Public Document Pack

Leeds CITY COUNCIL

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES) - REMOTE CONSULTATIVE MEETING

Consultative meeting to be held remotely* on
Tuesday, 7th September, 2021 at 1.30 pm

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

MEMBERSHIP

C Anderson	-	Adel and Wharfedale;
L Cunningham	-	Armley;
J Dowson	-	Chapel Allerton;
J Gibson	-	Cross Gates and Whinmoor;
N Harrington	-	Wetherby;
C Hart-Brooke	-	Rothwell;
M Iqbal	-	Hunslet and Riverside;
W Kidger	-	Morley South;
G Latty	-	Guiseley and Rawdon;
A Marshall-Katung (Chair)	-	Little London and Woodhouse;
E Taylor	-	Chapel Allerton;

Co-opted Member (Non-voting)

Dr J Beal - Healthwatch Leeds

Note to observers of the meeting: To remotely observe this meeting, please click on the 'To View Meeting' 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=1190&MId=11688

*This is being held as a remote 'consultative' meeting. While the meeting will be webcast live to enable public access, it is not being held as a public meeting in accordance with the Local Government Act 1972.

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

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			**DECLARATION OF INTERESTS** To disclose or draw attention to any interests in accordance with Leeds City Council's 'Councillor Code of Conduct'.	
2			**MEETING NOTE OF 27TH JULY 2021** To note for information the note of the Adults, Health and Active Lifestyles Scrutiny Board consultative meeting held on 27th July 2021.	5 - 8
3			**UPDATE ON THE DEVELOPMENT OF THE LOCAL INTEGRATED CARE SYSTEM** To consider and discuss a report from the Head of Democratic Services which presents an update on the development of the local Integrated Care System.	9 - 12
4			**SAME DAY RESPONSE SERVICES IN LEEDS** To consider and discuss a report from the Head of Democratic Services which presents information surrounding Same Day Response services in Leeds.	13 - 26
5			**RESTART AND PRIORITISATION PLANS FOR THE DELIVERY OF THE NHS HEALTH PROGRAMME.** To consider and discuss a report from the Director of Public Health which provides an overview and update on the NHS Health Check programme within Leeds.	27 - 48
6			**WORK SCHEDULE** To consider and discuss the Scrutiny Board's work schedule for the 2021/22 municipal year.	49 - 68

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 named 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.

This page is intentionally left blank

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES) - CONSULTATIVE MEETING

TUESDAY, 27TH JULY, 2021

PRESENT: Councillor A Marshall-Katung in the Chair

Councillors C Anderson, L Cunningham, J Dowson, J Gibson, N Harrington, C Hart-Brooke, W Kidger, G Latty, E Nash and E Taylor

Co-opted Member present – Dr J Beal

9 Declaration of Interests

There were no declarations of interests.

10 Meeting note of 15th June 2021

RECOMMENDED – That the note of the meeting held 15th June 2021 be noted.

11 The Health and Care Bill 2021-22 and the development of the local Integrated Care System

The Head of Democratic Services submitted a report which presented information and guidance surrounding the new Health and Care Bill and the development of the local Integrated Care System (ICS).

The following were in attendance:

- Councillor Fiona Venner, Executive Member for Adult and Children's Social Care and Health Partnerships
- Councillor Salma Arif, Executive Member for Public Health and Active Lifestyles
- Cath Roff, Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Tony Cooke, Chief Officer Health Partnerships
- Sara Munro, Chief Executive, Leeds & York Partnership NHS Foundation Trust
- Thea Stein, Chief Executive, Leeds Community Healthcare NHS Trust
- Visseh Pejhan-Sykes, Chief Financial Officer, NHS Leeds Clinical Commissioning Group
- Stephen Gregg, Governance Lead, West Yorkshire and Harrogate Health and Care Partnership
- Julian Hartley, Chief Executive, Leeds Teaching Hospitals NHS Trust

In introducing the agenda item, the Chair advised of the ongoing work also being undertaken by the West Yorkshire Joint Health Overview and Scrutiny Committee (JHOSC) in liaising with the West Yorkshire and Harrogate Health and Care Partnership to consider the implications of the legislative proposals for West Yorkshire, including a focus on the potential future role of scrutiny as part of the new ICS. It was noted that the Joint Committee met recently on 20th July to consider this matter further and that the Board would be kept updated on the work of the Joint Committee.

The Executive Member for Adult and Children's Social Care and Health Partnerships gave a brief introduction to the report and particularly acknowledged the concerns raised by Leeds residents around aspects of the Bill. The Executive Member assured Members that Scrutiny, as well as leaders across the health and care system in Leeds, will have a key role in the development of the ICS and the implications of the Bill moving forward. The Executive Member for Public Health and Active Lifestyles also added to this and particularly emphasised the important role of local authorities throughout the development process in terms of ensuring that local voices are being heard.

The Director of Adults and Health then delivered a PowerPoint presentation which summarised the existing approach to integrating services, including reference to the 5 Year Plan and the 10 Big Ambitions, and the implications of the Health and Care Bill 2021-22 in terms of building on existing arrangements to develop the new ICS.

Members discussed a number of matters, including:

- *The wider health and care system.* Members recognised the wider approach necessary to tackle heath inequalities and expressed concern that the Bill does not acknowledge the role of social care working, or the role of public health services, for balanced representation within the ICS.
- *Patient voice.* Members noted the importance of incorporating patient voice into the structure of the ICS, including organisations such as HealthWatch, and ensuring that work of patient voice organisations are adequately funded at both local and regional levels.
- *Place-based plans.* Members sought clarity on the development of future plans for the place-based approach. Members also emphasised the importance of ensuring that local and region plans are mutually supportive. Linked to this, it was highlighted that local plans would need to be submitted to the ICS for approval.
- *Hospital discharge and social care assessments.* In discussing the implications of the Bill, particular reference was made to the proposal to revoke the requirement for social care needs assessments to be carried out prior to a person's discharge from hospital. While further guidance on hospital discharge is expected to set out the requirements of health and social care partners during the discharge process,

Members expressed concern and stressed the need to have appropriate safeguards in place.

- *Communications and engagement.* Members noted that the number of acronyms and medical jargon used can be confusing, and the need to adapt communications to communities to include simplified plans and terminology, focused on health outcomes as opposed to organisational structures.
- *Left Shift Blueprint.* Members recognised the benefits of focus on prevention pathways to reduce patient visits to primary care settings, by focusing on the links between the entire health and care system, including investment and recognition of the third sector.
- *Anticipation of further government guidance.* With the publication of the Bill, it was noted that further guidance was still expected from the government over the coming weeks, particularly surrounding future governance arrangements linked to the ICS.
- *Maintaining a watching brief of progress.* In acknowledging the next steps and key milestones linked to the development of the ICS, it was suggested that the Scrutiny Board receives a further update during its meeting on 7th September 2021.

RECOMMENDED –

(a) That the contents of the report, along with Members comments, be noted.

(b) That a further update report is scheduled for the Board's next meeting on 7th September 2021.

12 Work Schedule

The Head of Democratic Services submitted a report that presented the work schedule for the remainder of the municipal year. The Principal Scrutiny Adviser introduced the report explaining that the latest version of the work schedule, as set out in Appendix 1, was reflective of the Board's discussion in June around possible areas of work to undertake this year.

With regard to the Board's next meeting on 7th September, it was noted that an additional work item on the development of the Integrated Care System would be added to reflect the Board's discussion during today's meeting.

The Principal Scrutiny Adviser also highlighted the Board's intention to hold its September meeting as a remote consultative meeting.

RECOMMENDED – That the work schedule be noted, with the inclusion of an additional item in September around the development of the Integrated Care System.

This page is intentionally left blank

Report author: Angela Brogden

Tel: 0113 3788661

Update on the development of the local Integrated Care System

Date: 7th September 2021

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

What is this report about?

Including how it contributes to the city's and council's ambitions

- During its meeting on 27th July 2021, the Adults, Health and Active Lifestyles Scrutiny Board considered a report from the Director of Adults and Health which summarised the main points of the new Health and Care Bill 2021-22 in context for health and social care in West Yorkshire and Leeds, particularly with regard to the development of the local Integrated Care System (ICS).

- In considering the next steps and key milestones linked to the development of the ICS, the Scrutiny Board requested a further update in readiness for its next meeting on 7th September 2021. This update is to be provided in the form of a PowerPoint presentation during the meeting.

Recommendations

Members are requested to consider and discuss the information presented during today's meeting in relation to the development of the local Integrated Care System.

Why is the proposal being put forward?

1. During its meeting on 27th July 2021, the Adults, Health and Active Lifestyles Scrutiny Board considered the next steps and key milestones linked to the development of the local Integrated Care System (ICS) and requested that a further update be provided during its meeting on 7th September 2021. This update is to be provided in the form of a PowerPoint presentation during the meeting.

What impact will this proposal have?

Wards affected: All		
Have ward members been consulted?	☐ Yes	☐No

2. The Health and Care Bill 2021-22[1] was published and introduced in the House of Commons on 6 July 2021.

3. With the publication of the Bill, the Scrutiny Board acknowledged that further guidance was still expected from the government, particularly surrounding future governance arrangements linked to the ICS. The Scrutiny Board therefore agreed to maintain a watching brief in terms of the ongoing development of the local ICS.

What consultation and engagement has taken place?

4. The government ran a formal consultation process on its proposals before publishing the Health and Care Bill 2021-22.

5. Senior representatives from across the local health and care system had contributed to the Scrutiny Board's meeting on 27th July.

6. During today's meeting, representatives from NHS Leeds Clinical Commissioning Group will be leading on presenting the updated position on the development of the local ICS to the Scrutiny Board.

What are the resource implications?

7. Any associated resource implications will be reflected as part of the updated position being presented during today's meeting.

What are the legal implications?

8. The proposals set out in the Health and Care Bill are intended to pass into law by April 2022.

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

9. Any associated risk management implications will be reflected as part of the updated position being presented during today's meeting.

Does this proposal support the council's three Key Pillars?

☐ Inclusive Growth ☒ Health and Wellbeing ☐ Climate Emergency

[1] The complete Bill can be accessed via this link https://publications.parliament.uk/pa/bills/cbill/58-02/0140/210140.pdf

10. The 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 integrated care support many of the strategy's priorities including "the best care, in the right place, at the right time".

Appendices

11. None.

Background papers

12. None.

This page is intentionally left blank

Report author: Angela Brogden

Tel: 0113 3788661

Same Day Response Services in Leeds

Date: 7th September 2021

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

What is this report about?

Including how it contributes to the city's and council's ambitions

- Same Day Response (SDR) health and care services continue to be at the forefront of the NHS priorities due to the unprecedented demand on same day services. The Adults, Health and Active Lifestyles Scrutiny Board therefore expressed an interest to understand how the Covid-19 pandemic has impacted SDR services, including the effects of coming out of lockdown, and to consider the actions being taken to address such impacts.

- A briefing paper has therefore been provided by NHS Leeds Clinical Commissioning Group which sets out further information surrounding the current situation of SDR services, including actions to address current demand and also longer term plans linked to the development of the Same Day Response Strategy for Leeds.

Recommendations

Members are asked to consider and discuss the information presented within this report.

Why is the proposal being put forward?

1. The Adults, Health and Active Lifestyles Scrutiny Board held a remote consultative meeting on 15th June 2021 to consider priority areas of work for the forthcoming municipal year. During this meeting, the Board expressed an interest to understand how the Covid-19 pandemic has impacted SDR services, including the effects of coming out of lockdown, and to consider the actions being taken to address such impacts.

What impact will this proposal have?

Wards affected: All		
Have ward members been consulted?	☐ Yes	☐No

2. Appended to this report is a briefing paper from NHS Leeds Clinical Commissioning Group for the Board's consideration and comment. This paper provides further information surrounding the current situation of SDR services, including actions to address current demand and also longer-term plans linked to the development of the Same Day Response Strategy for Leeds.

What consultation and engagement has taken place?

3. Representatives from NHS Leeds Clinical Commissioning Group will be attending today's meeting to contribute to the Board's discussion and address Members' questions.

What are the resource implications?

4. The information provided in this report largely relates to external organisations, which may be subject to other considerations relating to resource implications. Specific matters may need to be taken into account if any additional scrutiny activity is deemed appropriate.

What are the legal implications?

5. This report has no specific legal implications.

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

6. The information provided in this report largely relates to external organisations, which may be subject to other considerations relating to risk management. Specific matters may need to be taken into account if any additional scrutiny activity is deemed appropriate.

Does this proposal support the council's three Key Pillars?

☐ Inclusive Growth ☒ Health and Wellbeing ☐ Climate Emergency

7. The 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.

Appendices

8. Appendix 1 – Briefing paper from NHS Leeds Clinical Commissioning Group on Same Day Response services in Leeds.

Background papers

9. None.

Appendix 1

NHS
Leeds
Clinical Commissioning Group

REPORT FOR ADULTS, HEALTH AND ACTIVE LIFESTYLES SCRUTINY BOARD
SAME DAY RESPONSE SERVICES IN LEEDS
UPDATE PAPER SEPTEMBER 2021

Prepared by:
Adam Cole, Senior Manager, Same Day Response
Kirsty Turner, Associate Director Primary Care

1. Background

1.1 Same Day Response (SDR) health and care services continue to be at the forefront of the NHS priorities due to the unprecedented demand on same day services. This has grown year on year due to a number of factors including:

- An increasing ageing population with more complex needs
- SDR services present a confusing variety for the public for example: walk in centres, urgent treatment centres, 111, extended access, same day GP appointments, and the Emergency Department (ED) all of which you can receive care on the same day
- People often perceive that it is difficult to get a GP appointment when required or convenient which potentially drives attendances to other parts of the system
- Services such as NHS 111 are still seen as new to many and we know the vast majority of on day demand is still 'walk in'.
- People trust the A&E brand – they know what to expect and think they get better care
- There is inconsistent triage and assessment across Same Day Response services

1.2 The SDR programme covers several different services including Emergency Departments, Yorkshire Ambulance Service (999 and 111), Urgent Treatment Centres, Same Day Emergency Care (SDEC), Walk in Centres, Extended Access Primary Care services, Single Points of Access, Same Day Primary Care appointments and mental health services.

1.3 The Same Day Response Partnership Group oversees the SDR strategy and longer-term projects. This is a formal group which is chaired by the Associate Director of Integration.
The Stabilisation and Reset group (System Silver) oversees the short term (0-6 month projects). It is chaired by the NHS Leeds CCG Associate Medical Director. Both groups have representation from across the Leeds health and care system. The SDR transformational projects have been developed through a variety of sources, for example the NHS Long Term Plan 2019, Newton Europe Review and through systemwide engagement.

1.4 The already increasing demand on SDR services over previous years has been further exacerbated by the Covid-19 pandemic and the effects of coming out of lockdown where people may not have been/felt able to access the care they want/need at the time it was needed.

