

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

TUESDAY, 8TH FEBRUARY, 2022

PRESENT: Councillor A Marshall-Katung in the Chair

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

Co-opted Member present – Dr J Beal

19 Declaration of Interests

No interests were raised at the meeting.

20 LTHT update on the impact and response to the Covid-19 Omicron variant.

The Head of Democratic Services submitted a report to provide an update from Leeds Teaching Hospitals NHS Trust (LTHT) surrounding the impact of the Covid-19 Omicron variant on service delivery and how the Trust is responding to try and mitigate this impact. The Board's request also expressed an interest to understand how the Trust is working to particularly address the impact on elective care patients in terms of reducing waiting times for elective surgery.

The following were in attendance for this item:

- Councillor S Arif, Executive Member for Public Health and Active Lifestyles
- Councillor F Venner, Executive Member Adult and Children's Social Care and Health Partnerships
- Cath Roff, Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Clare Smith, Chief Operating Officer LTHT
- Rob Newton, Associate Director Policy & Partnerships LTHT

The update was provided in the form of a PowerPoint presentation during the meeting and included the following information:

- The number of Covid-19 positive patients in LTHT statistics March 2020 – January 2022. The data compared the Omicron wave in relation to other waves and it was reported that:
 - There was less demand on principal care due to population immunity
 - There is less Covid-19 related deaths

- There were a number of patients with Covid from the Delta wave already in hospitals, prior to the Omicron wave that presented new challenges
 - Covid admissions rapidly changed how the hospitals operate
- Staff absences March 2020 – June 2022 data, from suspected Covid-19 sickness absence, shielding and Test and Trace. It was noted that there were huge pressures on staff absences, equating to 12.5% staff absent.
- The current position across hospitals. There are currently 66 patients in LTHT hospitals positive with Covid-19 and the cases across Leeds remain high.
- Responding to the Omicron wave included actions across the Trust and with partners such as:
 - Creating capacity – conversion and opening of wards to establish 10 wards to care for Covid positive patients; curtailment of elective activity to make more wards available; and increasing the rate of discharge and reduce the number of patients staying in hospital who could be cared for at home.
 - Reducing risk – additional Infection, Prevention and Control (IPC) measures to restrict transmission within the hospital.
 - Vaccination – responding to the target to increase booster vaccinations through the centre at Elland Road.
 - Nightingale – the build of a temporary structure in a St James' University Hospital car park during January. This facility has not been required and completion works on it have been paused
- The number of patients in hospital with No Reason to Reside has gradually increased since April 2020.
- Elective surgery – current position on the total waiting list for patients awaiting treatment. It was reported that there are over 75k patients waiting, and the number of people waiting 104 weeks has increased due to the Omicron surge.
- Actions to address the backlog in elective operations, diagnostics, and outpatients including:
 - Current activity – elective operations have continued throughout the pandemic and LTHT continue to prioritise clinically urgent patients. It was reported that LTHT completed 583 elective operations in the last week of January 2020.
 - Increasing capacity – it is the start of the Appointments Hub that will allow patients to book and amend appointments online, with more operations taking place on weekends and there are additional MRI and CT facilities.
 - Improving productivity – improvement actions across electives, outpatients, and diagnostics to improve utilisation and productivity; and the review of IPC measures continue
 - Improving access – increased capacity for face-to-face outpatient appointments; revising the priority for patients who have waited over 80 weeks; and recruitment of more staff and agency staff
 - Work with partners – extensive work is on-going city wide to reduce the demand from emergency admissions and support

people to be discharged; a national contract with the Independent Sector has allowed for more operations to take place; and patients offered treatment at other hospitals in West Yorkshire.

- Elective Hubs Programme – new and protected facilities for elective operating.
- Wharfedale – funding has been secured for one new mobile theatre, subject to planning approval; enabling works are expected to begin week commencing 14 February and facility commissioned and ready to use Spring 2022; the proposals would not remove any existing staff and patient parking within the site; the ambulance transport drop off / pick up area will temporarily be removed.
- Other sites – maximising theatre capacity at Leeds General Infirmary and St James' University Hospital; assessing the feasibility of expanding ward and theatre capacity at Chapel Allerton; this allows more orthopaedic surgery and more complex surgery to take place at Chapel Allerton; staff patients and the public will be engaged and involved in any development proposals at Chapel Allerton.

