



While a lot of the benefits of the programme will be delivered and take full effect in 2024, as the programme hasn't been designed around preparing for winter this year, through the impact seen thus far (and the benefits of work done outside the programme) the system is heading into winter in a much better position that we were in this time last year.

Key highlights from each of the projects:

- The first **Active Recovery** pilot team is now live, with Neighbourhood Teams therapists and SKILs reablement staff coming together to form the pilot team.
- Rollout has started within **Rehab & Recovery Beds**, with training workshops completed and new ways of working, data capture, and processes now live in the first two bed bases.
- The **Enhanced Care at Home** design group has kicked off focussing on better understanding the opportunities to avoid admissions at the acute front door through a series of studies due to take place across LGI and SJUH.
- In **Transfers of care**, the first of two ward-based pilots is now live, bringing changes to improve outcomes through a better discharge decision-making environment, and reduce delays to discharge through a simpler process and closer grip of patients as their discharge is arranged.
- Within **System Visibility**, the focus continues to be the handover of the existing reports to BAU owners within the system. Development has started of the long-term roadmap for future developments to expand the scope and value of the existing product.

Project Updates

The remainder of this update covers the progress in each of the five HomeFirst projects that are delivering the outcomes outlined, as well as an update on the ongoing work to value and realise the financial impact delivered by the programme.

Active Recovery at Home

Project Overview

This project will develop a health and social care short term community rehabilitation and reablement service for Leeds, and in doing so will increase the number of people able to be supported at home both before and after their stay in acute hospital as well as improve their long-term outcomes. It will also ensure all relevant parts of the system have the awareness of, and easy access to, intermediate care services to 'step-up' care for people in the community and avoid attending hospital.

Progress Update

Within Active Recovery the project team are focussed on the following areas at present:



Active Recovery Pilot
Iterating and evidencing the impact of new ways of working to support more people home to more independent outcomes



Single Care Plan and Safe Delegation
Designing the next iteration of ways of working to achieve a more co-ordinated short-term health and social care offer at home



Designing the Scaled-Up Model
Using learnings and evidence from the pilot, design the model and plan to scale up across Leeds



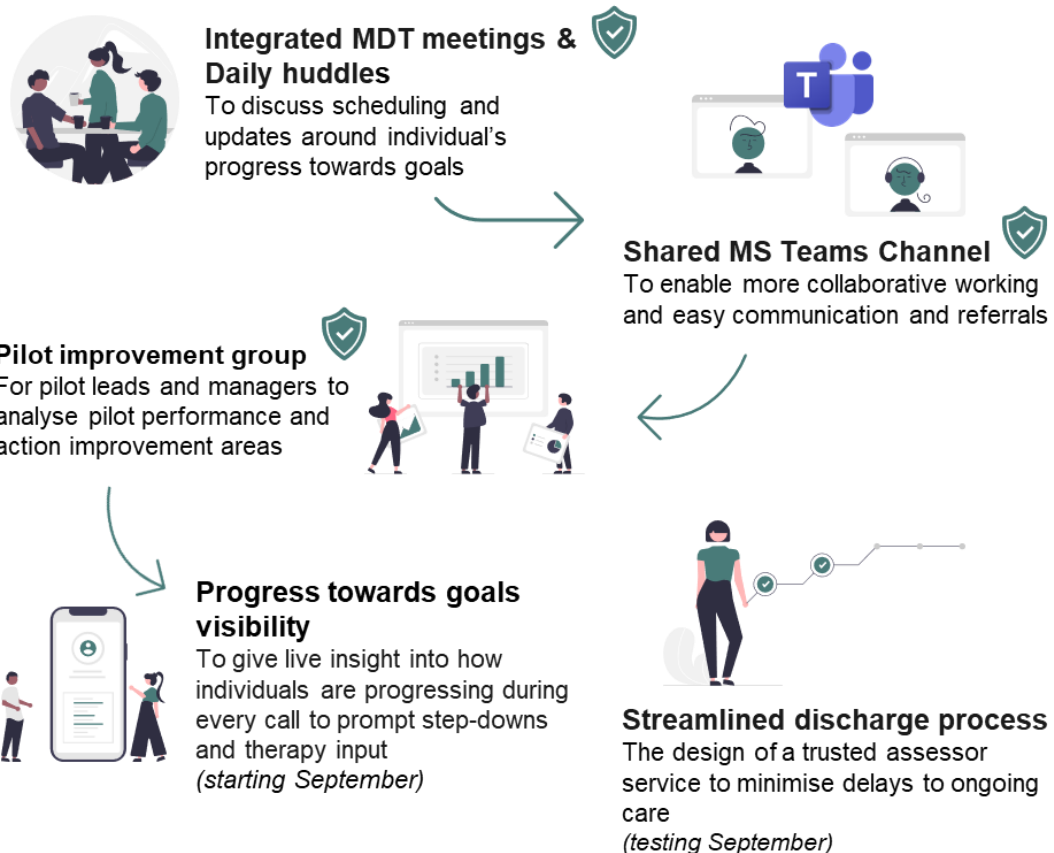
Reablement Rollout
Supporting the adoption of some components tested in the Pilot across Reablement teams to mitigate current and future pressures.



Systems
Implementing a joint Rostering and Case Management IT system across Active Recovery

The first Active Recovery pilot team, bringing together LCC reablement staff and LCH therapists to work in a single integrated team, has been live now for three weeks. This team is developing and iterating exciting new ways of working that will help us work towards a single integrated home-based offer for intermediate care in Leeds. The following summarises the initial changes the team are focussed on developing:

Sequencing of changes



While the pilot team has only been live for a couple of weeks, we're seeing a great deal of initial positive impact on capacity and outcomes within the team, as well as great feedback from the staff working in the team.

Key KPIs



Real benefits of closer working for individuals



During the daily huddle and using the shared MS Teams channel, a joint assessment was organised for a referral that came in. The case-officer and OT worked together during their assessments and did identify physiotherapy requirements and that the person was at risk of falls. Now the therapists and reablement staff can continually communicate and feedback to each other to ensure that the person's support is appropriate and safe.

Previously, a joint assessment wouldn't have taken place with very limited communication between reablement and therapy.

“ This closer working is brilliant, I'm now able to instantly receive therapy support for people on my caseload meaning that I'm reassured they're safe and able to progress towards their independence goals ”