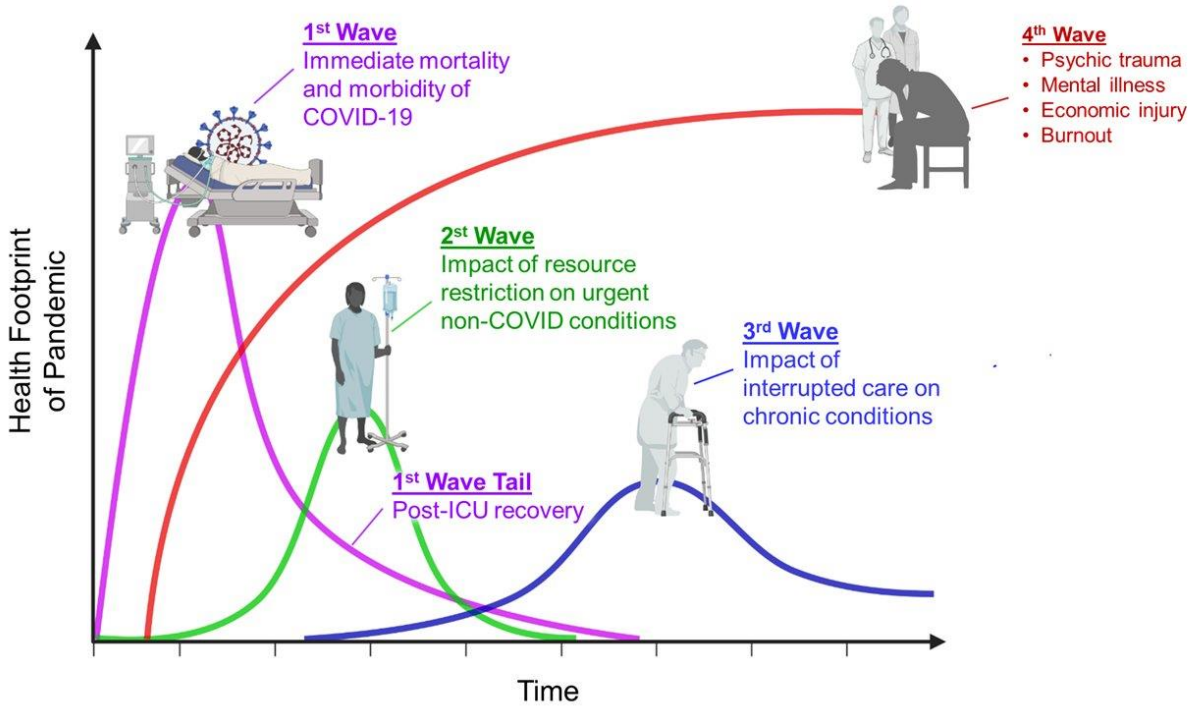
1.5 Covid-19 has had a significant impact on the way patients access services; there have been radical changes in the use of telephone and digital solutions to meet patient needs and ensure people access the most appropriate service based on their needs; whilst also protecting front line clinicians from unnecessary face to face contact (to reduce possible transmission).

1.6 There has also been a shift in the way services are delivered with many elements of healthcare moving towards a triage and assessment model as the first point of contact for patients including in General Practice, Urgent Treatment Centres, Walk in Centre and through the 111 First campaign. This has seen the expansion and rapid progression of long-term strategic initiatives like the West Yorkshire wide Clinical Hub moving to operate as a 24/7 Clinical Assessment Service (CAS).

1.7 The CAS has driven some of the change in activity we have seen across same day response and primary care services and has provided many benefits to the Leeds system in terms of patient convenience and experience. The CAS enables approximately 70% of calls to be closed on the first call through telephone assessment. For those patients who do need to be seen, they are directed to the correct place ensuring patients get the right access first time.

1.8 There has always been a Public Health "footprint of a pandemic", drawn from learning from previous pandemic experiences across the world. The illustration illustrates the four waves the pandemic will work through. In the below illustration, a wave is a phase of the pandemic and should not be confused with the waves of incidence of infection.

1.9 The first wave in the illustration represents the immediate mortality and morbidity of Covid. Wave 2 on the illustration is created by the inevitable impact on resource restriction on urgent non-Covid conditions. Both of these waves align well with each of the waves of incidence we have been through with Covid-19. The illustration shows the long-term effects of Wave 4 starting typically including psychological trauma; mental illness, economic injury and burnout. Wave 3 is the last of those described in the illustration and starts after Wave 4 – this is the impact of interrupted care and we need to consider these each of these waves when we review the current system demand.



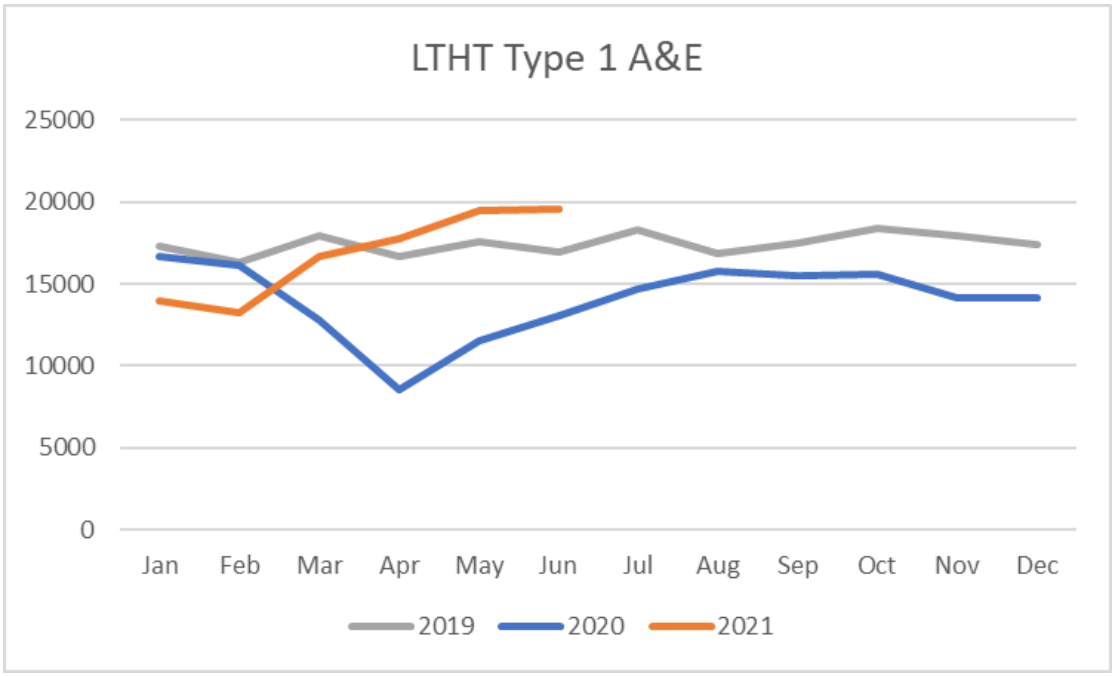
2. Urgent and Emergency Care – Current Situation

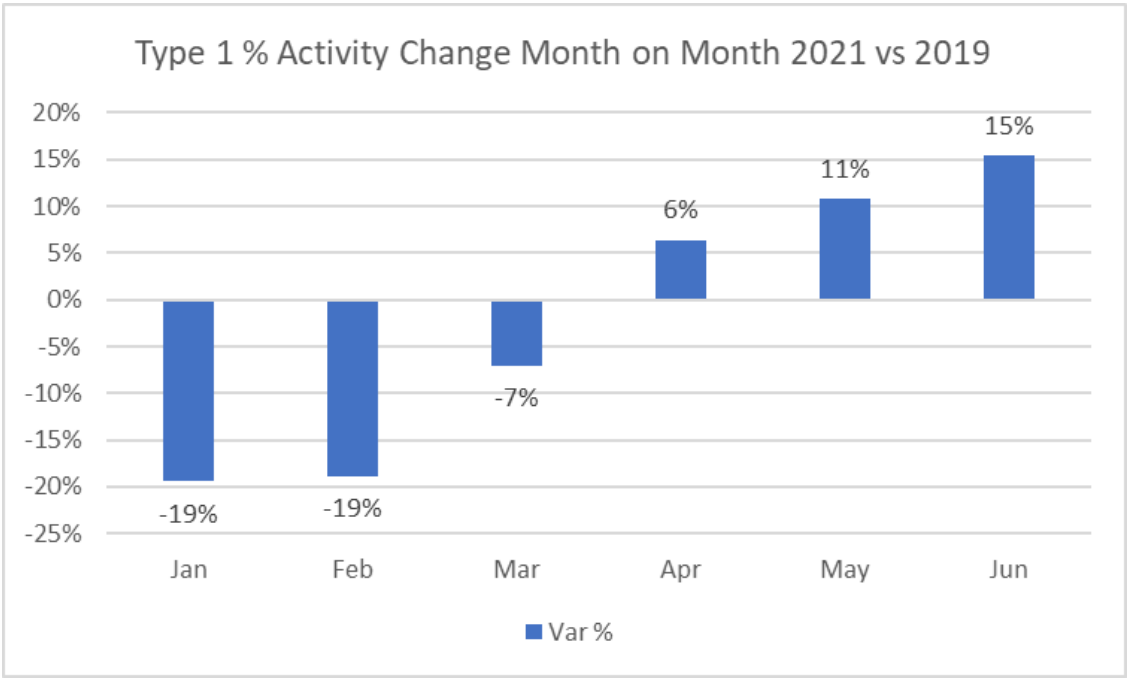
2.1 There has been significant pressure on SDR services since March 2021 particularly in Urgent and Emergency Care settings e.g. ED, 111

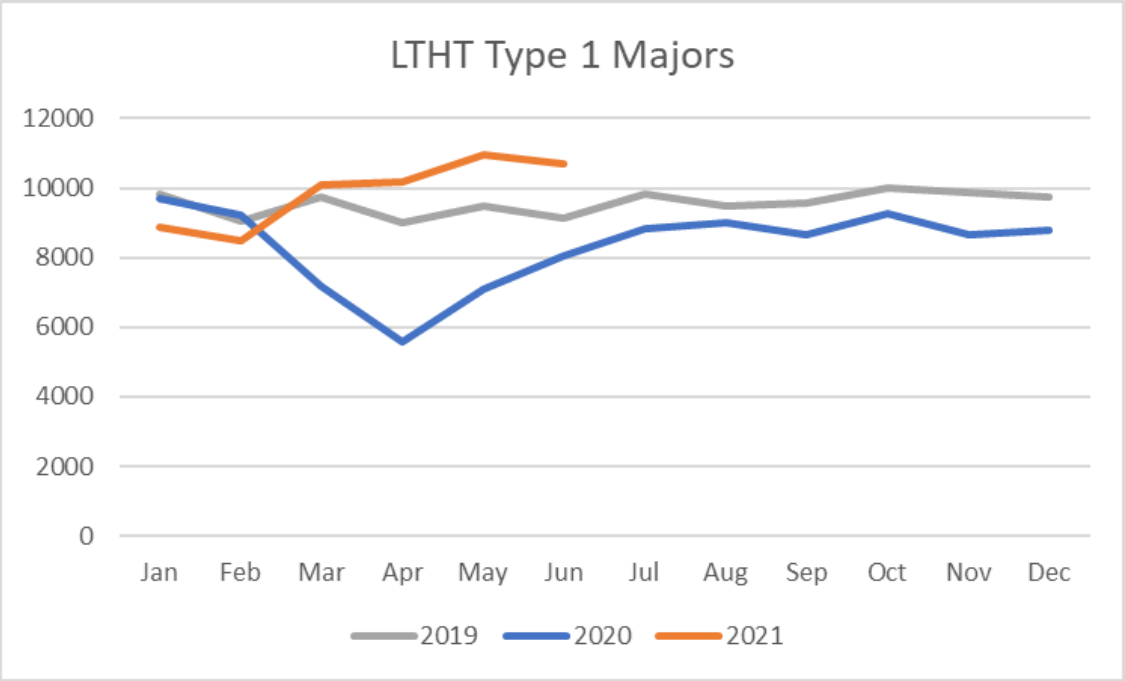
2.2 Both EDs have seen increasing numbers of patients particularly those attending with a lower acuity presentation which could have been treated by a different service. The LGI site has seen its highest ever attendances on a number of occasions between June and July. This has been

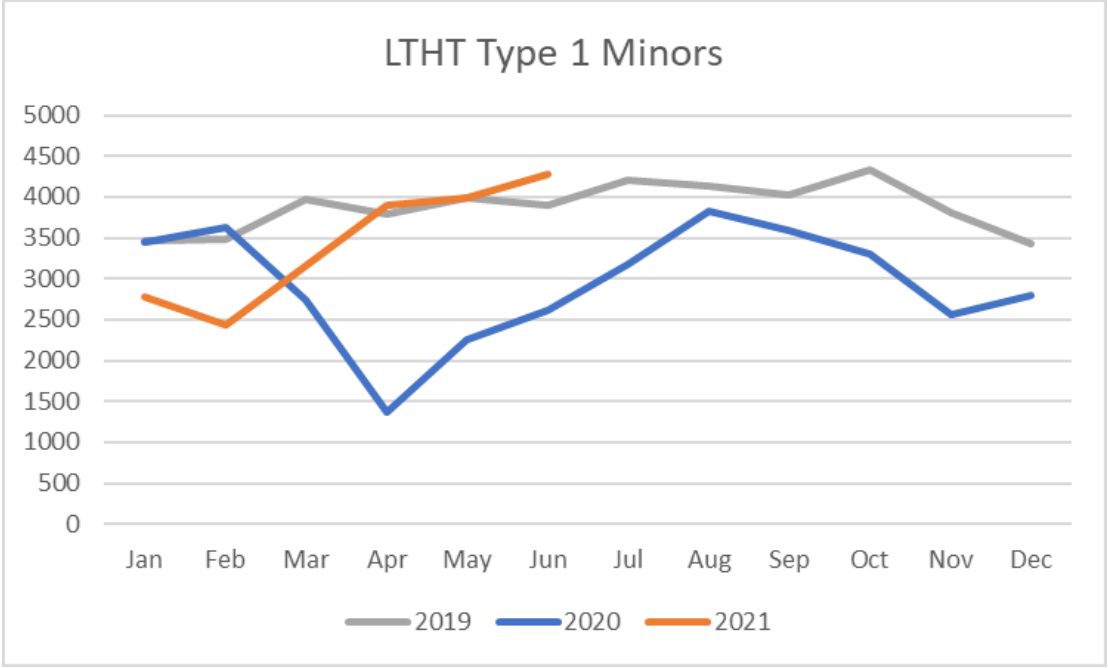
coupled with social distancing requirements and has led to physical overcrowding in the departments and impacted patient and staff experience.