Members discussions included:

- Clarity was sought on Vanguard Operating Theatres and its intended use.
- Clarity was sought on the use of Nightingale Hospital beds. It was acknowledged that the LTHT Board agreed to only use Nightingale facilities for its original purposes, unless the Omicron surge overwhelmed services and facilities in Leeds. However, it was agreed that an update position would be provided to Members.
- Acknowledging the impact on mental health for patients waiting 104 weeks for elective surgery, and the need to work with partners to reduce the waiting time. Members were informed that the priority will remain treating cancer / high priority patients who need acute care and patients who have waited a long time. City partners will be worked with to create additional capacity across sites and improving workforce availability.
- A member queried whether any analysis has been undertaken on the direct impact of waiting times. In response, members were informed of a platform to improve transparency on wait times and provide additional patient support.
- A member commended the operation of Wharfedale Hospital. It was acknowledged that there is work to do around supporting patients in terms of accessing the hospital and work around access will form part of the overarching strategy. There is also an opportunity to create protected capacity, to ensure patients are being treated quicker.

The Chair thanked those in attendance.

RECOMMENDED – That the contents of the report and presentation, along with Members comments, be noted.

Further to the minutes of the meeting held 7th September 2021, the Head of Democratic Services submitted a report that provided further information surrounding the workforce development of Primary Medical Services in Leeds.

Appended to the submitted report included a briefing paper from NHS Leeds Clinical Commissioning Group on Primary Medical Services in Leeds Workforce Development.

The following were in attendance for this item:

- Councillor F Venner, Executive Member for Adult and Children's Social Care and Health Partnerships
- Councillor S Arif, Executive Member for Public Health and Active Lifestyles
- Cath Roff, Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Kirsty Turner, Associate Director Primary Care NHS Leeds CCG
- Lisa Kundi, Senior Manager Primary Care Integration, NHS Leeds CCG
- Gaynor Connor, Leeds GP Confederation

Members were advised of the following points:

- It is down to the 92 individual practices to recruit and train staff, there is no fixed model of delivery and partners are being worked with to look at plans and trajectories for the future.
- An overview was provided on the Leeds position in terms of General Practice Workforce Statistics data as of September 2021 and satisfaction with appointment times.
- Additional Roles Reimbursement Scheme, acknowledging that Leeds currently has 225 WTE roles employed under the scheme, with an ambition to employ 530 additional roles. There are challenges in terms of accommodating staff and funding implications with the development of new roles.
- Care navigation roles have been introduced to support patients to see the right professional based on their needs first time.
- Community pharmacy consultation services are live across 44 practices in Leeds and there are just under 2,000 referrals covering a range of conditions.

Member's discussions included:

- The Board acknowledged that the level of variation across the satisfaction responses are not acceptable and sought clarity on what individual practices and Leeds CCG are doing to ensure services are better suited to the needs of the public. It was confirmed that work has been on-going to work with the practice with the lowest level of satisfaction, and key indicators and information is relayed to practices. Additionally, members were informed that statistics for the level of satisfaction responses have remained consistently above the national average and only once dipped below the national average in 2020 during the Covid pandemic.

- A member commented on the range of roles across Primary Care Networks (PCN) and queried the difference in the numbers of roles across each PCN. It was acknowledged that the amount of funding available varied depending on the size of the population, and it was confirmed that there is already a city-wide social prescribing service, hence why some PCNs may not feel the need to cover this role and instead, put investment into additional roles they feel is appropriate for their service.
- Members were informed that whilst there are a number of GP and nurses vacancies, there is no indication of a work crisis situation and there is sufficient capacity to meet the needs of the population.
- Clarity on whether there are plans to recruit internationally. It was confirmed that there are no international recruitment schemes or campaigns. It was noted that the current focus is to work with education providers to encourage young people into the health sector, to future proof the service.

The Executive Member for Adult and Children's Social Care and Health Partnerships highlighted a communications issue, in terms of messaging being disjointed between the public and the work of primary care. The Executive Member for Public Health and Active Lifestyles emphasised the need to ensure members of the public are kept well informed and suggested that elected members are passed information to publish on their social media pages and to enable them to provide information to their constituents.

The Chair thanked everyone for their attendance.

RECOMMENDED – To note the contents of the report and comments made during discussion of this item.