Case-officer

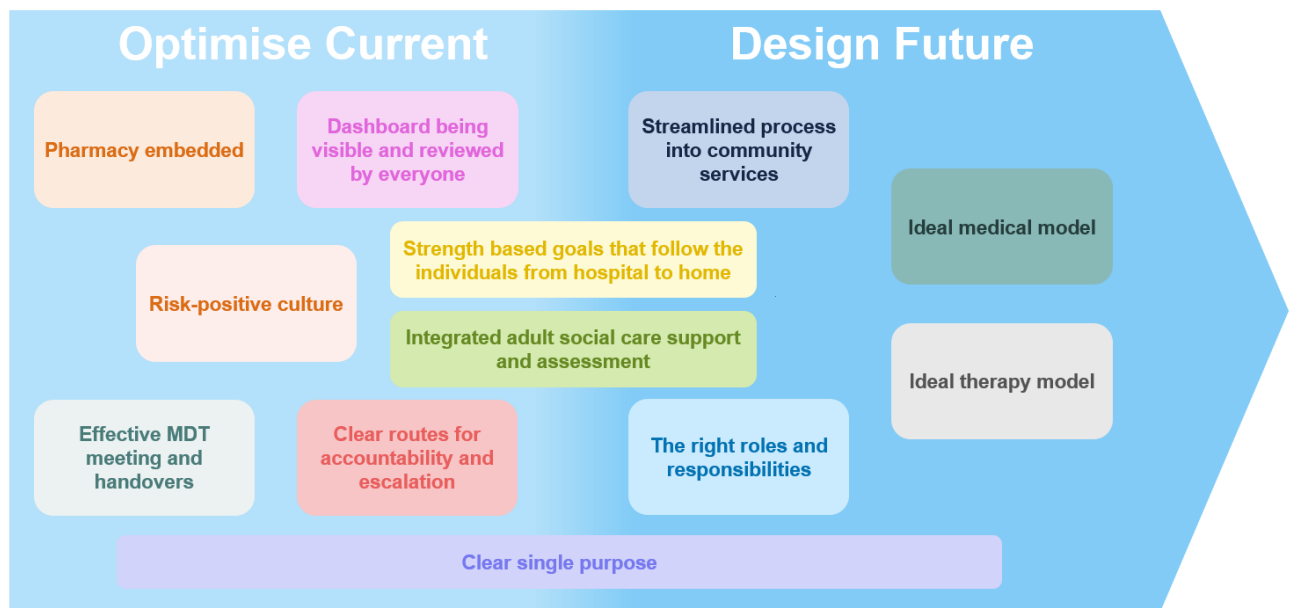
Rehab & Recovery Beds

Project Overview

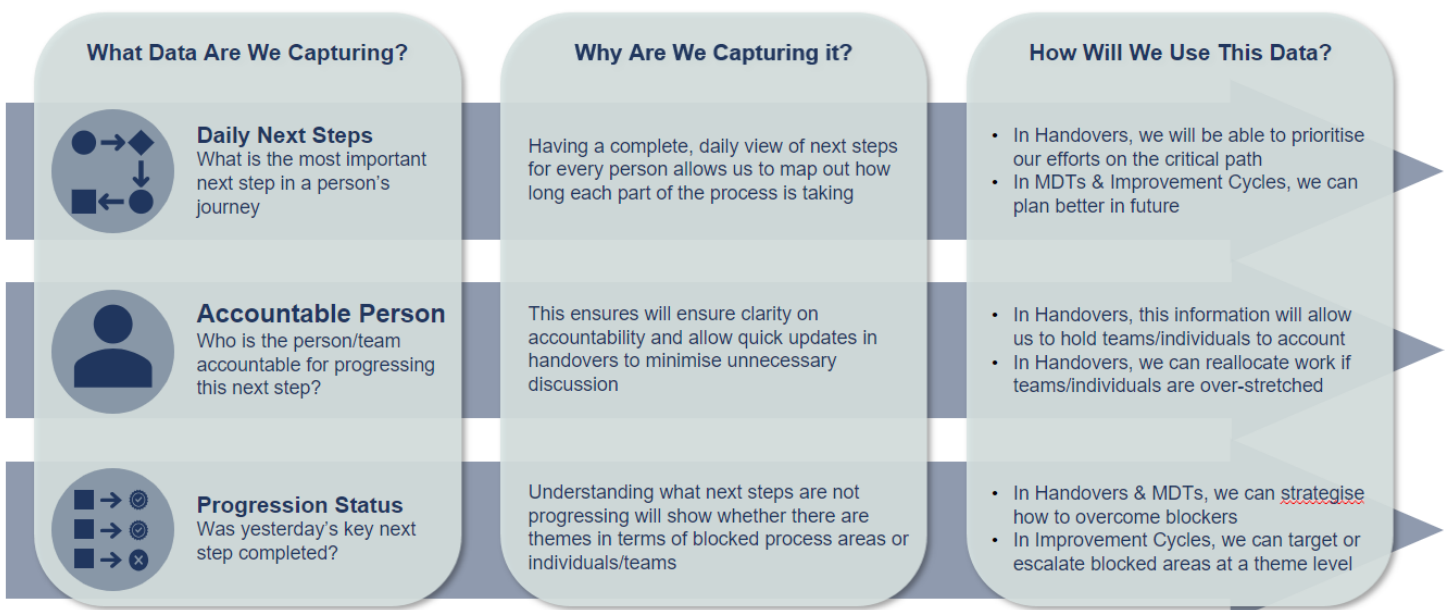
To support a Home First model in Leeds, the system needs the right bed-based care in the community for those who are not safe to be at home, and to support their recovery and journey back home. This project will review all types of non-acute short-term community beds (CCBs/step-down/short-term residential) and design the capacity, workforce, and ways of working required to give everyone in any bed the same chance of recovery. The project aims to reduce the length of time people spend in community bed settings and increase the number of people able to be supported home.

Progress Update

This project can be divided into two clear phases, optimise the current model for 2024 and designing a new, optimal model from 2025 onwards. The work for both is happening concurrently but the tasks can be clearly divided into one of the two phases.



Five new primary ways of working have been designed to optimise the current intermediate beds performance: MDT meetings, goal-based care, daily handovers, staff training and a suite of new meetings revolving around new dashboard which provide us with enhanced visibility of performance. Whilst some of these may seem like processes which were already happening, new structure has been applied to them and they will be rolled out consistently across all of the sites, regardless of the provider who manages that site. These new ways of working (some detail below) have been rolled out across two of the bed-bases, with the other five following in October.



Transfers of Care

Project Overview

The aim of the project is to review, improve and where necessary redesign transfer of care so that it is timely, safe, reduces delays and maximises independence for the patient. This work will involve the teams and services which coordinate people's journey out of hospital, ensuring full patient involvement, aiming to:

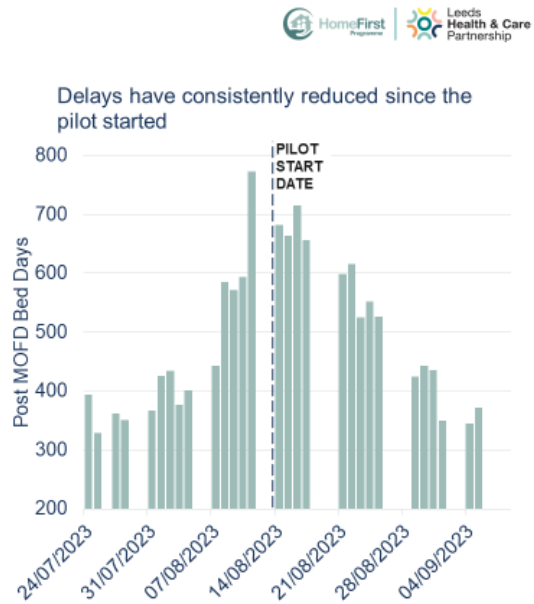
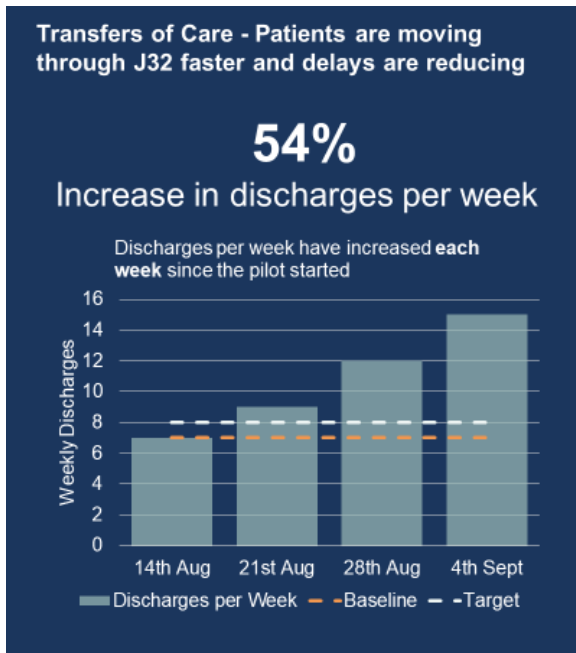
- Improve patient level tracking and visibility of discharge timelines and outcomes from acute and community settings.
- Review and reduce the number of triage points, assessments, and handovers in the discharge processes from acute and community settings.
- Standardise and redesign where necessary required discharge information and forms to minimise duplication and manual recording of information.