2.3 The graphs below show current attendance numbers together with those of previous years. ED has seen a 15% increase in type 1 presentations when compared to June 2019 (for comparison with a “normal year”). There is a further graphical breakdown into those classed as major presentations and those classed as minor attendances.






LTHT Type 1 Majors
12000
10000
8000
6000
4000
2000
0
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2019
2020
2021

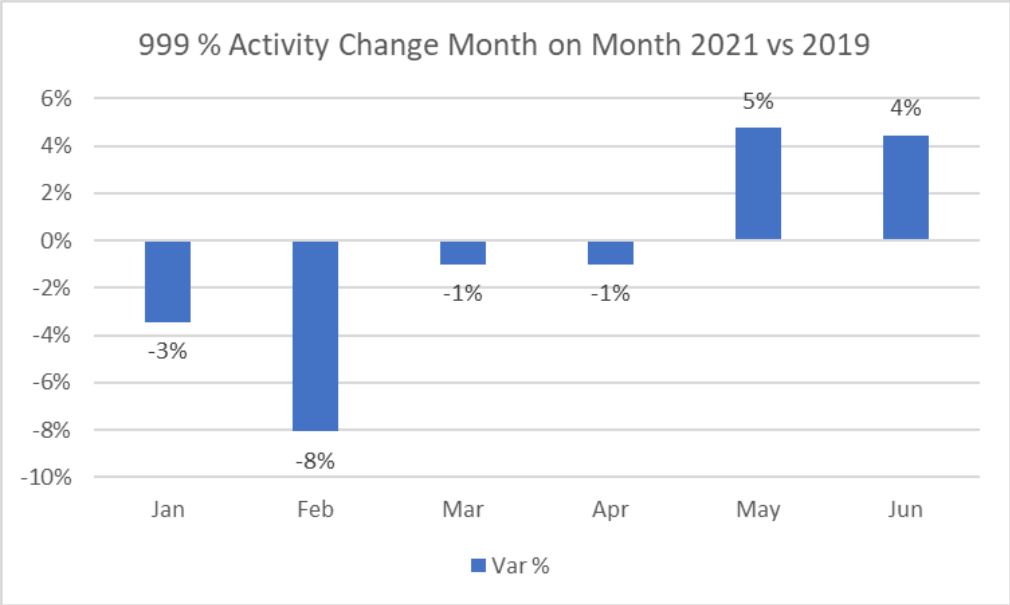

LTHT Type 1 Minors
5000
4500
4000
3500
3000
2500
2000
1500
1000
500
0
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
2019
2020
2021

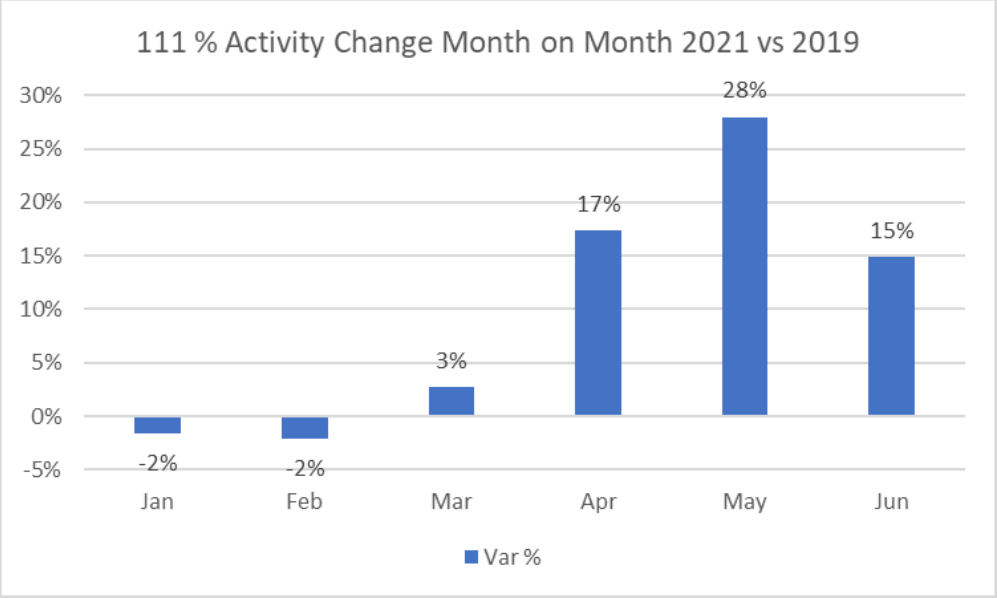
2.4 The graphs above show there has been a 17% increase in major presentations, 10% increase in minor presentations (June 2019 vs. June 2021). NB. This data represents coding by location and therefore this data probably understates how many people have minor presentations as when the minors area is full, people are seen in the majors areas

2.5 There are a growing number of paediatric attendances at emergency departments and more anticipated increases in Respiratory Syncytial Virus across the summer that could lead to further increases at Emergency Departments and inpatient numbers. This has led to a 26% increase in attendances at the Paediatric ED when compared to June 19.

2.6 The two Urgent Treatment Centres in Leeds have seen increased demand with a 2% increase on 2019 figures in St Georges and a 10% increase on 2019 figures at Wharfedale.

2.7 999 and 111 calls are also well above forecasted levels when compared to June 2019





2.8 This is all being managed by a workforce which is having to deal with burnout, staff isolating and unprecedented levels of public abuse and frustrations

3. General Practice – Current Situation and Background

3.1 There are now 93 practices in Leeds serving a registered population of 898,870 all of whom have had to rapidly adopt a different operating model in order to respond to the Covid 19 pandemic.

3.2 In March 2020, specific guidance was issued directing practices to implement the following models:

1. Move to a total triage system (whether by phone or online)
2. Agree locally with your CCG which practice premises and teams should be used to manage essential face-to-face services
3. Undertake all care that can be done remotely via appropriate channels
4. Prepare for the significant increase in home visiting as a result of social distancing, home isolation and the need to discharge all patients who do not need to be in hospital
5. Prioritise support for particular groups of patients at high risk
6. Help staff to stay safe and at work, building cross-practice resilience across primary care networks, and confirming business continuity plans

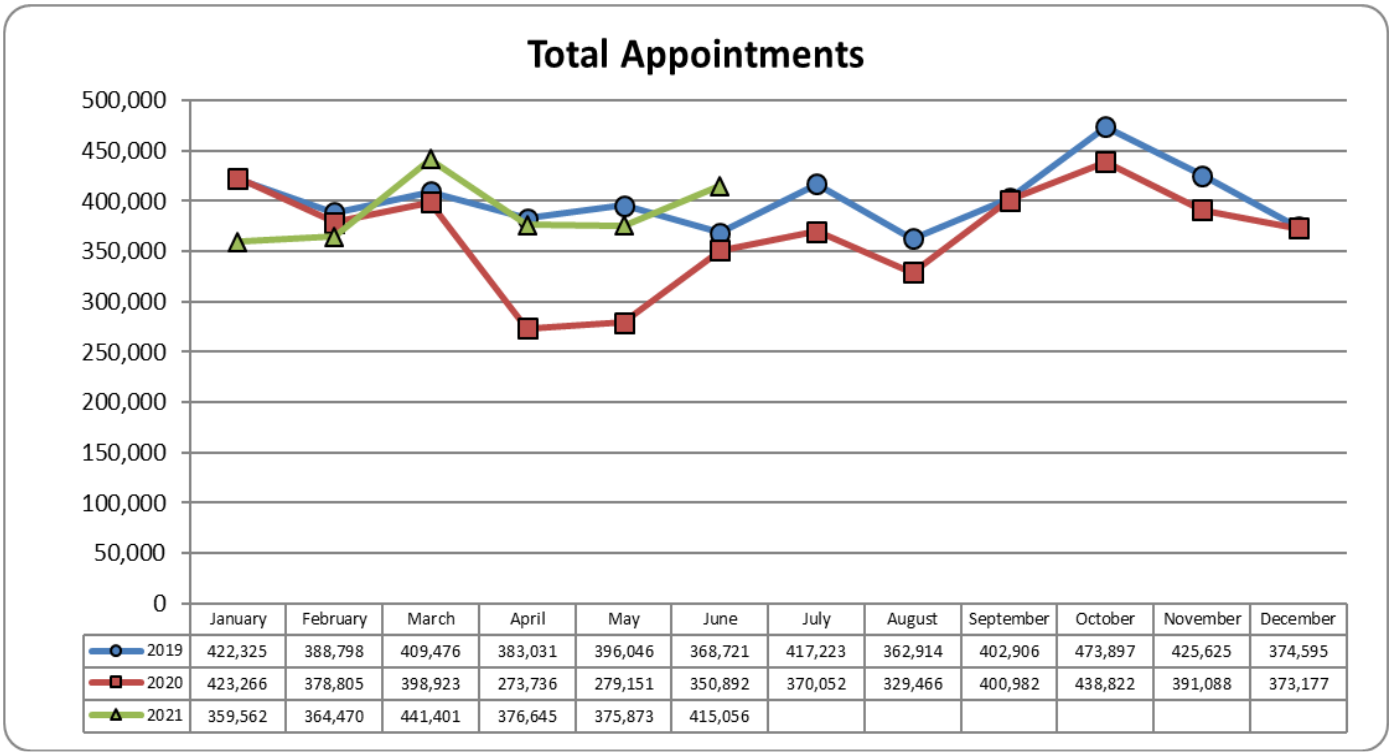
3.3 Additionally, many routine services were suspended for the latter part of 2019/20 and Quarter 1 of 2020/21 to focus clinical resources in managing patients with Covid or to support patient/staff safety.

3.4 On 14 May 2021, NHS England and NHS Improvement issued a communication to all General Practices setting out specific expectations on the availability of face to face services, providing choice to patients and ensuring that patients can access the building.

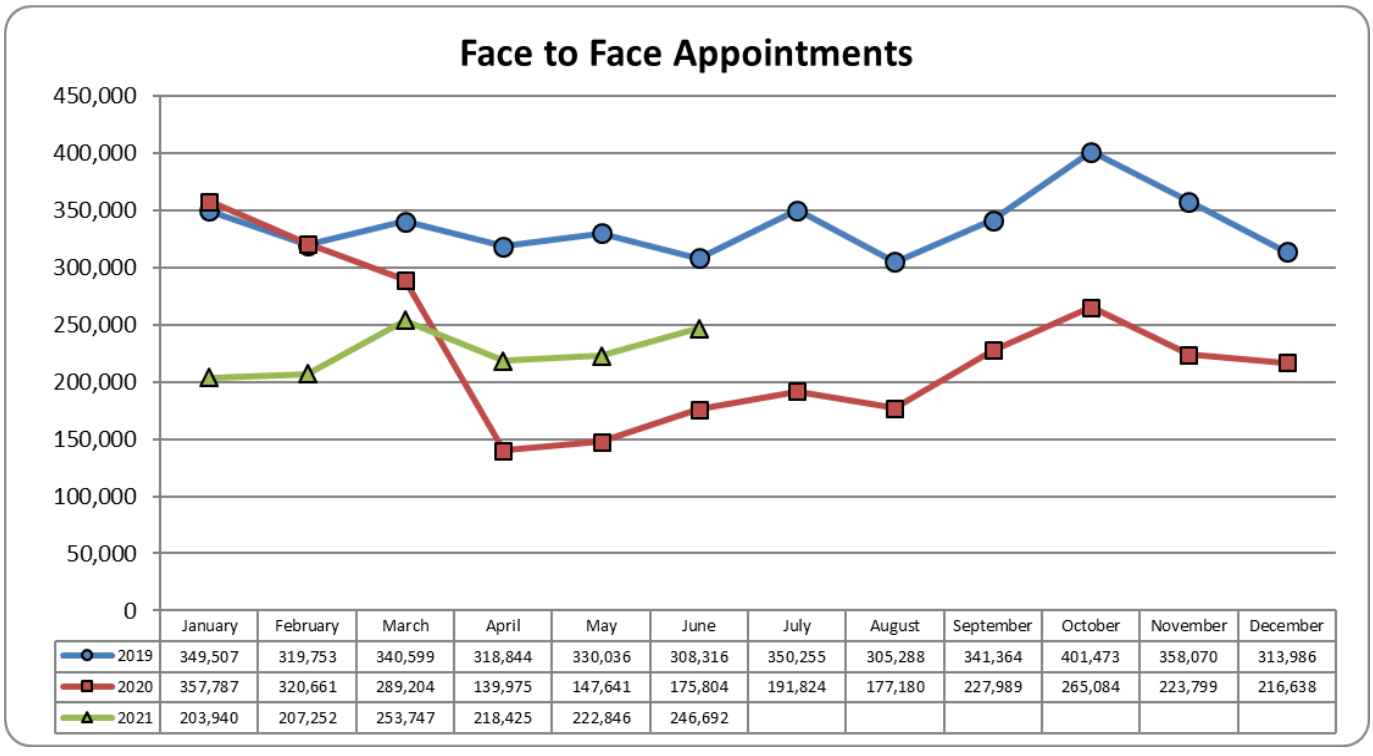
3.5 In Leeds, we have sought assurance on the availability of face to face appointments and recognise that practices have been working within a Standard Operating Procedure which sets out the expectation that practices should provide remote triage first which not only ensures patients needs are supported in the most appropriate way but also reduces the risk of transmission of Covid. All practices following this triage provide a face to face appointment where this is deemed clinically necessary and this is an approach we continue to support.