22 Active Leeds and Physical Activity Ambition Update

The report of the Head of Active Leeds presented an update on the development of the Physical Activity (PA) Ambition for Leeds which is being led by Active Leeds and Public Health together with partners across the city. The report also provided an update on the work of Active Leeds programmes and activities since the last update of the Scrutiny Board meeting held 24th November 2020.

Appended to the submitted report included a copy of the COVID-19 Rapid Literature Review Report and case study examples.

The following were in attendance for this item:

- Councillor F Venner, Executive Member for Adult and Children's Social Care and Health Partnerships
- Councillor S Arif, Executive Member for Public Health and Active Lifestyles
- Cath Roff, Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Steve Baker, Head of Active Leeds
- Gill Keddle, Active Leeds Development Manager

- Natalie Curgenvan, Operations Manager Active Leeds
- Judith Fox, Public Health Manager

The Executive Member for Public Health and Active Lifestyles commended the work undertaken on behalf of Public Health and Active Leeds to ensure levels of activity are increasing across communities, to become healthier and more sustainable. It was acknowledged that there is a clear gap in addressing inequalities and ensuring all people can access facilities.

The Head of Active Leeds introduced the report and briefly highlighted the following points:

- The progress of the City Ambition in terms of Public Health work and what has been achieved
- Leeds Beckett University have carried out research on the impact of the COVID-19 pandemic
- It was identified that inequalities have worsened and BAME communities having the biggest impact on Key Performance Indicator inactivity levels
- The establishment of a Physical Activity Partnership Board
- Members were provided with a short video on an example of a session introduced by Get Set Leeds, and were provided with information on the work the team have carried out
- The impact of COVID-19 on leisure centres in terms of membership levels and performance
- Investment into leisure centres such as gym refurbishments and changing facility upgrades
- Issues with staffing and recruitment
- Research and a consultation exercise to understand people's requirements and methods on how to improve access to services

Member's discussions included:

- The importance of linking wider public transport and liaison with West Yorkshire Combined Authority to ensure the public can access physical activity. Members were informed that work is underway to look at policies and travel initiatives more broadly.
- The need to ensure there are minimal financial barriers and seek to ensure leisure centres are inclusive to everybody. Members suggested that the service look at gym membership costs in terms of gym only memberships, family memberships and reduced prices for off-peak/single visits.
- Concerns were raised that some leisure centres do not provide female only changing spaces and exclude disabled access by not providing changing places / toilets.
- The need to liaise with the NHS to look at social prescribing and how to reach more people across communities through a health setting.
- Clarity was sought on the range of activities for the older generation and confirmation on table tennis being included in memberships and the Bowls offer across communities.

Board Members were keen to understand the offer provided on behalf of the service across different communities, and therefore agreed to carry out a site visit to several leisure centres across the city, subject to a date being agreed in conjunction with the Principal Scrutiny Adviser and the Head of Active Leeds.

RECOMMENDED –

- a) To note the contents of the report and comments received during discussion of this item
- b) To note the progress on the Physical Activity ambition presented and support the proposed next stage priorities of Active Engagements and Active People
- c) To support the establishment of the Physical Activity Partnership Board as part of governance arrangements
- d) To agree that a site visit be arranged for Board Members to a number of leisure centres across the city
- e) To agree to receive a further update on the review of the Active Leeds Life Programme and receive further information around the formation, role and governance of the proposed Physical Activity Ambition Board

23 Work Schedule

The report of the Head of Democratic Services introduced the Scrutiny Board's work schedule (Appendix 1 of the submitted report) for the 2021/22 municipal year.

The Board discussed upcoming areas of work on the schedule, including:

- Access to local NHS dental services – Working Group scheduled for Friday 25th February 2022. A summary note of the working group's discussion/outcomes will be provided at the Board's March meeting for formal ratification
- To note that the March meeting will also include an item on the new Better Lives Strategy for the Board's consideration prior to it being finalised.
- Proposal to carry out site visits to leisure centres across Leeds, as discussed in the Active Leeds and Physical Activity Ambition Update
- Proposal to schedule an additional consultative meeting to discuss the on-going development work surrounding the new Integrated Care System

RECOMMENDED – To note the work schedule for the remainder of the 2021/22 municipal year, including additional areas of work as outlined above.