Progress Update

The project now has two concurrent ward-based pilots live, developing and iterating the following changes:



The first of these pilots is taking place in an NR2R ward (J32) and builds on prior work focused on ward-based MDT working. This pilot is particularly focussed on minimising discharge delays. In the first few weeks of the pilot going live, we're seeing a really positive impact on discharges per week from the ward, as well as a positive impact on outcomes through MDT discussions.



The second pilot has just launched in J16, with a focus on discharge decision making and outcomes, as well as early discharge planning with the same aim of minimising delays. The following case study outlines some of the early impact we are seeing:

Transfers of Care - Case management on J16 is improving patient experience and keeping delays short

46%
Increase in discharges per week

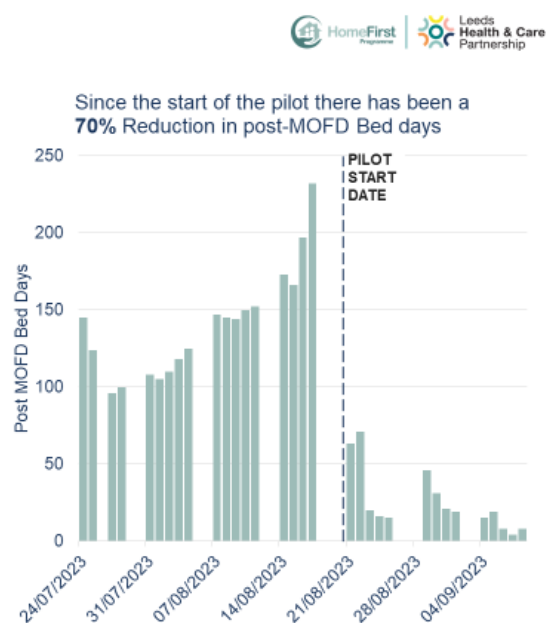
Good News Story:

A patient was desperate to get home and had been MOFD for 7 days when the J16 case manager, got involved. It is estimated by the staff that the patient could be waiting for **another month** for their package to be arranged.

Making use of the collaborative MDT to provide some innovative problem solving, the case manager **worked with the patient, family and social worker** to avoid this delay.

As a result, their social worker completed an assessment on the first day of them being allocated. Their family acted proactively to support the patient home before their package was ready and bridge the gap themselves.

As a result, the patient was sent home - and will stay home - within two days of the case manager getting involved and avoided a predicted 4-week delay.



Enhanced Care at Home

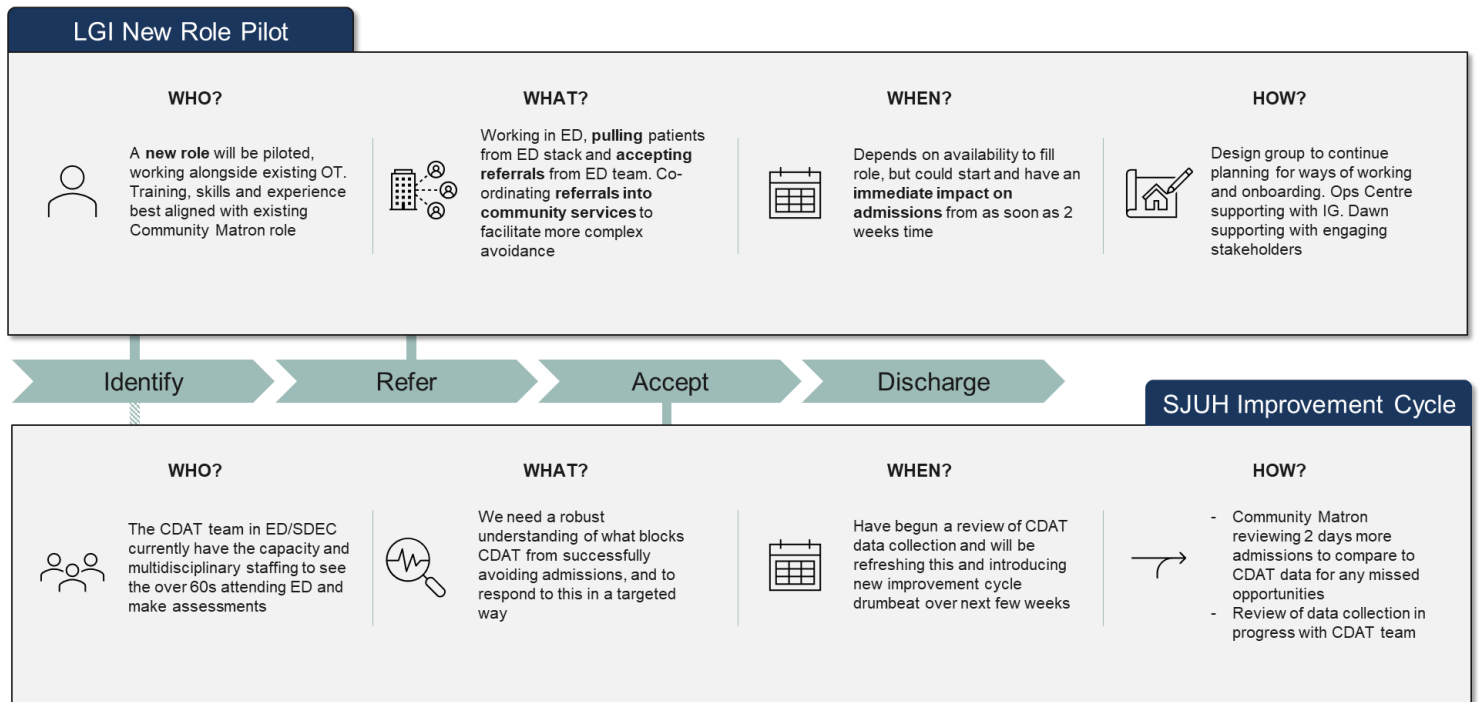
Project Overview

This project aims to develop fast and effective care outside of a hospital setting to safely reduce unnecessary admissions and help people to return home more quickly after receiving care in hospital. Enhanced Care at Home will increase the number of people accessing alternatives to acute attendance and admission by improving referral pathways from key intervention points.

Progress Update

A particular recent focus for the project team has been a series of studies to better understand the opportunities that exist to avoid admissions for patients (aged 60+) across both acute sites. Following these, the team have worked close with their design group to identify next steps that will allow us to better understand how we tackle these opportunities, with a pilot due to take place in LGI and improvement work to kick-off with CDAT and SDEC teams in SJUH.