3.6 The data below shows that the shift in the type of appointments has continued as practices provide remote triage. However, the number of face to face appointments has continued to rise. Some specific points in relation to the most recent data available include:

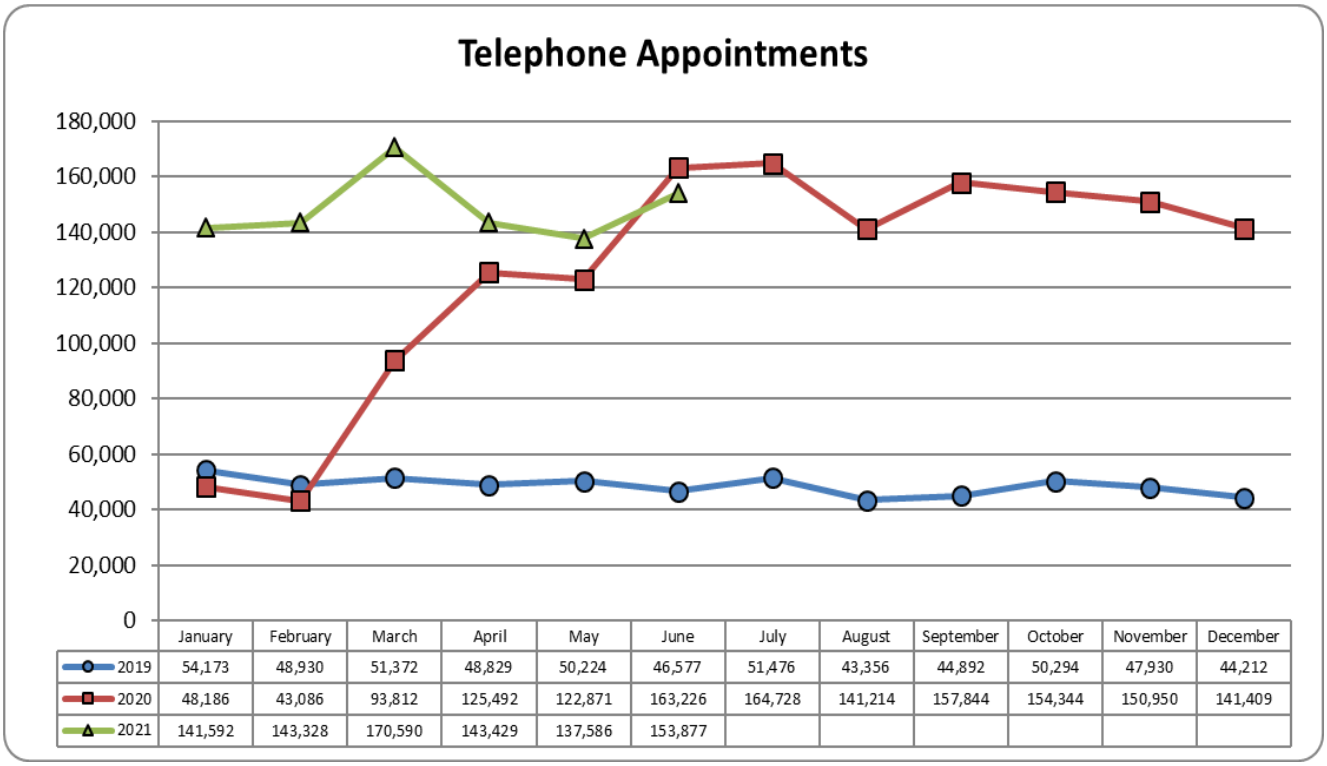
- The increase use of telephone appointments can first be seen in March 2020 where 93,812 appointments were used. This increase has continued throughout 2020 and 2021 with 153,877 telephone appointments in June 2021 which is an increase of 230% compared with the same period in June 2019.
- The total number appointments in June 2021 was 415,056 which is a 12.6% increase on pre-pandemic levels (compared with June 2019).
- There were slight variations in April and May 2021 which could be attributed to the 2 bank holidays in both months.
- There were 246,692 face to face appointments in June 2021 which accounts for 59% of all appointments. Pre-pandemic (2019) face to face appointments accounted for 83% of all appointments and during 2020 this was 50%.



	January	February	March	April	May	June	July	August	September	October	November	December
2019	422,325	388,798	409,476	383,031	396,046	368,721	417,223	362,914	402,906	473,897	425,625	374,595
2020	423,266	378,805	398,923	273,736	279,151	350,892	370,052	329,466	400,982	438,822	391,088	373,177
2021	359,562	364,470	441,401	376,645	375,873	415,056						



	January	February	March	April	May	June	July	August	September	October	November	December
2019	349,507	319,753	340,599	318,844	330,036	308,316	350,255	305,288	341,364	401,473	358,070	313,986
2020	357,787	320,661	289,204	139,975	147,641	175,804	191,824	177,180	227,989	265,084	223,799	216,638
2021	203,940	207,252	253,747	218,425	222,846	246,692						



	January	February	March	April	May	June	July	August	September	October	November	December
2019	54,173	48,930	51,372	48,829	50,224	46,577	51,476	43,356	44,892	50,294	47,930	44,212
2020	48,186	43,086	93,812	125,492	122,871	163,226	164,728	141,214	157,844	154,344	150,950	141,409
2021	141,592	143,328	170,590	143,429	137,586	153,877						

3.7 The CCG will continue to support general practice to improve access through the following longer term priorities identified through the planning guidance:

- support those practices where there are access challenges so that all practices are delivering appropriate pre-pandemic appointment levels.
- continue to support practices to increase significantly the use of online consultations, as part of embedding total triage.
- Support their PCNs to work closely with local communities to address health inequalities. The ongoing effort to tackle the backlog of clinically prioritised long-term condition management reviews, including medication reviews and routine vaccinations (supported via the re-introduction of QOF indicators from April).
- Workforce expansion in general practice.
    - Recruitment of PCN roles to be in place by the end of the financial year, in line with the national target of 26,000 by 2023/24
    - expand the number of GPs and thereby;
    - continue to make progress towards delivering the national target of **50 million** more appointments in general practice by 2024

4 **Actions to address current demand in Same Day Response Services**

4.1 The Leeds system is working positively together through existing governance structures to address the increase in demand. System silver continues to meet weekly to oversee the implementation of agreed actions and identify opportunities for joint approaches to support partners from across the system.

4.2 Specifically, a plan to support improvements to 'Same Day Services' has been established which aims to bring together a number of actions to address the current pressures being faced. Whilst this plan addresses some immediate terms actions it should be seen as part of the overall transformation of Same Day Response programme of work referred to elsewhere in the paper. A summary of the short-term actions include:

SDR Workstream	Action	Objective/Result/Benefit
Patients can receive timely same day response through increased overall capacity in the system	Increase Primary Care capacity through COVID recovery funding	Increase General Practice capacity to support patients receiving timely access and reduce in call waiting
	Process of 111 Online validation to be tested to support potential avoided ED attendances	Potential reduction of ED attendances.
	Increase capacity within CRISS (Crisis Response and Intensive Support Service) to provide support into the system	Increase number of service users receiving timely access to secondary care MH crisis services
Patients are able to access the right service, at the right time, in the right place that best meets their need	Increase number of practices participating in Community Pharmacy Consultation Service	Improve patient satisfaction through signposting to alternative services
	Test and Develop Minor Illness Offer	Increase streaming from LGI front door with additional capacity to reduce wait times
	Maximising use of Extended Access	Improve patient satisfaction through signposting to other available services
	Develop Care Navigator Role to smooth transition from points of access through to MH Crisis Services	Service Users access the right service
	Increase capacity with third sector crisis support services	Service Users access alternatives to A&E and secondary care MH services
Patients not needing hospital or specialist services are offered suitable alternatives	Response plans for children requiring a same day response	Avoidance of Children's hospital/ED attendances Increase capacity for children's attendances
	Extend community virtual ward offer	Increase daily case load from 40 to 60, increasing opportunity for both step-up and step-down use (NB key assumption in risk section)

4.3 Consistent communication on the availability of services and to encourage citizens to 'Choose Well' are essential. Additionally, we need to ensure we address the growing levels of abuse being reported towards health and care staff who have worked tirelessly throughout the pandemic and continue to do so.

5 Strategic Same Day Response Plan

5.1 The Leeds health and care system has been working together for a number of years to develop the Same Day Response Strategy for Leeds and the programme can be split into the following four areas:

- Develop access to services for people who need a same day response ensuring people are directed to the right place first time for their health and care needs
- Develop the Same Day Response Community and Primary Care offering ensuring people are able to get the most appropriate care in the community 24/7
- Develop an effective Ambulance service
- Develop the Emergency Department and Same Day Emergency Care Models

5.2 A summary of the key longer-term action plan is included in the table below:

SDR Workstream	Action	Objective/Result/Benefit
Develop an efficient and effective 111 service	Maximising the usage of the DOS and service finder for: • single points of access (SPAs) including SPUR/MH SPA/PCAL/CAS. • Primary Care for minor illness • Same Day Emergency Care Services (SDEC) • Urgent Treatment Centres • Emergency Department Increasing the utilisation of direct booking from 111 into SDR services including Pharmacy, General Practice, Urgent Treatment Centres, SDEC and ED Further developing the West Yorkshire Clinical Assessment Service	People are directed to the most clinically appropriate place and treated at the first point of contact where possible.
Create an integrated single point of access (SPA) journey for patients and professionals across all Leeds SPAs	Develop pathways between SPUR, PCAL, MH SPA, CAS, 111 and 999 to create an integrated Single Point of Access offer in Leeds.	A seamlessly integrated service ensuring people get the same access to services wherever they present through the city's SPAs.
Create a 24/7 Primary Care offering	Improve the primary care offer through a quality improvement access programme incorporating general practice, Extended Access, community pharmacy and GP Out of Hours	Facilitates the left shift bringing care closer to populations and improving access to primary care
Develop the Urgent Community Response offer in Leeds	Deliver the national 2-hour and 2-day Urgent Community Response standards by April 2024 through development of virtual wards, improved night care home response, implementing national data sets and guidance and developing clinical.	Prevent admissions through the provision of urgent responses in the community and provide early multi-agency identification of people in need and delivery of timely and holistic personalised care.
Develop Urgent Treatment Centres in Leeds	Ensure that the UTCs meet the extended national UTC standards and develop pathways to facilitate the left shift of services out of hospital and into the UTCs e.g. DVT, potassium pathway etc.	Standardise the urgent care offer across Leeds, reducing the current confusing mix of services while providing an alternative to the Emergency Department for minor injury and illness and supporting General Practice

	Develop the Community Diagnostic Hub pathways in UTCs e.g. x-ray, ultrasound, pathology etc Develop a co-located UTC offering at the LGI site as part of the building the Leeds Way development. Develop a long-term comms strategy focussed on minor injuries (as the biggest opportunity for left shift from ED) and promoting 111 first ensuring people access the right care first time	
Develop Same Day Emergency Care pathways across Leeds	Increase the proportion of Same Day Emergency Care (SDEC) attendances from a fifth of overall ED attendances to a third by maximising the opportunity for SDEC through establishing hubs at the SJUH and LGI sites.	Provide an alternative to ED and improve admission avoidance
Implement new Clinical Review Standards	Work with system partners to implement the Clinical Review Standards when they are released.	Establishes new standardised national measures for Hospital and ED

6 **Summary**

6.1 There is a clear action plan put in place across Same Day Response to transform the series of complex services across a number of interdependent healthcare settings. There is recognition these services need to transform to ensure sustainability for the future and meet the ever growing demand and changing cultural shifts in the public expectations in how they access SDR services. We will continue to focus on the key areas of developing access to services, developing an integrated 24/7 primary care offer, developing an efficient and effective ambulance service alongside regional partners and developing same day emergency care and emergency department services that are able to meet demand and see people appropriately for their needs. We will work with and support providers to redesign the way their services are provided. Increasingly, we will work with the evolving Integrated Commissioning Partnerships at a regional level as well as primary care networks and federations and other SDR providers to look at how services can be provided innovatively and at scale to meet this new demand whilst securing the quality of service offered to the patients of Leeds.

This page is intentionally left blank

Report author: Carl Mackie/
Lucy Jackson Tel: 07891279692

Restart and prioritisation plans for the delivery of the NHS Health programme.

Date: 7th September 2021

Report of: Director of Public Health

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

What is this report about?

Including how it contributes to the city's and council's ambitions

- This paper provides an overview and update on the NHS Health Check programme within Leeds. It includes the impact of Covid-19 on service delivery and an overview of the planning being undertaken to support a programme of recovery with a focus on those most at risk of cardiovascular disease.

- The NHS Health Check is one of the nationally Public Health-mandated services for Local Authorities within the 2012 Health and Social Care Act. It is for adults in England aged 40 to 74, who do not have any cardiovascular disease. It's designed to identify early signs of stroke, kidney disease, heart disease, type 2 diabetes, or dementia, and either prevent people developing them through healthy living support, and/ or ensure people have effective support and medication to manage any medical condition identified. The programme directly contributes to Leeds Health and Wellbeing Strategy outcome of 'People will live longer and have healthier lives', and the priority of 'a stronger focus on prevention' and the measure of a reduction in premature mortality from cardiovascular disease (see Appendix 1 for what is included within a NHS Health Check); and also the Best Council Plan Health and Well-being priority.

- The report focuses on the impact of Covid-19 on NHS Health Check programme delivery throughout 2020/21 and the steps being taken to plan for the restart and recovery of this programme. The report is for information and to provide assurance that there is awareness of the impact of Covid-19 on this programme, and that this impact is being actively responded to. A detailed

restart and recovery plan for NHS Health Checks, is in the process of being developed by the GP Confederation. This will be informed by the attached options paper (Appendix 2), which has been produced in partnership by Leeds City Council Public Health, Leeds NHS Clinical Commissioning Group (CCG) and Leeds GP Confederation.

Recommendations

a) It is recommended that the Board consider and comment on the information contained in the report and appendices, noting the assurance provided and considering if any additional information or further scrutiny work would be of benefit.

b) Specific comments on options for restart.

Why is the proposal being put forward?

1 This report provides an overview and update of the NHS Health Check programme, including the impact of Covid-19 on the delivery. It also provides an overview of the planning being undertaken to support the recovery of this programme. It is intended as an overview of the impact, providing assurance that this is being proactively responded to and to seek comments on the options for recovery.

Background

2 The NHS Health Check is for people who are aged 40 to 74 who do not have any of the following pre-existing conditions:

- heart disease
- chronic kidney disease
- diabetes
- high blood pressure (hypertension)
- atrial fibrillation
- transient ischaemic attack
- inherited high cholesterol (familial hypercholesterolemia)
- heart failure
- peripheral arterial disease
- stroke
- currently being prescribed statins to lower cholesterol
- previous checks have found that you have a 20% or higher risk of getting cardiovascular disease over the next 10 years

3 The NHS Health Check is one of the nationally mandated public health functions for Local Authorities within the 2012 Health and Social Care Act. The ‘mandation’ is that all the eligible population are offered the NHS Health Check every 5 years. Appendix 1 outlines what is included within an NHS Health Check. Data on both invitations and completed NHS Health Checks are required by Public Health England quarterly from each Local Authority.

4 Leeds has been delivering NHS Health Checks since 2009. The programme started within the most deprived communities in Leeds and those already identified as at highest risk and then rolled out across the whole city to achieve the national requirements. In Leeds, the programme has always been delivered through GPs, due to the recognition that there is a need to ensure that the correct eligible population are invited each year and that their results are entered onto the primary care system for continuation of patient care. This was also supported by several insights and community engagement programmes asking people from different communities, ages and gender how they would want to take part in the NHS Health Check. These overwhelmingly supported the delivery within primary care. Trials have also taken place in Leeds with pharmacies (e.g ASDA working with Public Health England), however issues of IT and also the low uptake from people meant this was stopped.

5 The contract was recently reviewed with a full health needs assessment and consideration of how to increase uptake in communities most at risk of cardiovascular disease. This led to a revised contract being reprocured which takes a 'proportionate universalism' approach offering the NHS Health Check to everyone who is eligible but incentivising GPs to target and make it more accessible to key communities most at risk of cardiovascular conditions.

6 The present provider in Leeds is the Leeds GP Confederation (Confederation) who were awarded the contract in 2019 for 3 years with the possibility of extension for up to a further two years. The total contract value is £1,560,000with an annual contract value of £520,000. The contract relates to the delivery of NHS Health Check via Primary Care (GPs) to the eligible population of Leeds, ensuring 20% of those eligible are invited for an NHS Health Check within the given financial year. The Provider is required to promote NHS Health Checks and encourage uptake, particularly focusing on increasing uptake amongst groups identified as most likely to benefit:

- (i) Deprived populations (people living in the 10% most deprived communities nationally)
- (ii) Current smokers
- (iii) Obese (BMI 30+)
- (iv) People from Black, Asian and minority ethnic communities

Performance

7 Nationally PHE have set a target uptake rate of 75% of the eligible population
In the first year of the new contract (2019/20):
19,880 NHS Health Checks were carried out during 2019-20, with 75,222 invites sent out.
43.5% (19,880) of the eligible population (45,642) received an NHS Health Check.
41.0% (8,100) NHS Health Checks completed were with people in one or more key *'most likely to benefit'* groups. Of these:
- 50.9% were people who had a Body Mass Index (BMI)>30;
- 32.3% were smokers;
- 36.2% were people living in the 10% most deprived communities nationally.

Table 1. Comparison of NHS Health Check performance with other core cities and other areas in our region

Ares	Q4- 20/21	Q3 19/20	% of eligible pop invited in the last 5 years	% of eligible pop received a NHS health check in the last 5 years
England	485	2,057	71.8%	33.4%
Yorkshire and Humber	485	2,057	63.8%	29.6%
Birmingham	3,605	6,721	100%	47.7%
Bristol	9	1,224	73.7%	27.6%
Kirklees	1,292	3,245	83.8%	41.5%
North Yorkshire	1,181	4,127	78.5%	37.9%
Leeds	1,211	4,972	64.1%	43.4%
Liverpool	0	1,908	60.1%	29.7%
Manchester	999	5,297	79.1%	35.7%
Newcastle	0	494	51.6%	16%
Nottingham	331	1,008	56.3%	18.7%
Sheffield	329	2,272	61.1%	19.5%

Table 1 shows that the percentage uptake of eligible population over the last 5 years for NHS Health Checks in Leeds, although under the national requirement, it is higher than the majority of other core cities, some other regional areas and the England average. Only Birmingham had a higher percentage uptake rate.

See Appendix 3 for breakdown of key demographic data taken from 2019/20 annual report.

2020-21

8 As with a many other health care services, NHS Health Check activity across Leeds has been significantly reduced as a result of the Covid-19 pandemic throughout 2020-21. This has also been the case nationally as NHSE wrote to GP Practices at various points throughout the pandemic asking them to stop or prioritise other specific activity.

9 In 2020-21, 3,611 NHS Health Checks were completed from 19,398 invitations sent out (18% of the total number of NHS Health Checks delivered in 2019/20). In 2020/21 a cumulative total of 3,611 NHS Health Checks were completed from an eligible population of 47,435. This equates to 7.6% against the PHE target and compares to 43.5% achieved in 2019/20.

35.7% (1,511) of all NHS Health Checks completed were with people in one or more key *'most likely to benefit'* groups.

10 This means a significant number of people who were eligible did not receive an NHS Health Check during 2020/21 as a result of the wider impact of the pandemic.

NHS Health Check 'restart and recovery' planning

11 Public Health has been working with the GP Confederation to plan for restarting and catching up in 2021-22, working alongside Leeds CCG colleagues, who are co-commissioners of Primary Care. This is in the context of reduced staff capacity in primary care with the prioritisation of the COVID-19 vaccination programme, and other primary care restart priorities. An options paper has been produced to inform these conversations. The Leeds GP Confederation have also issued a short survey to GP practices to gauge capacity to deliver NHS Health Checks, now, and over the next 6-12 months. This will inform a detailed Restart and Recovery Plan currently being developed by the GP Confederation.

Public Health England review of NHS Health Checks

12 Public Health England are currently undertaking a national review of the NHS Health Check programme, and their finding and consequential implications were due in Spring 2021 but have since been delayed to late Summer 2021. The implications will need to be considered and incorporated into the Leeds restart and recovery plan when known, but initial insights are that the age group and potentially the scope might increase. It is clear this will continue to be a Local Authority Public Health function.

Extension of NHS Health Checks Contract

13 The NHS Health Check contract with the Leeds GP Confederation commenced on 1st April 2019 for a period of three years with the option to extend up to a further two. The Public Health Programme Board approved a recommendation on the 22nd April 2021 to extend the contract from 31st March 2022 invoking a two-year extension subject to approval from Delegated Decision Panel (DDP). This decision is supported by the Executive Member for Public Health. The rationale for this decision was based on the following:

- the original decision of primary care being the most appropriate place for delivery of the programme still stands
- the extension will avoid disruption for practices, the GP Confederation and partnership working across city at a time of significant pressure;
- It will enable the focus to be on Covid restart and recovery;
- the potential implications from the national PHE review on NHS Health Checks are not yet known;

- the need for time for in depth discussions and consultation to take place about the long-term future needs of the city are with regards to NHS Health Check programme

Wards Affected: All		
Have ward members been consulted?	☐Yes	☒No

What impact will this proposal have?

14 NHS Health Check is a check-up for adults in England aged 40-74. It's designed to identify early signs of stroke, kidney disease, heart disease or type 2 diabetes. It is recognised that cardiovascular disease is the largest contributor to the gap in life expectancy in Leeds (contributing 25.4 % for men and 23.4 % for women). Positively, this gap has started to see a narrowing over the last few years.

15 NHS Health Checks do not only identify people at high risk of developing cardiovascular disease but through brief advice, they empower people to make more informed choices about their health and wellbeing. This can not only support people to live a healthier life, reducing future healthcare requirements, and can also create a more resilient and independent society.

16 A large proportion of the eligible population have missed out on an NHS Health Check due to Covid-19. Evidence states that people with cardiovascular disease, diabetes and obesity are more likely to experience severe outcomes from Covid-19. This highlights the importance of systematically identifying people at risk of such conditions through the NHS Health Checks programme thereby avoiding further exacerbation of health inequalities. The low completed rate in the current financial year means that significantly fewer people have been identified as high risk of developing cardiovascular disease.

17 Therefore, it is imperative that the restart and recovery of NHS Health Checks, including a programme of catch up, is implemented as soon as practically possible in order to mitigate an increase in cardiovascular disease risk at both an individual and population level as well as avoiding the exacerbation of existing health inequalities.

What consultation and engagement has taken place?

18 Significant engagement with the public and stakeholders previously took place within the re-procurement of the present contract, which was used to inform the current service model.

19 Engagement has taken place with Clinical Commissioning Group (CCG) colleagues. An options paper (Appendix 2) was shared with CCG colleagues for their views on potential options for the Leeds GP Confederation to consider and inform their restart and recovery plan.

20 The Leeds GP Confederation has, and will, continue to engage with GP Practices on their proposals. In particular, the Leeds GP Confederation have recently issued a short survey to GP Practices to gauge capacity to deliver NHS Health Checks, now, and over the next 6-12 months. Findings suggest that a significant proportion of GP Practices are forecasting a reduced capacity to deliver NHS Health Checks over the next 6 months.

What are the resource implications?

21 The contract value is £1,560,000 with an annual contract value of £520,000. This sum is from the Public Health ring-fenced budget.

22 The payment structure of the contract is a combination of fixed management costs and 'activity-based payment' (e.g. each NHS Health Check delivered receives a payment of £20. An additional incentive payment of £8 is provided for NHS Health Checks completed with people from groups most likely to benefit, as listed above). This enables value for money as payment is only made for activity received. Commissioning and delivery models vary across the country. Some areas commission the NHS Health Check delivery outside of primary care using community based providers and pay as a 'block' contract (payment regardless of activity). Delivery through primary care is the most common approach.

23 The total annual budget for NHS Health Check programme is £520,000 and is funded from the ring fenced Public Health budget. Any underspend from 2020/21, due to the impact of Covid-19, has been mandated to support catching up on those who missed an NHS Health Check during 2020/21.

What are the legal implications?

24 The NHS Health Check is one of the mandated public health functions for Local Authorities within the 2012 Health and Social Care Act. The 'mandation' is that all the eligible population are offered the NHS Health Check every 5 years. Due to Covid this has not been the case during 2020-21. This is acknowledged by Public Health England, however working with the GP confederation we are committed to ensure that people in Leeds who did not have their NHS Health Check, specifically targeting those most at risk of cardiovascular disease.

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

25 The key risk is primary care continuing to not have the capacity to deliver NHS Health Checks to pre-pandemic levels and also not be able to catch up on eligible people who missed their Health Check in 20/21. This is in the context of reduced staff capacity in primary care with the prioritisation of the Covid-19 vaccination programme and other primary care restart priorities. Winter pressures alongside phase 3 of the vaccination programme may also impact in the coming months. This risk is being managed through the Public Health risk register.

26 Public Health and the GP Confederation have been working together to plan for restarting and a catch up programme in 2021-22, along with Leeds CCG colleagues. An options paper (Appendix 2) has been produced to inform these conversations and is being used to inform a detailed GP Confederation Restart and Recovery Plan.

27 One option was to prioritise NHS Health Checks to key 'at risk' groups whilst GP Practices have limited capacity and competing pressures. Other options are also being considered to mitigate reduced capacity in Practices, including use of extended access; increased use of digital and delivery on a PCN footprint.

28 Financial underspend (within the Public Health ring fenced grant) as a result of reduced activity in 2020/21 has been carried forward to ensure NHS Health Checks delivery in 2021/22 is able to fulfil the mandated requirements.

Does this proposal support the council's 3 Key Pillars?

☐Inclusive Growth ☒Health and Wellbeing ☐Climate Emergency

29 The NHS Health Check is for adults in England aged 40 to 74, who do not have any cardiovascular disease. It's designed to identify early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia, and either prevent developing them through healthy living support, or ensure people have effective support and medication to manage any condition identified. Therefore, it directly contributes to Leeds Health and Wellbeing strategy outcome of 'People will live longer and have healthier lives', and the priority of a stronger focus on prevention and the measure of a reduction in premature mortality from cardiovascular disease; and also the Best Council Plan Health and Well-being priority.

Options, timescales and measuring success

a) What other options were considered?

30 Option within options paper (Appendix 2) are currently being considered to inform a detailed Restart and Recovery Plan currently being developed the Leeds GP Confederation.

b) How will success be measured?

31 Quarterly monitoring information shows a consistent increased trajectory on the number of NHS Health Checks completed with the eventual return to pre-pandemic figures. Annual report will demonstrate outcome measure.

c) What is the timetable for implementation?

32 An agreed restart and recovery plan will be agreed by the end of quarter 2 between Leeds City Council and the GP Confederation

Appendices

Appendix 1

What happens at the NHS Health Check?

An NHS Health Check takes about 20 to 30 minutes.

The health professional – often a nurse or healthcare assistant – will ask you some questions about your lifestyle and family history, measure your height and weight, and take your blood pressure and do a blood test. The blood test will be done either before the check with a blood sample from your arm, or at the check.

Your blood test results can show your chances of getting heart disease, stroke, kidney disease and diabetes.

If you're over 65, you will also be told the signs and symptoms of dementia to look out for.

You will then receive personalised advice and provided support to improve your risk. This could include talking about:

- how to improve your diet and the amount of physical activity you do
- taking medicines to lower your blood pressure or cholesterol
- how to lose weight or stop smoking

You may be referred on to specific support services to help improve your risk.

Appendix 2

NHS Health Checks re-start options

Background

The NHS Health Checks is one of the mandated public health functions for Local Authorities within the 2013 Health and Social care Act. The 'mandation' is that all the eligible population are offered the NHS Health Check every 5 years.

NHS Health Check is check-up for adults in England aged 40-74. It's designed to spot early signs of stroke, kidney disease, heart disease or type 2 diabetes. Age is one of the risk factors of developing these conditions and the Health Check has been developed to help lower this risk. During the 'check', brief healthy living advice and signposting is also offered to the patient based on the information they provide, thereby giving them access to other wellbeing services and support within Leeds.

In January 2021, The National Health Service England and Improvement (NHSE/I) wrote to all CCGs to immediately suspend any locally commissioned services and reporting requirements as the Covid-19 vaccination programme was rolled out. However, people living in the most deprived communities have poorer health outcomes and further delaying their NHS Health Checks means that the risk of developing a long term condition will increase. The intention of the re-start model is to scale up activity as the lockdown restrictions ease and to tackle health inequalities that have been highlighted through the Covid-19 pandemic.

NHS Health Checks do not only identify people at high risk of developing CVD but through brief advice, empower people to make better and more informed choices about their health and wellbeing. This can not only support people to live a healthier life reduce the burden on the primary and secondary care services but also create more resilient and independent society.

This paper provides a brief description of the current NHS Health Checks position in Leeds and the options to re-start the programme as the restriction and the pressures on primary care ease.

Current position:

NHS Health Check activity across Leeds remains significantly reduced as a result of the pandemic.

Overall, 4227 NHS Health Checks were completed from 19,400 invites sent out in 2020-21 (uptake of 21%). This compares to 19,880 NHS Health Checks carried out during 2019-20 from 75,222 invites (uptake of 26.5%). This means a significant number of people who were eligible did not receive a NHS Health Check during 2020/21 as a result of the impact of the pandemic.

NHS Health Check delivery was officially paused during quarter 1 of 2020/21 as a result of the first wave of the pandemic and lockdown (245 HCs completed in Q1). During quarter 2, the Leeds GP Confederation sent a communication out to GP Practices and an offer of support to encourage the gradual restart of NHS Health Check where practically possible. This also included a revised payment structure that included extra incentive payments for key target groups (£8 per check for people from one or more of the key target groups) along with the addition of BAME as a key target group. This was in recognition of the key link between serious illness from COVID and underlying cardio vascular conditions.

Surprisingly, in q4, the activity increased despite the roll-out of covid-19 vaccine and pressures on primary care. There were 1,827 checks completed in q4, taking the full year activity to 9.3% when compared to the eligible population. This means a significant number of people who were eligible did not receive a NHS Health Check during 2020/21.

Performance against PHE uptake target

The PHE target number of invites for 2020/21 was 45,436 (based on extracted eligible population Oct 2020).

In 2019/20, a total of 19,880 checks were completed. However, in 2020/21 there were only 4,227 checks completed which equates to 9.3% of the eligible population (4227/45,436*100). This compares to 43% over the same period in 2019/20.

It is concerning that a large proportion of the eligible population have missed out on a NHS Health Check due to Covid-19. Evidence states that people with CVD, diabetes and obesity are more likely to experience severe outcomes from covid-19. This highlights the importance of identifying people at risk of such conditions through the NHS health checks programme thereby avoiding further exacerbation of health inequalities. The low completed rate in current financial year means that significantly fewer people have been identified as high risk of developing CVD. In short term this could mean that more people require emergency treatment thereby, increasing the burden on primary and secondary care services.