Pilot Scope



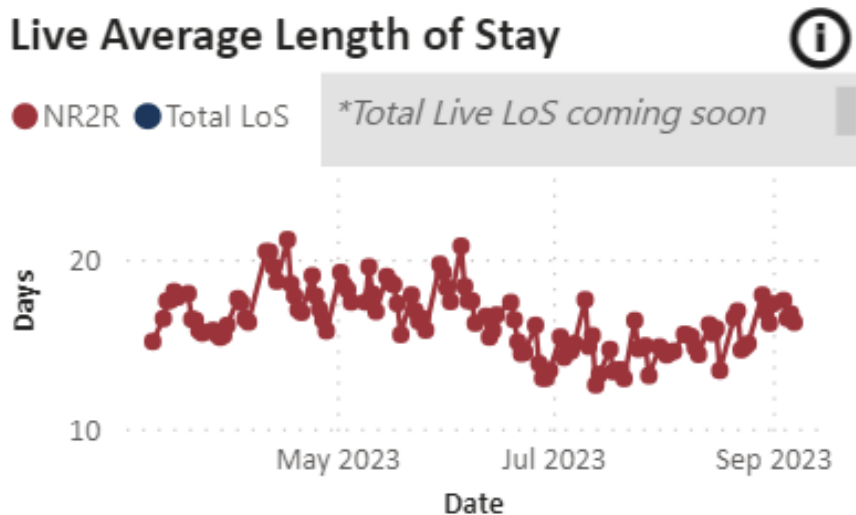
System Visibility & Active System Leadership

Project Overview

System Visibility is both an enabler to the Home First programme as well as a key product towards landing a sustained cultural change across Leeds. The system will move to using a single source of truth when it comes to reviewing the performance of services. This project will develop both the reporting suites and the governance structures to enable reviews and continuous improvement from system leadership to daily patient reviews.

Progress Highlights

The system level dashboard is now complete and in the process of being handed over to Leeds colleagues for BAU ownership. A weekly meeting looking at high level trends has been established and is at least partially responsible for seeing excellent progress in the NR2R queue and LoS

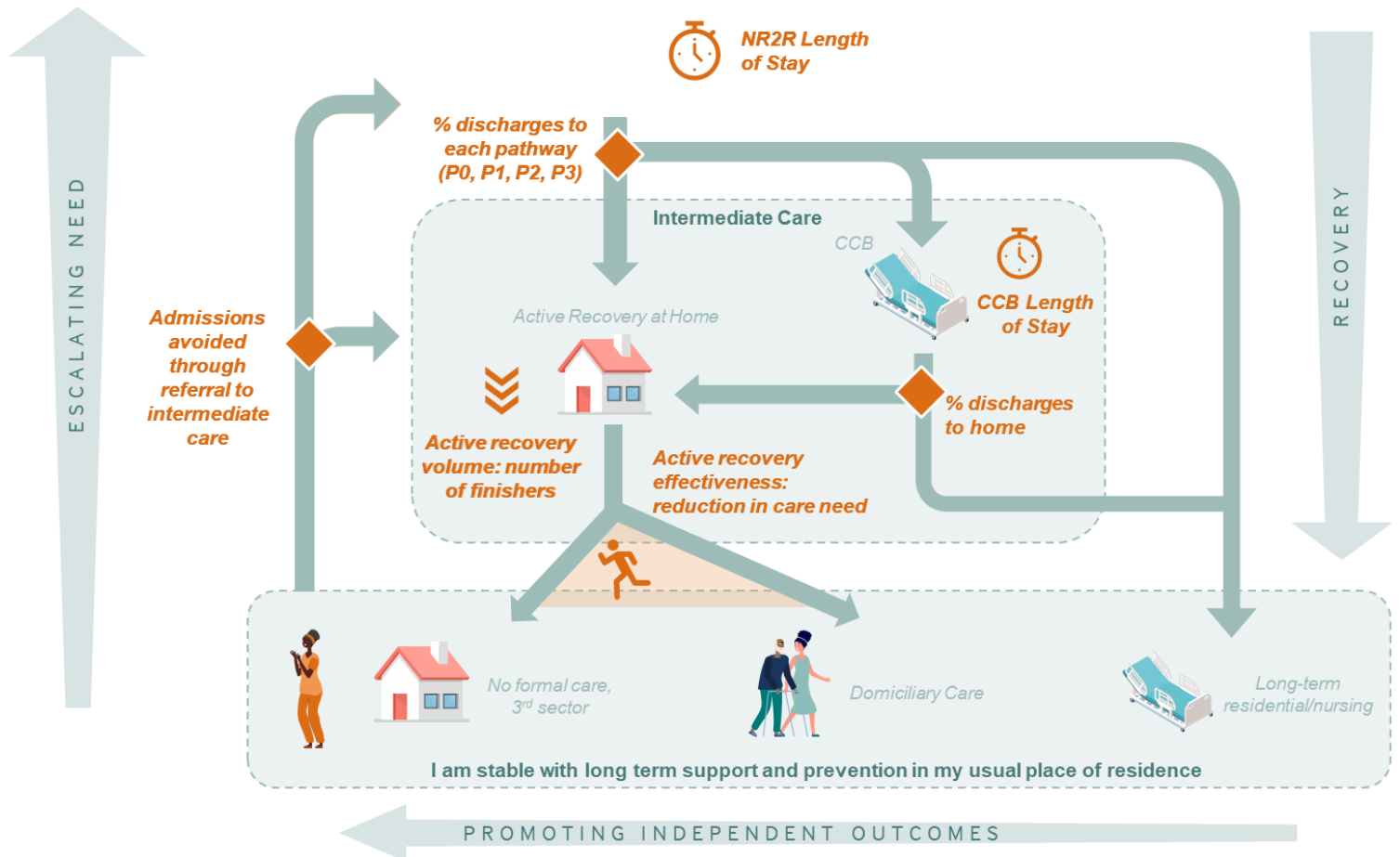


Service level dashboards have been created, allowing for a patient level view of what is happening in different services across the system e.g. Pathway 2 beds, reablement etc. Verbal agreement has been reached for how the Information Governance for this patient level data. Once formal agreement has been reached / papers have been signed, the patient level dashboards will be published. This will create an end-to-end suite of dashboards which will show high level trends and specific progress/issues with individual residents in the system. The final step will be to ensure that the right people are using these dashboards at the right frequency and that these various meetings have continuity between them, ensuring that there is a clear understanding of how individual patient decisions can impact high-level trends and vice versa.

Finance & Benefits

Progress Update

Measuring the impact of the programme on each of the key operational measures it is aiming to move will be a core focus for each of the five projects. These measures are summarised in the following diagram:



In order to understand the financial benefit associated with each operational improvement, the Finance & Benefits Realisation group has been formed, consisting of finance leads from each organisation. This group have the responsibility of ensuring that throughout the programme we are able to understand how much of each financial benefit has been delivered.

Project	Opportunity	Opportunity Description	Diagnostic Target Value	Stretch Target Value	Current Delivered
Active Recovery at Home	Reablement Throughput	Increasing the number of people that benefit from reablement before entering LT care.	£ 6.40m	£ 8.30m	-
	Reablement Effectiveness	Improving the effectiveness of reablement interventions, reducing ongoing care requirements.			-
	Reablement Overlap	Additional benefit due to the overlap of the two benefits above (improved outcomes for additional cohort).			-
	Project Total:		£ 6.40m	£ 8.30m	-
Rehab & Recovery Beds	Length of Stay	Releasing capacity in short-term beds through a reduction in length of stay.	£ 3.60m	£ 4.30m	-
	Outcomes	Reduction in ongoing care costs due to a decreased proportion of discharges to LT bed-based care.			-
	Project Total:		£ 3.60m	£ 4.30m	-
Transfers of Care	Hospital NR2R LoS	Releasing acute bed capacity through a reduction in discharge delays.	£ 4.10m	£ 6.30m	-
	Discharge Outcomes	Reduction in ongoing care costs due to an increased proportion of discharges directly home following hospital.			-
	Pathway 2 Reduction	Releasing capacity in short-term beds through a reduction in the proportion of Pathway 2 discharges.			-
	Project Total:		£ 4.10m	£ 6.30m	-
Enhanced Care at Home	Admission Avoidance	Releasing acute bed capacity through admissions avoided through use of intermediate care services.	£ 3.20m	£ 4.20m	-
	Hospital R2R LoS	Releasing acute bed capacity through step-downs from acute wards to intermediate care services.			-
	Project Total:		£ 3.20m	£ 4.20m	-
Programme Total			£ 17.30m	£ 23.10m	-

For specific benefits (those that relate to releasing acute or short-term bed capacity), the group will also ensure that the system has the right plans in place to realise the financial benefit delivered. We are working towards having the financial tracking in place for each opportunity as outlined by the following roadmap:



Work Schedule

Date: 10th October 2023

Report of: Head of Democratic Services

Report to: Scrutiny Board (Adults, Health and Active Lifestyles)

Will the decision be open for call in? Yes No

Does the report contain confidential or exempt information? Yes No

Brief summary

- All Scrutiny Boards are required to determine and manage their own work schedule for the municipal year. In doing so, the work schedule should not be considered a fixed and rigid schedule, it should be recognised as a document that can be adapted and changed to reflect any new and emerging issues throughout the year; and also reflect any timetable issues that might occur from time to time.
- The Scrutiny Board Procedure Rules also state that, where appropriate, all terms of reference for work undertaken by Scrutiny Boards will include 'to review how and to what effect consideration has been given to the impact of a service or policy on all equality areas, as set out in the Council's Equality and Diversity Scheme'.
- The latest version of the Board's work schedule is attached to this report for the Board's consideration.

Recommendations

Members are requested to consider the Scrutiny Board's work schedule for the 2023/24 municipal year.

What is this report about?

1. All Scrutiny Boards are required to determine and manage their own work schedule for the municipal year and therefore the latest version of the Board's work schedule for the remainder of the municipal year is attached as Appendix 1 for Members' consideration.
2. The latest Executive Board minutes from the meeting held on 20th September 2023 are also attached as Appendix 2. The Scrutiny Board is asked to consider and note the Executive Board minutes, insofar as they relate to the remit of the Scrutiny Board; and consider any matter where specific scrutiny activity may also be warranted.

Developing the work schedule

3. When considering any developments and/or modifications to the work schedule, effort should be undertaken to:
 - Avoid unnecessary duplication by having a full appreciation of any existing forums already having oversight of, or monitoring, a particular issue.
 - Ensure any Scrutiny undertaken has clarity and focus of purpose and will add value and can be delivered within an agreed time frame.
 - Avoid pure "information items" except where that information is being received as part of a policy/scrutiny review.
 - Seek advice about available resources and relevant timings, taking into consideration the workload across the Scrutiny Boards and the type of Scrutiny taking place.
 - Build in sufficient flexibility to enable the consideration of urgent matters that may arise during the year.
4. To deliver the work schedule, the Board may need to undertake activities outside the formal schedule of meetings – such as working groups and site visits. Additional formal meetings of the Scrutiny Board may also be required.

What impact will this proposal have?

5. All Scrutiny Boards are required to determine and manage their own work schedule for the municipal year.

How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing

Inclusive Growth

Zero Carbon

6. The terms of reference of the Scrutiny Boards promote a strategic and outward looking Scrutiny function that focuses on the priorities set out in the Best City Ambition.

What consultation and engagement has taken place?

Wards affected:

Have ward members been consulted?

Yes

No

7. The Vision for Scrutiny states that Scrutiny Boards should seek the advice of the Scrutiny officer, the relevant Director and Executive Member about available resources prior to agreeing items of work.

What are the resource implications?

8. Experience has shown that the Scrutiny process is more effective and adds greater value if the Board seeks to minimise the number of substantial inquiries running at one time and focus its resources on one key issue at a time.
9. The Vision for Scrutiny, agreed by full Council also recognises that like all other Council functions, resources to support the Scrutiny function are under considerable pressure and that requests from Scrutiny Boards cannot always be met.
10. Consequently, when establishing their work programmes Scrutiny Boards should consider the criteria set out in paragraph 5.

What are the key risks and how are they being managed?

11. There are no risk management implications relevant to this report.

What are the legal implications?

12. This report has no specific legal implications.

Appendices

- Appendix 1 – Latest work schedule of the Adults, Health and Active Lifestyles Scrutiny Board for the 2023/24 municipal year.
- Appendix 2 – Minutes of the Executive Board meeting on 20th September 2023.

Background papers

- None.

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SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES) Work Schedule for 2023/2024 Municipal Year

June 2023	July 2023	August 2023
Meeting Agenda for 13/06/23 at 1.30 pm.	Meeting Agenda for 11/07/23 at 1.30 pm.	No Scrutiny Board meeting scheduled
Co-opted Members (DB) Scrutiny Board Terms of Reference (DB) Potential Sources of Work (DB) Performance Update (PM) Innovation in Health and Care in Leeds (PSR)	Leeds Mental Health Strategy 2020 - 2025 (PSR) Healthy Leeds Plan Refresh (PSR) Leeds Tier 3 Specialist Weight Management Service – Scrutiny Board Statement (PSR)	
Working Group Meetings		
Health Service Developments Working Group 28/06/23 @ 3pm.		
Site Visits / Other		

Scrutiny Work Items Key:

PSR	Policy/Service Review	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring



SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES) Work Schedule for 2023/2024 Municipal Year

September 2023	October 2023	November 2023
Meeting Agenda for 12/09/23 at 1.30 pm.	Meeting Agenda for 10/10/23 at 1.30 pm.	Meeting Agenda for 07/11/23 at 1.30 pm.
<p>Access to General Practice (PSR)</p> <p>Director of Public Health Annual Report 2022 (PM)</p> <p>Formal Response to Scrutiny Statement re: Leeds Tier 3 Specialist Weight Management Service (PSR)</p>	<p>Leeds Health and Care System Resilience and Winter Planning (PSR)</p> <p>Workforce challenges impacting on health and care service delivery in Leeds (PSR)</p> <p>Home First Programme (PSR)</p>	<p>Leeds Safeguarding Adults Board Progress Report (PSR)</p> <p>Supporting and safeguarding people who live street-based lives (PSR)</p>
Working Group Meetings		
	Neurodiversity assessments for children (PSR)	Access to local NHS Dental Services (PSR)
Site Visits / Other		

Scrutiny Work Items Key:

PSR	Policy/Service Review	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring



SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES) Work Schedule for 2023/2024 Municipal Year

December 2024	January 2024	February 2024
No Scrutiny Board meeting scheduled	Meeting Agenda for 16/01/24 at 1.30 pm.	Meeting Agenda for 13/02/24 at 1.30 pm.
	Performance report (PM) Financial Health Monitoring (PSR) 2024/25 Initial Budget Proposals (PDS) Best City Ambition – Update (PDS)	Community Health and Wellbeing Service Pilot (PSR)
Working Group Meetings		
2024/25 Initial Budget Proposals (PDS)		
Site Visits / Other		

Scrutiny Work Items Key:

PSR	Policy/Service Review	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring



SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES) Work Schedule for 2023/2024 Municipal Year

March 2024	April 2024	May 2024
Meeting Agenda for 12/03/24 at 1.30 pm.	No Scrutiny Board meeting scheduled	No Scrutiny Board meeting scheduled
End of year statement		
Working Group Meetings		
Site Visits/Other		