Our ambition remains to offer invitations to the eligible population, especially in the at risk groups (Deprived, smokers, BAME and BMI >30) throughout this pandemic, to help reduce health inequalities.

Areas of high eligible population 2020/21

The eligible population for 2020/21 was estimated at 45,436. However, some Primary Care Networks (PCN) have a much higher proportion of eligible population (not the most deprived). These include:

1. Central North 5131
2. Pudsey 4169
3. Morley & Dist 3903
4. Woodsley 3326

Areas of Leeds with higher prevalence of at risk groups

Evidence indicates that the prevalence of obesity and smoking is much higher in the most deprived areas of Leeds. It also suggests that there is a higher proportion of Black, Asian and Minority Ethnic groups within Chapeltown, Beeston and Burmantofts, Harehills and Richmond Hill Primary Care Networks. Further analysis of the risk groups/factors outlined in the NHS Health Checks specification shows that:

- Adult obesity levels (not including overweight) in Leeds show far higher levels in deprived areas than the city as a whole,
- Beeston, Chapeltown, Armley, Seacroft, Middleton, Kippax and Morley wards have the highest rates of obesity (2015)
- Chapeltown and Beeston have the highest rates of diabetes (2015)
- Chapeltown, Beeston and Middleton have the highest rates of Cardiovascular Disease (2015)
- Chapeltown, Beeston, Armley and Seacroft have the highest prevalence of smoking in 16 year olds and above category (2015)

Furthermore, analysis of the performance report for Q1-3 2020/21 highlights that the PCNs in the above wards have had a low uptake of the health checks when compared to the number of people who are eligible. The highest percentage uptake, when compared to the eligible population was at Bramley, Middleton & Wortley PCN (14.6%). In comparison, the table below shows the NHS health checks completion rate for PCNs in wards with high at risk groups.

Table 1. Uptake of NHS Health Checks in Q1-3 2020/21

Primary Care Network	**Percentage uptake Q1-3 2020/21**
Beeston	1.6%
Chapeltown	8.6%
Armley	6.2%
Middleton	8.7%
Seacroft	1.9%
Pudsey	4.2%

Future planning and considerations

From a LCC Public Health perspective we are keen to attempt a programme of catch up in order to mitigate an increase in cardiovascular disease risk at both an individual and population level as well as avoiding the exacerbation of existing health inequalities. The figure 1 below highlights the importance of a NHS health check as it provides early identification of risks associated with long term conditions and mortality. Figure 2.

Figure 1- risk factors that contribute to death in England

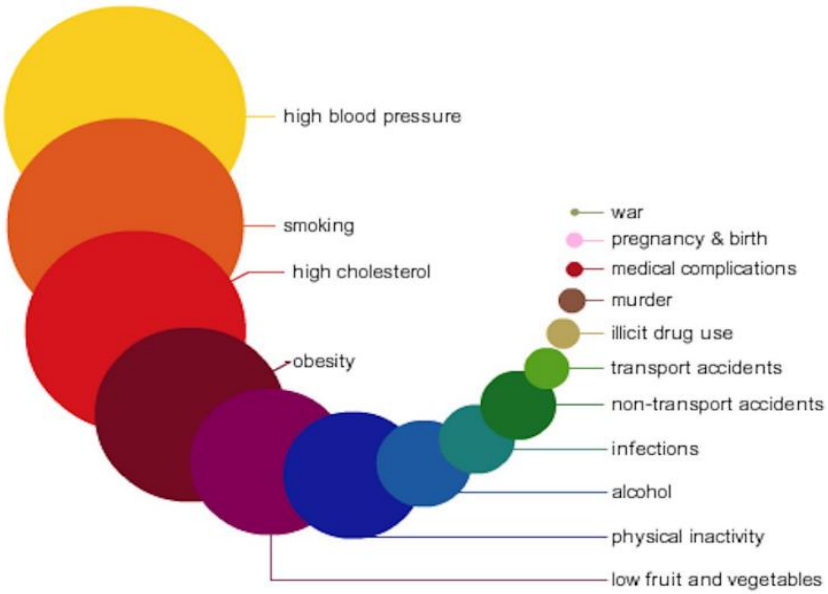
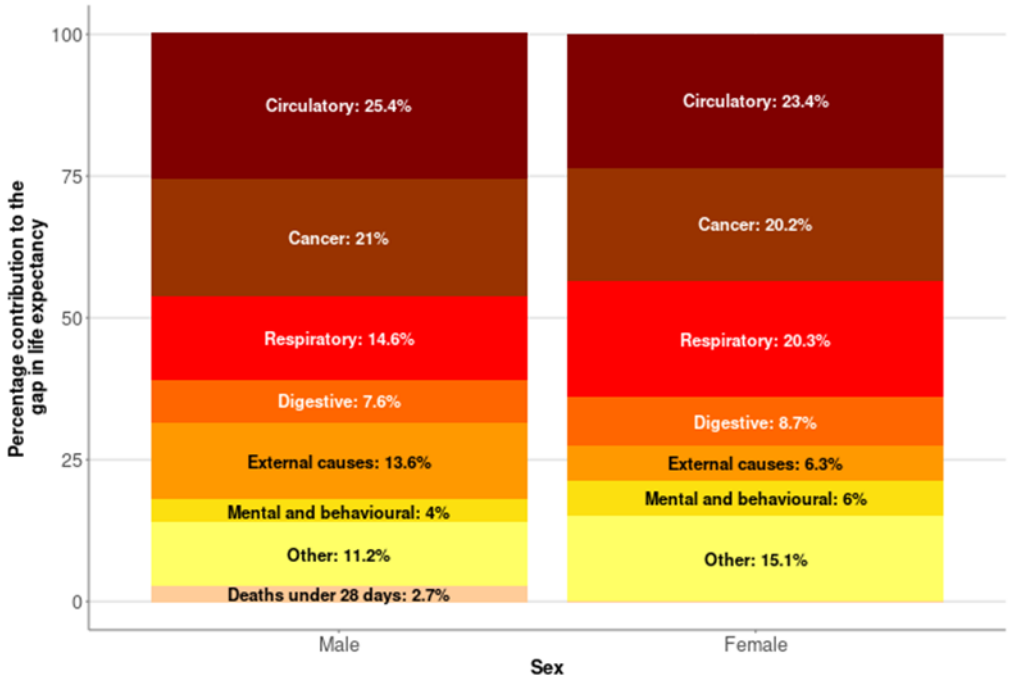


Figure 2 - Scarf chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of Leeds, by broad cause of death, 2015-17.



Considering the impact of further delaying the NHS health checks on the most deprived communities in Leeds, several re-start options are proposed in the table below.

Table 2- Options to support re-start and catch up of the NHS Health Checks programme (note not exclusive)

Options	Advantages	Disadvantages	Budget implications
1. Carry on with the current arrangements whereby GP Practices gradually restart activity as and when pressures in primary care ease but with prioritisation. This includes: • Prioritising those eligible in 2020/21 • Increase use of Digital Questionnaire • Maximise use of extended access hubs. • Practices sharing staff capacity/appointments across PCNs	• Releases pressure on Primary Care as the covid-19 vaccination programme is rolled out across the city. • Prioritises those eligible in 20/21 to catch up. • Flexibility to relax or push KPI's as demonstrated since the start of the pandemic. • Provides greater flexibility to respond to the changing government announcements on the pandemic. • Allows to book appointments through extended access hubs including in evenings and weekends and maximise available capacity. • Digital questionnaire will save time for practitioners as lifestyle information is completed prior to the testing appointment.	• As finite workforce capacity, prioritising last year's eligible cohort may cause significant numbers of people eligible in 21/22 to be delayed until 22/23. People at risk of developing a LTC then maybe missed. May widen inequalities as high number of eligible population are not being offered a Health Check. • Currently, there are a low number of completed Health Checks- falling further behind on annual target. • Inconsistency across PCNs- some are more active than others in offering health checks. • Extended access hubs not utilised- low number of HCs completed via the Hubs. • Digital questionnaires has not been used by all practices. Rollout of the questionnaire requires development of a comprehensive comms plan.	• May need to use 20/21 budget to pay for 20/21 cohort being caught up
2. Prioritise and target high risk groups. As per option one but prioritising the	• This approach requires identification of high risk individuals at each practice	• Numbers will be low at some PCNs where the target pop is low.	• May need to use 20/21 budget to pay for 20/21

Options	Advantages	Disadvantages	Budget implications
following group from the eligible population from both those missed in 20/21 and 21/22 cohort : • Black Asian and Minority Ethnic (BAME) groups • Smokers • High BMI (Obese) • Deprived *As per the contract the above 4 groups attract incentive payments.* • Clinically Extremely Vulnerable (CEV) eligible for HC • Severe Mental Illness (SMI) • Learning Disability (LD) *As per the contract the above 3 groups do not attract incentive payments.*	therefore, supports the inequalities agenda. • This is a targeted approach which reduce pressure on primary care as only the high risk individuals are invited for the health check. • Existing incentive payments already targeting some of these groups. • Supports QIS in regards to practices focusing on their most at risk patients. • Consistent approach across all PCNs. • No additional resource required to identify high risk as this will be done at practice level • Targets the most deprived areas of Leeds where greater inequalities exist. • This approach is supported by national guidance NHS Health Check _ Restart Preparation_U	• A larger proportion of population in some PCNs will fall under the high risk category- Do these PCN have the capacity to carry out NHS Health Checks? • Delays for HCs continue for those not in priority groups. • Individual practice capacity will still vary so could still result in inequalities. • Mandated offer is for all those eligible to be offered	cohort being caught up
3. Contractor to consider increasing workforce capacity (e.g. Healthcare Assistants for an interim period (12 months) who solely focus on HC delivery working across	• Increases appointment capacity to help catch up on 20/21 cohort. • Economies of scale sharing resource across practices/PCNs. • Could focus on supporting those practices/PCNs that are still struggling	• Time taken to recruit/train workers • Just focusing solely on HCs may not be best value for money i.e. lost time due appointment no shows.	• Paid for from 20/21 underspend

Options	Advantages	Disadvantages	Budget implications
PCNs/Practices to support catch up. Posts funded from 20/21 underspend	with capacity and/or areas/PCNs with high 'at risk group' population. • Could flex resource accordingly.		
4. Digital Offer Southwark example- kits sent home and Kiosk stations placed at hubs. Slide 31 onwards  2021 01 19 LINF master slide deck (00: This option would need a lot more unpicking in terms of how it could work, costings, logistics, effectiveness etc. A small scale/proof of concept pilot maybe needed.	• The digital offer adds flexibility to the programme as another option is available to complete a health check • This offer is in addition to the NHS Health Checks, it is not a replacement. Face-to-face Health Checks are still offered to the eligible population. • It has the ability to identify high risk patients without face-to-face contact. • Identification leads to signposting to preventative and lifestyle services through feedback from a health care professional. • Segmentation of activated population	• This is a new approach therefore, requires robust planning to understand which digital partners can deliver the programme. • Will require covid-19 management of the equipment in the community- who will be responsible for this? • May take time to unpick and understand logistics/cost-effectiveness further before a small scale pilot. • There is not a single approach to deliver all elements of NHSHC remotely- requires a combination of different approaches i.e. Kiosk and home testing. • Requires people to be confident of carrying out the procedures themselves. • Loses face-to-face interaction and the ability to make every contact count/very brief intervention. • Further research required nationally- No guidance has been provided on the	• Yes potentially proportion of 20/21 underspend to purchase any kit

Options	Advantages	Disadvantages	Budget implications
		recommended suppliers and procedure. • Additional funding required to purchase equipment. • Remote solution not accessible 'anytime and anywhere' under covid guidelines. • Further research required on this product.	
5. Phone consultations- followed by face-to-face testing for high risk	• This approach gives an opportunity to identify and target the most at risk first. • Flexible for primary care • Telephone consultation identifies high risk and low risk individuals. The low risk individuals can be invited for testing as the lockdown eases- no immediate pressure. • Less time will be allocated for the testing appointment.	• The full NHS Health Check is dependent on easing of lockdown. • Potentially have a high number of cases to follow up at later date. • Potentially- extended length of time between first and second appointment for people not at high risk.	•
6. Contractor to consider subcontracting- an additional community provider to support the programme.	• Opportunistic and attracts people who may not have had an invite. • The GP/Community provider model is currently used by various LA. • Funding is available to explore other providers. • Some providers are joined up to GP clinical system and do send out GP invites. This would allow for a targeted approach and avoid considering an opportunistic delivery model.	• Not enough footfall in community settings in the current climate. • Two providers which could cause confusion. • Would need to join up to GP clinical system • Will require careful relationship management with GP's as historically HCs in Leeds have been provided by GP Practices.	Funded through 20/21 underspend.

Options	Advantages	Disadvantages	Budget implications
		• Contracting issues as current expires in March 2022 (although looking to extend for two years) and along with the uncertainties surrounding the Confed. • Potentially a lengthy process as may require providers to bid for the contract	
7. Pilot 1- NHS Health Checks through Pharmacies in High Risk areas	• Patients do not have to be registered to a particular practice. • Pharmacies are a trusted community setting • Pharmacies have been used to deliver NHS HC in other areas which allows us to gather learning and insight. • Across the country there were 25 Pharmacy providers. • Additional resource to help achieve local and national target/catch up. • Shared care records can help identify and complete checks.	• Will need to manage relationship with primary care. • Capacity- some pharmacies may not have the staff capacity to carry out the checks • Interest- possibility of pharmacies in the most deprived areas not being interested in additional work. • Time taken to get pharmacies on board, set up systems, training of staff etc. • Consideration of any procurement, contractual. Governance implications and sign off – may all take considerable amount of time to resolve. • Have done before and didn't work both with Asda and also through the BP programme	• Yes potential payment of additional activity.
8. As per option 7 but only with Pharmacies attached to PCNs	• May overcome any procurement/contractual/governance	• Not utilising broader potential pharmacy capacity	• Yes for payment of additional activity – could be

Options	Advantages	Disadvantages	Budget implications
	implications as could link into existing arrangements. • May enable quicker set up in terms of training, systems etc.		paid for from 20/21 underspend
9. Point of care testing (POCT) within practices	• Enables HCs to be completed in one appointment potentially increasing capacity (Nationally – majority of those practices that use POCT do HCs over one appointment	• Less validity in test results • Might not be able to fund all practice but could prioritise/pilot	• Equipment paid for from 20/21 underspend.
10. Pilot 2- walk/drive/drop-in Cornwall model- Drive thru testing. This can also be a walk-in/drop-in testing pilot with the same processes. There are three parts to the health check: 1. telephone- gain lifestyle info and offer brief intervention 10-15 mins 2. testing on site- 5-10 mins 3. follow up call to give results 5-10 mins	• Allows practices to identify people at high risk from the eligible pop thereby reducing inequalities. • Gives public more confidence to attend a PC setting. • Less time spent at PC setting for patients	• Works well in summer months as learnt from Cornwall PH. • Need to be accessible for people who do not have their own transport. • 3 part programme may be too excessive for the patients.	