Scrutiny Work Items Key:

PSR	Policy/Service Review	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring

EXECUTIVE BOARD

WEDNESDAY, 20TH SEPTEMBER, 2023

PRESENT: Councillor J Lewis in the Chair

Councillors S Arif, D Coupar, M Harland,
H Hayden, A Lamb, J Lennox, J Pryor,
M Rafique and F Venner

31 Exempt Information - Possible Exclusion of the Press and Public
RESOLVED – That, in accordance with Regulation 4 of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, the public be excluded from the meeting during consideration of the following parts of the agenda designated as exempt from publication on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the public were present there would be disclosure to them of exempt information so designated as follows:-

(A) That appendices 1 - 3 to the report entitled, 'Provision of a Loan to Leeds Culture Trust to cover Culture Sector Tax Relief', referred to in Minute No. 44 be designated as being exempt from publication in accordance with paragraph 10.4(3) of Schedule 12A(3) of the Local Government Act 1972 and be considered in private. This is on the grounds that appendices 1 – 2 present advice provided by Moore Kingston Smith which refer to the financial and business affairs of Leeds Culture Trust (LCT) and as such, it is considered that the public interest in maintaining the exemption from publication outweighs the public interest in disclosing this information. Regarding appendix 3, this appendix presents the findings of the related due diligence exercise which also refers to the financial and business affairs of LCT, and as such, it is considered that the public interest in maintaining the exemption from publication outweighs the public interest in disclosing this information.

32 Late Items
Supplementary Information – Leeds Inclusive Growth Strategy 2023 - 2030
With the agreement of the Chair, supplementary information was circulated to Board Members and published ahead of the meeting in relation to agenda item 13, 'Leeds Inclusive Growth Strategy 2023 – 2030' in the form of Appendix 2 which was the proposed strategy document. (Minute No. 42 refers).

33 Declaration of Interests
With regard to agenda item 15, 'Provision of a Loan to Leeds Culture Trust (LCT) to cover Culture Sector Tax Relief', Councillor Pryor drew the Board's attention to the fact that he is a Trustee of the Leeds Culture Trust, a role appointed to by the Council. Councillor Pryor confirmed that whilst this was

Draft minutes to be approved at the meeting
to be held on Wednesday, 18th October, 2023

not a Disclosable Pecuniary Interest and he was not required to declare an interest in relation to this under the Council's Code of Conduct, he wished to take the opportunity to clarify that in terms of his consideration of the submitted report as a member of the Executive Board, he would approach this based upon what he believed to be the best outcomes for the Council, notwithstanding his position as a Trustee of LCT. (Minute No. 44 refers).

34 Minutes

Further to Minute No. 20 (26 July 2023), the Chair highlighted that at the July meeting the Board had approved the minutes from the 21 June 2023 meeting as a correct record, subject to a matter of accuracy raised by Cllr Lamb (regarding Minute No. 6, '*Leeds Safeguarding Children Partnership Annual Report 2021/23*'), being noted and looked into. The Chair confirmed that the matter of accuracy had been considered and that in his position as Chair, he was satisfied that the 21 June Executive Board minutes were a correct record, as previously agreed by the Board.

Following this, the Board considered the draft minutes from the previous meeting (26 July 2023) and it was

RESOLVED – That the minutes of the previous meeting held on 26th July 2023 be approved as a correct record.

SUSTAINABLE DEVELOPMENT AND INFRASTRUCTURE

35 Leeds Rail Infrastructure - Integrated Rail Plan for the North and Midlands

The Director of City Development submitted a report which provided an update on the Government's delivery of the Integrated Rail Plan and which sought endorsement of the SLCRail recommendation for a phased approach towards the delivery of rail capacity, frequency and connectivity for the eastern regions and in particular the initial delivery of a 'T' shaped station in Leeds and line to connect into an upgraded and electrified route from Sheffield to Moorthorpe.

Responding to an enquiry, the Board received information regarding the extent of potential impact upon existing site allocations within the city centre and its vicinity arising from the recommended approach of SLCRail and also in terms of the Government's proposals following its recent publication of Terms of Reference for the study into how to bring HS2 trains to Leeds. In terms of the latter, it was noted that specific impact would not be known until further detail on the Government's proposals was brought forward.

Further to this, an update was provided on the depth of the partnership working which continued in this area with other Authorities and key agencies including the Department for Transport.

Emphasis was placed upon the need to continue to be mindful of the strategic approach required to ensure that any proposals which were brought forward delivered sufficiency of capacity and effective integration across rail and other

public transport networks, including the bus network. Those comments were acknowledged, with an update being provided on how such matters were being taken into consideration.

RESOLVED –

- (a) That the update on the Integrated Rail Plan for the North and Midlands, as detailed within the submitted report, be noted;
- (b) That the Board's endorsement be given to the SLCRail recommendation, as detailed within the submitted report and appendices, for a phased approach to delivering rail capacity, frequency and connectivity for the eastern regions and in particular the initial delivery of a 'T' shaped station in Leeds and line to connect into an upgraded and electrified route from Sheffield to Moorthorpe.

CHILDREN'S SOCIAL CARE AND HEALTH PARTNERSHIPS

36 Outcome of consultation on a proposal to change the age range of Rothwell Primary School from 3-11 years to 4-11 years and permanently close the school nursery

The Director of Children and Families submitted a report presenting details of a proposal brought forward to change the age range of Rothwell Primary School from 3-11 years to 4-11 years and permanently close the school nursery. The report noted that a public consultation on the proposal took place between 30 June 2023 and 21 July 2023, with the report summarising the responses received. Finally, the report sought approval to publish a Statutory Notice on the proposal.

In presenting the report, the Executive Member provided details of the proposal and an overview of the consultation responses, as detailed within the report, with it being noted that relevant Ward Councillors had not expressed any concerns in relation to the proposal.

RESOLVED –

- (a) That the outcome of the public consultation for this proposal, as detailed within the submitted report, be noted;
- (b) That the publication of a Statutory Notice on the proposal to change the age range of Rothwell Primary School from 3-11 years to 4-11 years and to permanently close the school nursery, be approved;
- (c) That it be noted that the implementation of the proposal would be subject to the outcome of the Statutory Notice;
- (d) That the intention for a further report to be presented to the December 2023 Executive Board meeting, be noted;
- (e) That it be noted that the responsible officer for the implementation of such matters is the Head of Learning Systems.

LEADER'S PORTFOLIO

37 Best City Ambition Update - Scoping

The Director of Strategy and Resources submitted a report which sought the Board's endorsement for the scope of the proposed Best City Ambition update and which recommended the submission of a further report to Executive Board in November 2023 presenting the initial proposals.

Whilst welcoming the consideration being given to measuring the Best City Ambition's performance, a Member made enquiries about how the success of the updated strategy would be defined. In response, the Board received further information on the factors being taken into consideration in this area, including the central role which would be played by data from the Leeds Social Progress Index. Also, it was undertaken that the comments made during the discussion would be noted and taken into consideration as part of the process in submitting the initial proposals to the Board in November 2023.

RESOLVED –

- (a) That the scope of the update of the Best City Ambition, as set out within the submitted report, be endorsed;
- (b) That a further report presenting initial proposals for a draft update of the Best City Ambition be submitted to Executive Board in November 2023 ready for further consultation and engagement.

(The resolutions referred to within this Minute, given that they were decisions being made in accordance with the Budget and Policy Framework Procedure Rules, were not eligible for Call In, as Executive and Decision Making Procedure Rule 5.1.2 states that the power to Call In decisions does not extend to those decisions made in accordance with the Budget and Policy Framework Procedure Rules)

38 Annual Corporate Risk and Resilience Report

The Director of Strategy and Resources submitted a report presenting the Council's Annual Corporate Risk and Resilience report. The report provided an update on the risk and resilience activities undertaken by the Council, detailed the most significant risks currently on the Council's corporate risk register and provided details of summary assurances describing the key controls established and further actions planned to manage those risks.

In presenting the report, the Leader highlighted the importance of receiving this annual report to ensure that the Executive Board was aware of the key risks being faced by the Council and the actions being taken to monitor and mitigate those risks.

Members acknowledged that managing the Council's budgetary pressures remained key in terms of risk and resilience, however it was acknowledged that such matters would be considered in detail later in the agenda as part of the dedicated financial reports.

Responding to a Member's specific enquiry regarding the work which continued to mitigate the key risks around safeguarding children and the provision of services in that area, the Board received a detailed update on the challenges which continued to be faced both locally and nationally and the range of ongoing cross-directorate work and partnership working with other agencies that was being undertaken.

RESOLVED – That the annual risk and resilience report together with the assurances given on the most significant corporate risks which are in line with the Council's Risk Management Policy and Strategy, as detailed within the submitted cover report and appendix, be noted, with the Board's overarching responsibility for their management also being noted.

RESOURCES

39 Annual Corporate Performance Report 2022/23

The Director of Strategy and Resources submitted a report which provided an overall update on the Council's performance in 2022/23. Specifically, the report highlighted performance against the range of Key Performance Indicators (KPIs) monitored, covering all five directorates.

In presenting the report the Executive Member highlighted the regular performance reporting which continued to take place via Scrutiny Boards and other committees as appropriate. Updates were also provided on the consideration being given to the metrics recently adopted by the Office for Local Government and how they would be reflected in the Council's performance monitoring moving forward, and also in relation to the most recent visit of the Local Government Association Corporate Peer Challenge, with it being noted that whilst the accompanying report from the visit was awaited, the feedback received had been positive.

Responding to an enquiry regarding Council employee sickness rates, the Board received an update on the actions being taken in this area, with an undertaking that a separate briefing would be provided to the Member in question regarding the implications arising from the Council's sickness rate in terms of the impact upon the budget, service delivery and other staff.

Again in response to a Member's enquiry, the Board received an update on the trajectory of the data regarding those killed or seriously injured in road traffic collisions. In terms of the actions being taken in this area, the partnership approach being undertaken as part of the 'Vision Zero' initiative was highlighted as a key programme with the ambition that by 2040 no one will be killed or suffer serious injuries on roads in Leeds. As part of this discussion, the importance of encouraging the wider behavioural change of road users was highlighted.

RESOLVED – That the Annual Performance Report for 2022/23, as appended to the submitted report, be noted, together with the progress which has been made during that period.

40 Medium Term Financial Strategy 2024/25 - 2028/29

The Chief Officer Financial Services submitted a report presenting the Council's Medium Term Financial Strategy (2024/25 – 2028/29) which is a five-year rolling strategy used to inform the Council's annual budget process. Included within the strategy was information providing wider context and details of the range of factors which influence the shape of this financial plan.

By way of introduction to the report, the Executive Member provided an overview of the key points within it, highlighting that the report noted that the estimated revenue budget gap over the period 2024/25 to 2028/29 was currently £251m.

In considering the challenges highlighted within the report, a Member made comments regarding the need to consider reviewing the approach taken so as to work more collaboratively with other partner organisations around areas such as service delivery. In response, the Board was advised that work in this area was ongoing both on a cross-directorate basis within the Council and also with external partners. It was acknowledged that difficult decisions would continue to be required, with it being noted that savings proposals would be received at future Board meetings as appropriate.

Members also considered the Government's model for funding in areas such as regeneration and transport and infrastructure, with emphasis being placed upon the importance of ensuring that the benefits of devolution were maximised. In considering such matters, the importance of collaborative working with partners such as WYCA was highlighted.

RESOLVED –

- (a) That the updated Medium Term Financial Strategy for 2024/25 to 2028/29, as presented in the submitted report and appendices, be noted;
- (b) That it be noted that savings proposals will be received at future meetings of Executive Board in advance of the Proposed Budget for 2024/25 being received at this Board in December 2023.

41 Financial Reporting 2023/24 – Month 4

The Chief Officer Financial Services submitted a report presenting the Council's projected financial health position as at month 4 of the 2023/24 financial year in respect of both the General Fund revenue budget and the Housing Revenue Account.

In introducing the report, the Executive Member extended her thanks to the work that the Chief Officer Financial Services and her team continued to undertake in very challenging circumstances. The Board received an overview of the key points within the submitted report and noted the forecasted overspend of £33.9m on the Authority's General Fund as at Month 4 of the financial year.

Responding to a Member's comments and concerns around the level of projected overspend at this point in the financial year and how this linked to the budget setting process, the Board received further details and assurance regarding the timeframe for the budget setting process and its robustness, and the work which continued to monitor and mitigate the pressures faced, with clarification also being provided around the key messages which continued to be communicated across the Authority to support ongoing actions.

In addition, the Board specifically considered the challenges that continued to be faced around the delivery of services for Children Looked After, which reflected the position nationally. In considering this, Members specifically referenced increasing levels of demand and also the significant increase in costs for external placements. Responding to an enquiry, the Board received an update on the actions which continued to be taken in this area around mitigating the challenges faced, how Leeds was performing when considering the performance of other comparable Authorities and how such pressures were being monitored and responded to in terms of the budget setting process.

Further context was provided on a number of areas and processes which challenged the Council's ability to take a medium term approach towards its budgetary process, with it being highlighted that these were areas where Local Government needed to continue to work with national Government, in order to make those planning processes easier.

RESOLVED –

- (a) That it be noted that at Month 4 of the 2023/24 financial year the Authority's General Fund revenue budget is forecasting an overspend of £33.9m for 2023/24 within a challenging national context, and that a range of actions are being undertaken, or are proposed to achieve a balanced budget position;
- (b) That the virement of identified non-essential spend budgets out of respective Chief Officer budgets and into specific strategic cost centres within each directorate, be approved, as a measure to prevent further spend against these budgets where it has been identified that this spend is not required;
- (c) That the release of £1.3m from the Strategic Contingency Reserve to fund budgeted fleet savings which are not deliverable across the Council in year due to the impact of inflation, costs of maintaining an ageing fleet and increased demand for services, be approved;
- (d) That it be noted that where an overspend is projected, directorates, including the Housing Revenue Account, are required to present action plans to mitigate their reported pressures and those of the Council's wider financial challenge where possible, in line with the Revenue Principles agreed by Executive Board in 2019;

- (e) That it be noted that known inflationary increases including demand and demographic pressures in Social Care and known impacts of the rising cost of living, including the employer's 2023/24 NJC pay offer of £1,925 and the JNC pay settlement of 3.5%, have been incorporated into this reported financial position, with it also being noted that these pressures will continue to be reviewed during the year and reported to future Executive Boards as more information becomes available. That it also be noted that proposals would need to be identified to absorb any additional pressures;
- (f) That the Month 4 positions regarding the use of Invest to Save, Covid Backlog and Flexible Capital Receipt resources, be noted, with the additional planned use of £5.3m of Capital Receipts in 2023/24 also being noted which will support transformation projects and deliver savings in addition to the budgeted use;
- (g) That it be noted that at Month 4, the Authority's Housing Revenue Account is forecasting an overspend of £3.2m for 2023/24.