Background Papers

Appendix 3

NHS Health Check Data by key Demographics taken from 2019/20 Leeds GP Confederation Annual Report

No.& % of NHS Health Checks invited and undertaken broken down by:

Age Band & Gender & Quarter of Delivery (Charts)

Invites:

Age Group	Male	Female		Unknown	Total
Under 50	8,950	8,201		855	**18,006**
50-60	4,481	5,158			**9,639**
Over 60	1,862	3,206			**5,068**
Total	**15,293**	**16,565**		**855**	**32,713**

No. of Health Checks:

Age Group	Male	Female	Unknown	Total
Under 50	3,897 (43.5%)	4,536 (55.3%)	349 (40.8%)	**8,782 (48.8%)**
50-60	2,936 (65.5%)	3,754 (72.8%)		**6,690 (69.4%)**
Over 60	1,396 (75.0%)	2,465 (76.9%)		**3,861 (76.2%)**
Total	**8,229 (53.8%)**	**10,755 (64.9%)**	**349 (40.8%)**	**19,333 (59.1%)**

Ethnicity:

Ethnicity	Invited	Completed	Percentage Completed
White Background	**25,330**	**15,835**	**62.51%**
Asian Background	**2,362**	**1,331**	**56.35%**
Black Background	**1,368**	**790**	**57.75%**
Mixed Background	**535**	**291**	**54.39%**
Chinese & Other Background	**899**	**504**	**56.06%**
Ethnicity Not Known/Not Recorded	**2,219**	**582**	**26.23%**
Total	**32,713**	**19,333**	**59.10%**

Total Invites & Completed Health Checks (Actual and Percentages) by MSOA

MSOA Quintile	MSOA Quintile (1 – Most Deprived)	Invited	Completed	Percentage Completed
1	1	5,110	2,739	53.60%
2	2	5,687	3,532	62.11%
3	3	6,061	3,510	57.91%
4	4	6,777	4,198	61.94%
5	5	6,998	4,168	59.56%
Non-Leeds Resident	Non-Leeds Resident	2,080	1,186	57.02%
	Total	32,713	19,333	59.10%

Total Invites & Completed Health Checks (Actual and Percentages) for LD Cohort of Population

	Total	Not LD	LD	LD %
All Invites	32,713	32,577	136	0.42%
Health Check Completed	19,333	19,232	101	0.52%
Uptake % of all Invites	59.10%	59.04%	74.26%	

Total Invites & Completed Health Checks (Actual and Percentages) for SMI Cohort of Population

	Total	Not SMI	SMI	SMI %
All Invites	32,713	32,309	404	1.23%
Health Check Completed	19,333	19,076	257	1.33%
Uptake % of all Invites	59.10%	59.04%	63.61%	

This page is intentionally left blank

Report author: Angela Brogden

Tel: 0113 3788661

Work Schedule

Date: 7th September 2021

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

What is this report about?

Including how it contributes to the city's and council's ambitions

- 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 iteration of the Board's work schedule is attached to this report for the Board's consideration.

Recommendations

Members are requested to consider and discuss the Scrutiny Board's work schedule for the 2021/22 municipal year.

Why is the proposal being put forward?

1. All Scrutiny Boards are required to determine and manage their own work schedule for the municipal year and therefore the latest iteration 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 21st July 2021 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. In addition, in order to deliver the work schedule, the Board may need to take a flexible approach and undertake activities outside the formal schedule of meetings – such as working groups and site visits, where necessary and appropriate. This flexible approach may also require additional formal meetings of the Scrutiny Board.

Developments since the previous Scrutiny Board meeting

5. There are no significant developments to report since the last meeting.

What impact will this proposal have?

Wards affected: All		
Have ward members been consulted?	☐ Yes	☐No

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

What consultation and engagement has taken place?

7. The Vision for Scrutiny also 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:

- Seek the advice of the Scrutiny officer, the relevant Director and Executive Member about available resources;
- Avoid 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.

What are the legal implications?

11. This report has no specific legal implications.

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

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

Does this proposal support the council's three Key Pillars?

☒ Inclusive Growth ☒ Health and Wellbeing ☒ Climate Emergency

13. The terms of reference of the Scrutiny Boards promote a strategic and outward looking Scrutiny function that focuses on the best council objectives.

Appendices

14. Appendix 1 – Draft work schedule of the Adults, Health and Active Lifestyles Scrutiny Board for the 2021/22 municipal year.

15. Appendix 2 – Draft minutes of the Executive Board meeting held on 21st July 2021.

Background papers

16. None.

This page is intentionally left blank

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)
Work Schedule for 2021/2022 Municipal Year

June 2021	July 2021	August 2021
Meeting Agenda for 15/06/21 at 1.30 pm. ** Consultative Meeting** Scrutiny Board Terms of Reference and Sources of Work (DB) Performance Update (PM)	**Meeting Agenda for 09/07/21 at 10.30 am.** Board Member appointments and the Health Service Developments Working Group arrangement (PDS) **Meeting Agenda for 27/07/21 at 1.30 pm.** ** Consultative Meeting** The Health and Care Bill and the development of the local Integrated Care System (DB)	**No Scrutiny Board meeting scheduled**
Working Group Meetings		
Site Visits / Other		

Scrutiny Work Items Key:

PSR	Policy/Service Review	RT	Recommendation Tracking	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring	C	Consultation Response

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)
Work Schedule for 2021/2022 Municipal Year

September 2021	October 2021	November 2021
Meeting Agenda for 07/09/21 at 1.30 pm.	**Meeting Agenda for 05/10/21 at 1.30 pm.**	**Meeting Agenda for 16/11/21 at 1.30 pm.**
** Consultative Meeting** Improving 'same day response' services in Leeds (PSR) Restart & Prioritisation Plans for the Delivery of the NHS Health Check Programme (PSR) Update on the development of the local Integrated Care System (PSR)	The development and future vision of stroke services in Leeds, including reference to the adult inpatient rehabilitation service (PSR) Community neurological rehabilitation service redesign (PDS) Understanding and addressing the symptoms of 'long Covid' (PSR)	Understanding the impact of Covid-19 and the ongoing recovery measures across the local health and care system (PSR) Tackling health inequalities and the Leeds response to the 'Build Back Fairer: Covid 19 Marmot Review (PSR) 2022/23 Initial Budget Proposals (PDS)
Working Group Meetings		
	2022/23 Initial Budget Proposals (PDS) – *date tbc*	
Site Visits / Other		

Scrutiny Work Items Key:

PSR	Policy/Service Review	RT	Recommendation Tracking	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring	C	Consultation Response

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)
Work Schedule for 2021/2022 Municipal Year

December 2021	January 2022	February 2022
No Scrutiny Board meeting scheduled	**Meeting Agenda for 11/01/022 at 1.30 pm.**	**Meeting Agenda for 08/02/22 at 1.30 pm.**
	Performance report (PM) Financial Health Monitoring (PSR) 2022/23 Initial Budget Proposals (PDS) Access and participation in Active Leeds services (PSR)	Arrangements surrounding the implementation of Liberty Protection Safeguards (PDS)
Working Group Meetings		
Site Visits / Other		

Scrutiny Work Items Key:

PSR	Policy/Service Review	RT	Recommendation Tracking	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring	C	Consultation Response

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)
Work Schedule for 2021/2022 Municipal Year

March 2022	April 2022	May 2022
Meeting Agenda for 15/03/22 at 1.30 pm.	**No Scrutiny Board meeting scheduled**	**No Scrutiny Board meeting scheduled**
Update on the development of the local Integrated Care System (PSR)		
Working Group Meetings		

Scrutiny Work Items Key:

PSR	Policy/Service Review	RT	Recommendation Tracking	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring	C	Consultation Response

EXECUTIVE BOARD

WEDNESDAY, 21ST JULY, 2021

PRESENT: Councillor J Lewis in the Chair

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

APOLOGIES: Councillors A Carter and S Golton

SUBSTITUTE MEMBERS: Councillors B Anderson and J Bentley

27 Substitute Member

Under the provisions of Executive and Decision Making Procedure Rule 3.2.6, Councillors B Anderson and J Bentley were invited to attend the meeting on behalf of Councillors A Carter and S Golton respectively, who had both submitted their apologies for absence from the meeting.

28 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 appendix 3 to the report entitled, 'British Library at Temple Works', referred to in Minute No. 33 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 considered in private on the grounds that the appendix contains information relating to the financial or business affairs of any particular person (including the authority holding that information). As such, it is considered that the public interest in maintaining the content of the appendix as exempt from publication outweighs the public interest in disclosing the information;

(B) That appendix 1 to the report entitled, 'Leeds Pipes District Heating Network: Status Update and Securing Future Growth', referred to in Minute No. 34 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 considered in private on the grounds that the appendix contains information relating to the financial or business affairs of any particular person (including the authority holding that information). Specifically, the appendix contains detailed pricing information underpinning the Council's heat sales which, if disclosed

could damage its commercial interests. Disclosure of this information would seriously harm the Council's negotiating position when discussing heat sales with potential customers. Therefore, it is considered that the public interest in maintaining the content of Appendix 1 as being exempt from publication outweighs the public interest in disclosing the information.

29 Late Items

Agenda Item 10 - Update on Coronavirus (Covid-19) Pandemic – Response and Recovery Plan

With the agreement of the Chair, a late item of business was admitted to the agenda entitled, 'Update on Coronavirus (COVID-19) Pandemic – Response and Recovery Plan'.

Given the scale and significance of this issue, it was deemed appropriate that a further update report be submitted to this remote meeting of the Board. However, due to the fast paced nature of developments on this issue, and in order to ensure that Board Members received the most up to date information as possible, the report was not included within the agenda as originally published on the 13th July 2021. (Minute No. 36 refers).

30 Declaration of Interests

In relation to Agenda Item 9, 'Leeds Air Quality Strategy 2021 - 2030', Councillor Arif declared a Disclosable Pecuniary Interest in this item, due to the fact that she was a Director of EV Master, a company involved in electric vehicle charging points. As such, Councillor Arif left the meeting room for the duration of that item, and hence did not participate or vote upon it. (Minute No. 35 refers).

Also in relation to Agenda Item 9, 'Leeds Air Quality Strategy 2021 - 2030', Councillor Hayden declared an 'other' interest in that item due to the fact she was a Council appointed representative on the Outside Body 'Environmental Protection UK'. Councillor Hayden remained in the room for the consideration of this item, participated and voted upon it. (Minute No. 35 refers).

31 Minutes

RESOLVED – That the minutes of the previous meeting held on 23rd June 2021 be approved as a correct record.

ENVIRONMENT AND HOUSING

32 To consider the future of the maisonette block on the Highways housing site in the Killingbeck area of East Leeds and receive an update on progress with the redevelopment proposals for the site

Further to Minute No. 41, 24 July 2019, the Director of Communities, Housing and Environment submitted a report detailing proposals to include the maisonette block of 12 homes at 122-133 Highways, York Road, Leeds LS14 in a wider redevelopment of the Highways tower block site, which had been previously agreed by Executive Board. The report also sought approval to

suspend new lettings to the maisonettes and start re-housing existing residents with a view to achieving vacant possession as soon as possible. Additionally, the report provided a further update on the overall progress made in respect of the Highways site.

In considering the matter, Members welcomed the scheme. Responding to a specific enquiry, it was noted that currently there were 132 homes on the site and that the scheme would see this replaced with an estimated 230 – 250 new build units. Regarding a question about whether there were any known abnormals or risks associated with the site, it was noted that although there was no current indication of such issues, appropriate onsite surveys and assessment would be undertaken as part of the due process. Also, responding to an enquiry the Board noted that it was anticipated that rent levels for the properties would be consistent with social rent levels for new build Council homes.

In considering the current timeframes for the scheme, the Board received further details on the progress being made to re-house existing tenants as efficiently as possible.

Also, it was noted that the commitment made for tenants of the Highways tower blocks and maisonettes who wished to return to the new build programme when completed, would be honoured, subject to the size of the new properties being able to appropriately accommodate each family's needs.

RESOLVED –

(a) That the contents of the submitted report, be noted;

(b) That the properties of 122-133 Highways, York Road, LS14 6AR be declared as surplus to requirements;

(c) That agreement be given to take out of charge the properties of 122-133 Highways, York Road, LS14 6AR;

(d) That agreement be given for the buildings on the site of 122-133 Highways, York Road, LS14 6AR to be safely demolished, creating a clear site for future use;

(e) That the serving of an initial demolition notice, in line with Housing Act processes, in respect of tenants wishing to exercise their Right to Buy, be approved;

(f) That agreement be given for the site to be developed as part of the Housing Growth programme, enabling new Council housing to be built on that site in the future;

(g) That it be noted that separate reports will follow which will deal with the demolition proposals for existing homes and for any proposals for replacement housing under the Council Housing growth programme;

(h) That it be noted that the officers responsible for the submitted report and the implementation of such matters are the Head of Housing Management (Communities Housing & Environment) and the Head of Council Housing Growth (City Development).

INFRASTRUCTURE AND CLIMATE

33 British Library at Temple Works

The Director of City Development submitted a report setting out proposals for how the Council could help to facilitate a British Library location to be brought forward at the Grade I listed, and at risk, Temple Works.

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

RESOLVED –

(a) That the status of proposals for a British Library at Temple Works and the funding strategy, as set out in exempt appendix 3 to the submitted report, be noted;

(b) That approval be given to inject £5.0m into Capital Scheme Number 33490/000/000, funded from the £5m of devolution deal monies, in order to fund a grant for temporary stabilisation and more detailed design and surveys; and that the necessary authority be delegated to the Director of City Development and the Chief Officer, Financial Services in order to enable the Director and Chief Officer to provide 'authority to spend', subject to subsidy control compliance and entering into the legal agreements, as set out in exempt appendix 3 to the submitted report;

(c) That the principles of the longer term tripartite legal agreement with the British Library and CEG, be endorsed, should British Library's commitment to Temple Works become unconditional, as set out in exempt appendix 3 to the submitted report;

(d) That the principles of the Council entering into legal agreements with CEG for: a) the disposal of LCC land surrounding Temple Works; b) grant agreement(s); and c) CPO Indemnity Agreement, as set out in exempt appendix 3 to the submitted report, be endorsed;

(e) That a further report on Temple Works and the British Library with recommendations on the final detailed heads of terms for the legal agreements, as set out in exempt appendix 3 to the submitted report, be presented to the Board following further financial and legal due diligence.