ECONOMY, CULTURE AND EDUCATION

42 Leeds Inclusive Growth Strategy 2023 - 2030

The Director of City Development submitted a report presenting the updated Leeds Inclusive Growth Strategy for the period 2023- 2030, with the updated strategy setting out nine refreshed 'Big Ideas' for how best to deliver growth that benefits all citizens and communities and which is set within the three themes of 'People', 'Place' and 'Productivity'.

Further to Minute No. 32, with the agreement of the Chair, supplementary information was circulated to Board Members ahead of the meeting in relation to this item in the form of Appendix 2, which was the proposed strategy document.

In presenting the report, the Executive Member provided an overview of the strategy's achievements to date together with a summary of the key proposals for the strategy moving forward.

Responding to an enquiry regarding how the success of the updated strategy would be defined, the Board received further details on how the progress being made by the strategy would be monitored and measured, with the Board also receiving further context on the range of factors which would need to be taken into consideration when judging the success of the strategy, with the Social Progress Index being highlighted as a key resource combined with other measures including the proposed submission of an annual progress report.

RESOLVED –

- (a) That the new Leeds Inclusive Growth Strategy 2023 - 2030, as appended to the submitted report, be agreed, and that approval also be given for the strategy's publication;

- (b) That approval be given for the Director of City Development to lead on implementing the delivery of the Leeds Inclusive Growth Strategy 2023 – 2030;
- (c) That approval be given to the proposed approach towards stakeholder engagement in order to support the implementation of the strategy;
- (d) That moving forward, approval be given for an annual progress report to be submitted to Executive Board.

43 Learning Places Programme and School Condition Update Report

The Director of Children and Families and the Director of City Development submitted a joint report which presented an update on the current Learning Places Programme delivery including places across the school estate delivered over the last 18 months, schemes currently in delivery and the potential future work programme. In addition, the report provided information on managing the condition of the school estate, the challenges faced, potential solutions and the financial implications to effectively meet the Council's statutory duties.

In presenting the report, the Executive Member provided the Board with an overview of the key points including the number of places which had been delivered across the school estate, the response to the decline in the birth rate across the city and the actions being taken in response to the increased demand for Special Educational Needs learning places. An update was also provided regarding the annual school condition funding allocation and the current position with regard to backlog maintenance in the school estate.

The investment into Wetherby High School, as referenced within the report was specifically welcomed, with thanks extended to all those involved in securing that investment.

Regarding the issue of RAAC (reinforced autoclaved aerated concrete) in relation to schools. Further to the details within the submitted report, Members' attention was drawn to the update provided at the full Council meeting of 13th September 2023. Responding to comments about the potential for this to impact upon buildings other than schools, the Board received an update about the wider Council estate outside of school sites which confirmed that to date there have been no cases of RAAC identified in buildings that the Council is responsible for and that an audit into appropriate Council buildings continued.

From a wider perspective, it was suggested that it may be beneficial for further detail to be provided to Board Members in due course which covered the potential for structural issues more generally across the Council estate.

RESOLVED –

- (a) That the progress made to date with the Learning Places Programme delivery, as detailed within the submitted report, be noted, together with

the current schemes in development and delivery across primary, secondary and SEN provision and the forward programme;

- (b) That the progress made regarding the Planned Maintenance Programme delivery, as detailed within the submitted report, be noted;
- (c) That the challenges and issues being experienced across the programme, together with the measures in place where possible to mitigate for these, be noted.

44 Provision of a Loan for Leeds Culture Trust to cover Culture Sector Tax Relief claims

The Director of City Development submitted a report which sought the Board's approval for Leeds City Council to provide a loan to Leeds Culture Trust (LCT) for the purposes of providing cash flow assistance to cover claims to HMRC for both Theatre Tax Relief and Museums and Galleries Exhibition Tax Relief for financial years 2022-23 and 2023-24, with the report noting that any loan provided would be repaid by LCT upon their receipt of Cultural Sector Tax Relief.

In presenting the report, the Executive Member highlighted that the provision of such a loan would allow LCT to maximise the amount of funding it could invest in LEEDS2023 in-year. In addition, it was emphasised that both LCT and the Council had respectively sought their own legal and financial advice in relation to this matter.

A Member raised concerns and confirmed their disagreement with the proposal, highlighting the risk involved for the Council, in the event that the proposed loan was not repaid.

Members discussed a number of areas relating to this matter including the level of funding which had been provided by the Council towards LEEDS2023 and the impact of national financial challenges upon the delivery of the initiative. As part of the discussion the provision of respective legal and financial advice to both the Council and LCT was reiterated. It was also further emphasised that the loan would allow LCT to maximise the amount of in-year funding it could invest in the programme.

Responding to a Member's specific enquiry regarding the risk involved, it was acknowledged that there were almost certain risks arising from the Council not providing the loan in terms of the potential impact upon the remainder of the LEEDS2023 programme. Conversely, with respect to the loan, it was confirmed that, although the level of risk to the Council is considered to be low, should the tax relief not be received by LCT, then the return of the monies advanced by the Council would be at risk.

Following consideration of appendices 1 - 3 to the submitted report designated as being exempt from publication under the provisions of Access to Information Procedure Rule 10.4(3), which were considered in private at the conclusion of the public part of the meeting, it was

RESOLVED –

- (a) That approval be given for Leeds City Council to provide an unsecured interest free loan to Leeds Culture Trust to a maximum value of £1,845,407 which would, subject to the resolutions below, be payable in 3 instalments;
- (b) That approval be given for Leeds City Council to pay a first instalment of £960,831 to Leeds Culture Trust in October 2023 for a term of up to 6 months, in order to cash flow the Trust's Theatre Tax Relief claim for the financial year 2022-23;
- (c) That in principle approval, which is subject to further due diligence on LCT's financial position in November, be given for Leeds City Council to pay a second instalment of £366,571 to Leeds Culture Trust in November 2023 for a term of up to 13 months, in order to cash flow the Trust's Theatre Tax Relief claim for the financial year 2023-24, and a third instalment of up to £518,005 to cash flow Museum Galleries and Exhibition Tax Relief (MGETR) for the financial year 2023-24 for a term of up to 13 months; with the payment of the third instalment being subject to a further assessment by independent advisors;
- (d) That approval be given for the necessary authority to be delegated to the Director of City Development, to enable the Director, in consultation with the Chief Officer Financial Services, to enter into a loan agreement with Leeds Culture Trust on the terms as set out within the submitted report / resolutions above;
- (e) That the decisions taken in relation to this report be exempted from the Call In process, due to matters of urgency and for the reasons as set out in section 47 of the submitted report, as any delay would impact upon the Year of Culture programme and seriously prejudice the public's interests.

(The Council's Executive and Decision Making Procedure Rules state that a decision may be declared as being exempt from the Call In process by the decision taker if it is considered that the matter is urgent and any delay would seriously prejudice the Council's, or the public's interests. In line with this, the resolutions contained within this minute were exempted from the Call In process, as per resolution (e) above, and for the reasons as detailed above and as set out within section 47 of the submitted report)

(Under the provisions of Council Procedure Rule 16.5, Councillor Lamb required it to be recorded that he voted against the decisions referred to within this minute)

DATE OF PUBLICATION: FRIDAY, 22 SEPTEMBER 2023

**LAST DATE FOR CALL IN
OF ELIGIBLE DECISIONS:** 5.00PM, FRIDAY, 29 SEPTEMBER 2023

Draft minutes to be approved at the meeting
to be held on Wednesday, 18th October, 2023