34 Leeds PIPES District Heating Network: Status Update and Securing Future Growth

Further to Minute No. 24, 20 July 2020, the Director of Resources submitted a report providing an update on the progress that has been made on the development of the Leeds Pipes District Heating Network, and which sought the Board's consideration of the recommendations in the report regarding the next steps to be taken in relation to the Phase 3E extension of the network to the Southbank area of the city.

Responding to a Member's enquiry on the options available regarding the use of the profit beginning to be generated by the scheme, it was noted that such circumstances would enable the faster repayment of capital, however, other options would be considered, as appropriate, having first met any related obligations.

Also, with regard to the management of any risks associated with the scheme, it was noted that a risk register had been established specifically for this project, with it being noted that a measured approach was being taken towards the scheme as a whole, in order to mitigate risk.

Members also discussed the positive role being played by the Council through this scheme in terms of its contribution towards addressing the Climate Emergency, the development of associated infrastructure and the financial benefits in terms of providing lower cost heating and reducing fuel poverty.

Responding to a specific enquiry regarding the regulatory and competition aspects of the scheme, it was noted that guidance on such matters had been sought at the outset of the project, however, it was undertaken that further detail on this would be provided to the Member in question.

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

RESOLVED –

(a) That the contents of the submitted report, including the detail set out within exempt Appendix 1, be noted;

(b) That the recommendation within the submitted report to no longer proceed with the extension to the Tetley Brewery site and to hand back £2.438m grant to Heat Networks Investment Project (HNIP), be approved;

(c) That the 'authority to spend' for the construction of works on the Citu site at Low Fold to a value of £450k, which will ensure the opportunity to supply heat into the South Bank in future remains possible, be approved;

(d) That the authority to submit a funding application to the Heat Networks Investment Project (HNIP) for a potential phase 3W extension to the Wellington Street area of the city, be approved, with further details being brought to a future Executive Board meeting to seek authority to sign a grant agreement and to provide the funding required from the Council to the District Heating PipeCo. in the form of a loan in order to satisfy funders' requirements;

(e) That in line with existing delegations, it be noted that any strategic investment opportunities up to an individual scheme value of £500k will be authorised by the Director of Resources, where a viable business case exists;

(f) That approval be given to the principle of providing capital free connection agreements to customers if there is a viable business case.

35 Leeds Air Quality Strategy 2021 - 2030

Further to Minute No. 66, 21 October 2020, the Director of Resources submitted a report presenting for the Board's consideration the Leeds Air Quality Strategy Action Plan 2021 – 2030, which provided a framework for the continued compliance and improvement of the city's air quality.

Responding to a Member's enquiry, the Board received an update on the current position and the actions being taken to improve air quality levels in the area of Main Street, Pool in Wharfedale. It was undertaken that the Member in question would be provided with further information on this matter, including the latest data on air quality.

Members discussed the specific impact of domestic wood burners on air quality and with regard to the effect upon people's health, highlighting that increased awareness of such matters was needed. In response, regarding the circulation of further communications and information on how air quality in Leeds could be further improved, and also on mitigating the impact of specific issues, such as domestic wood burners, it was noted that the aim was to compile such information over the course of the next 3-4 months. It was also undertaken that any developments on the specific issue of wood burners at a national level would be provided to those Members in question, as appropriate.

The Board also received further information on the actions being taken to improve the infrastructure across Leeds for electric vehicle charging.

RESOLVED –

(a) That the 2021-2030 Air Quality Strategy Action Plan, as detailed at Appendix 1 to the submitted report, be approved;

(b) That agreement be given to the submission of an annual progress report which confirms projects delivered and refreshes the air quality targets accordingly;

(c) That the extension of the Electric Vehicle trials service from October 2021 to March 2022, be approved;

(d) That the development of a business case to bring electric vehicles on to the refuse fleet as part of the standard fleet replacement programme with the aim of bringing the first electric Refuse Collection Vehicle (RCV) onto fleet in 2022, be supported;

(e) That a collaborative approach for action to address the direct impact of air pollution on health, be supported;

(f) That it be noted that the Chief Officer, Sustainable Energy & Air Quality will be responsible for any actions arising and the subsequent implementation of such actions.

(Further to the declaration of interest as detailed at Minute No. 30, Councillor Arif took no part in the consideration of this matter and left the meeting room for the duration of this item)

LEADER'S PORTFOLIO

36 Update on Coronavirus (Covid-19) Pandemic - Response & Recovery Plan

The Chief Executive submitted a report presenting details of the actions being taken as part of the multi-agency partnership approach since the last Executive Board meeting on 23rd June 2021. The report included the findings of a review of the city's multi-agency response to the pandemic, involving stakeholders from across the partnership. The report also provided the latest Response and Recovery Plan, which continued to be the main reporting tool for ongoing work across the seven themes, setting out the broad range of activities including: a summary plan for the rest of 2021, details of the vital partnership arrangements, and information on the continued proactive work to try and control the number of cases across the city and increase testing, tracing, isolating and crucially vaccination uptake.

In presenting the report, the Leader provided an update on how the Council was adapting services following progression to Step 4 of the Government's roadmap on 19th July, with the importance of a continued cautious approach being highlighted. In addition, the Executive Member for Public Health and Active Lifestyles provided an update on the progress being made in relation to vaccination rates across the city. A summary of the 'lessons learned' review which had been undertaken regarding the multi-agency approach towards responding to and recovering from the pandemic was also provided.

Responding to a Member's enquiry, the Board received an update regarding the actions being taken and the processes which continued to be worked through as a result of progression to Step 4 of the Government's roadmap in areas such as the delivery of Council services, the public use of Council buildings and the operation and accessibility of Council committee meetings.

RESOLVED –

(a) That the findings and recommendations in the Learning Lessons Review, as set out in Annex A to the submitted report, be noted and agreed;

(b) That the latest version of the Response and Recovery Plan as at Annex B, including the plan for the remainder of the year, and the updated Local Outbreak Management Plan at Annex C, be noted;

(c) That the information within Annex D, the latest Covid-19 Dashboard, and Annex E, a summary of national developments since the last meeting of Executive Board, be noted.

37 Annual Corporate Performance Report 2020/21

The Director of Resources submitted a report which reviewed the Council's performance during 2020/21 in delivering against the ambitions, outcomes and priorities, as set out within the Best Council Plan, including details of progress against Key Performance Indicators.

RESOLVED – That the Annual Performance Report for 2020/21, as appended to the submitted report, be received; and that the progress which has been made during 2020/21 in delivering the ambitions and priorities set out within the Best Council Plan, be noted.

38 Annual Corporate Risk Management Report

The Director of Resources submitted a report providing an update on the most significant risks currently on the Council's corporate risk register and which presented a summary of assurances describing the key controls in place to manage those risks and any further actions planned.

Responding to a specific enquiry, the Board received further detail regarding the prevalence of cyber-attacks upon the Council and the actions which continued to be taken to mitigate the risks that such attacks posed.

Again, responding to a specific request, officers undertook to contact Councillor A Carter in order to schedule briefings with him on the Council's risk management processes.

RESOLVED – That the Annual Corporate Risk Management report, as appended to the submitted report, be noted, together with the assurances provided on the most significant corporate risks, in line with the Council's Risk Management Policy and Strategy and the Board's overarching responsibility for their management.

39 Risk Management Policy and Strategy Update

The Director of Resources submitted a report that presented the Council's Risk Management Policy and Strategy, which had been reviewed and updated in order to reflect relevant changes in the sector together with the latest best practice and guidance.

In presenting the report, the Leader emphasised the importance of maximising Elected Member involvement and awareness in the Council's risk management policy and processes.

RESOLVED –

a) That the updated Risk Management Policy and Strategy, as appended to the submitted report, be endorsed;

b) That the offer of risk management training be noted, with it being acknowledged that the report author should be contacted if any such training was required.

RESOURCES

40 Financial Health Monitoring 2021/22 - Month 2

The Chief Officer (Financial Services) submitted a report which presented an update on the financial health of the Authority in respect of both the General Fund revenue budget and also the Housing Revenue Account, as at month 2 of the current financial year. In addition, the report made a specific recommendation regarding the delivery of free school meals during the 2021 school summer holidays.

In presenting the report, the Executive Member for Resources specifically highlighted the in-year collection rates for Council Tax and Business Rates which were lower than pre-pandemic levels.

Members considered the proposal within the report regarding a release from the COVID Reserve in order to support the delivery of free school meals during the 2021 school summer holidays, with specific discussion around the timing of the proposal and the Government's role in such matters. Responding to a Member's specific enquiry, officers undertook to provide the Member in question with further details on what the balance of the Covid Reserve would be following that release.

The Board discussed the potential release of funding from the Covid Reserve to help address one-off backlogs in some Council services which had built up as a result of the pandemic. In response to a Member's enquiry about Elected Member consultation on such matters, it was noted that the intention was for the Board to receive further reports regarding the utilisation of this fund.

Finally, a Member commented upon the current format of the financial dashboards, as appended to the submitted report, highlighting that they would welcome the inclusion of further detail as part of future editions.

RESOLVED –

(a) That the projected financial position of the Authority, as at Month 2 of the financial year, as detailed within the submitted report, be noted, together with the projected impact of COVID-19 on that position;

(b) That it be noted, that for 2021/22 the Authority is forecasting an overspend of £0.2m;

(c) That it be noted that the position detailed within the submitted report does not reflect the potential effects of any further local or national lockdown arrangements on these financial projections, or any potential additional costs arising from the current 2021/22 pay negotiations;

(d) That the release of £0.52m from the COVID Reserve in order to support the delivery of free school meals during the 2021 school summer holidays, be agreed, and that it be noted that the officer responsible for the implementation of this resolution is the Chief Officer, Financial Services.

41 Capital Programme 2021/22 - 2025/26: Quarter 1 Update

The Chief Officer, Financial Services, submitted a report setting out the Council's updated Capital Programme for 2021-2026, split between the General Fund and Housing Revenue Account, with a forecast of resources available over that period. The report also provided a specific update of the 2021/22 programme and which sought necessary approvals around proposed injections into the programme.

Responding to a Member's enquiry regarding the level of Government grant funding received in response to the pandemic, it was noted that the city region as a whole had received approximately £618m. However it was emphasised that whilst some of that money was to support Council services which had been adversely affected by the pandemic, with regard to much of the funding, the Council had solely played an intermediary role by passporting funding to help support individuals and businesses, as appropriate. In order to provide further clarity on the range of grant funding which made up that sum, it was undertaken that officers would provide Board Members with a break down following the meeting.

In conclusion, the Executive Member for Resources highlighted that whilst the grant funding from the Government was welcomed, she emphasised the importance for the Council to receive longer term funding provision, in order to provide the Authority with greater financial certainty.

RESOLVED –

(a) That the following injections into the Capital Programme, as detailed at Appendix A (iii) to the submitted report, be approved:

(i) £15,654.0k of Department for Transport Grant for Additional Delivery within the Leeds Public Transport Investment Programme (LPTIP) / Connecting Leeds Programme;

(ii) £12,000.0k of WY+TF (West Yorkshire Plus Transport Fund) Grant for the Regent Street Flyover scheme;

(iii) £20,635.8k of other announced grant allocations including realignment of future year's estimates. These include Pot Hole and Local Transport Plan Grants for Highways & Transportation; Basic Need, School Condition Allocation (SCA), Devolved Formula Capital

(DFC) and High Needs Provision Capital Allocation (HNPCA) Grants for Schools; and Disabled Facilities Grant for Adaptations; and

(iv) £2,861.0k of various external grants and a prudential borrowing injection.

(b) That it be noted that the above resolutions to inject funding of £51,150.8k will be implemented by the Chief Officer Financial Services;

(c) That the latest position on the General Fund and Housing Revenue Account Capital Programme as at quarter 1 2021/22, as detailed within the submitted report, be noted;

(d) That the additional Capital Receipts Incentive Scheme (CRIS) allocations to Wards and Community Committees for the period October 2020 to March 2021 of £513.9k, be noted.

ADULTS AND CHILDREN'S SOCIAL CARE AND HEALTH PARTNERSHIPS

42 Annual Fostering Report

The Director of Children and Families submitted a report which presented an overview of the work undertaken by the Fostering Service during the period April 2020 to March 2021, as presented within the appended Annual Fostering Report. In addition, the report noted that the submission of an Annual Report was a requirement of the National Minimum Standards for Fostering.

In introducing the report, the Executive Member for Adults and Children's Social Care and Health Partnerships highlighted several key points which included an update on the number of children currently in foster care, the range of positive publicity that Leeds had received in relation to its foster care provision, the offer provided in Leeds for Special Guardianship Order (SGO) carer roles, the actions being taken to increase foster carers from the BAME community and the role of Elected Members in the promotion of foster caring in their Wards.

Also, Members received an update regarding the number of unaccompanied asylum seeking children which Leeds had taken into care over the relevant period.

RESOLVED –

(a) That the 2020 – 2021 Annual Fostering Report, as appended to the submitted report, be adopted, together with the service priorities for the forthcoming year; with it being noted that the actions arising from this resolution will be implemented during 2021-22;

(b) That the plan of the Fostering Service to continue to increase the range of carers and placements available, be noted and supported; with it also being noted that the actions arising from this resolution will be implemented during 2021-22;

(c) That it be noted that the responsible officer for such matters is the Deputy Head of Service, Corporate Parenting.

COMMUNITIES

43 Equality Improvement Priorities Progress Report 2020 – 2021 and Equality Improvement Priorities 2021 - 2025

The Director of Communities, Housing and Environment submitted a report which presented for the purposes of approval the Equality Improvement Priorities Annual Report for 2020– 2021; the Strategic Equality Improvement Priorities for 2021 – 2025 and the refreshed Equality and Diversity Policy 2021.

In considering the submitted report, the work of the Members' Equality Group was highlighted and thanks was extended to those officers who had been involved in supporting that group. In addition, the Board highlighted how the collaborative approach which had been taken in relation to equality improvement had enabled this agenda to be progressed significantly across the Council.

Also, responding to a specific enquiry, the Board received details on the city wide, people based approach being taken to support those experiencing poverty and deprivation who were located within more affluent Wards.

RESOLVED –

(a) That the Equality Improvement Priorities Annual Report 2020– 2021, as appended to the submitted report, be approved;

(b) That the new Strategic Equality Improvement Priorities for 2021 – 2025, as appended to the submitted report, be approved;

(c) That the refreshed Equality and Diversity Policy 2021, as appended to the submitted report, be approved;

(d) That it be noted that the Director of Communities, Housing and Environment is responsible for the implementation of the resolutions made by Executive Board in respect of this report.

DATE OF PUBLICATION: FRIDAY, 23RD JULY 2021

LAST DATE FOR CALL IN OF ELIGIBLE DECISIONS: 5.00 P.M., FRIDAY, 30TH JULY 2021