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Leeds CITY COUNCIL

SCRUTINY BOARD (ADULTS, HEALTH & ACTIVE LIFESTYLES)

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Tuesday, 8th October, 2024 at 1.30 pm

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

MEMBERSHIP

Councillors

C Anderson	-	Adel and Wharfedale;
E Bromley	-	Horsforth;
L Buckley	-	Alwoodley;
M France-Mir	-	Moortown;
J Gibson	-	Cross Gates and Whinmoor;
C Hart-Brooke	-	Rothwell;
W Kidger	-	Morley South;
K Ritchie	-	Bramley and Stanningley;
A Rontree	-	Kirkstall;
A Scopes (Chair)	-	Beeston and Holbeck;
E Taylor	-	Chapel Allerton;

Co-opted Member (Non-voting)

Co-Chair of Healthwatch Leeds*

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https://democracy.leeds.gov.uk/ieListDocuments.aspx?CId=1090&MId=12663

*Jane Mischenko or Jonathan Philips will be in attendance as a Co-Chair of Healthwatch Leeds

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			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded). (* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Head of Governance Services at least 24 hours before the meeting).	
2			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 1. To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2. To consider whether or not to accept the officers recommendation in respect of the above information. 3. If so, to formally pass the following resolution:- **RESOLVED –** That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows: **No exempt items have been identified.**	

3			**LATE ITEMS** To identify items which have been admitted to the agenda by the Chair for consideration. (The special circumstances shall be specified in the minutes.)	
4			**DECLARATION OF INTERESTS** To disclose or draw attention to any interests in accordance with Leeds City Council's 'Councillor Code of Conduct'.	
5			**APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES** To receive any apologies for absence and notification of substitutes.	
6			**MINUTES - 10TH SEPTEMBER 2024** To approve as a correct record the minutes of the meeting held on 10th September 2024.	7 - 14
7			**REVIEWING THE LOCAL IMPACT OF NATIONAL HEALTH RELATED POLICY CHANGES** To receive a report from the Head of Democratic Services which presents a briefing paper by the Leeds Health and Care Partnership on reviewing the local impact of national health related policy changes.	15 - 42
8			**HEALTH AND CARE WORKFORCE IN LEEDS** To receive a report from the Head of Democratic Services which presents a briefing paper by the Leeds Health and Care Academy on workforce challenges impacting on health and care service delivery in Leeds and how partners are working to address these.	43 - 60

9			**LEEDS HEALTH AND CARE SYSTEM RESILIENCE AND WINTER PLANNING** To receive a report from the Head of Democratic Services which presents a briefing paper by the Leeds Health and Care Partnership on the current issues and actions linked to the Leeds health and care system resilience and winter planning process.	61 - 86
10			**WORK SCHEDULE** To consider the Scrutiny Board's work schedule for the 2024/25 municipal year.	87 - 110
11			**DATE AND TIME OF NEXT MEETING** Tuesday, 12th November 2024 at 1:30pm (pre-meeting for all Board Members at 1:00pm)	

THIRD PARTY RECORDING

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

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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

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SCRUTINY BOARD (ADULTS,HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 10TH SEPTEMBER, 2024

PRESENT: Councillor A Scopes in the Chair

Councillors C Anderson, L Buckley, M France-Mir, J Gibson, C Hart-Brooke, K Ritchie, A Rontree and E Taylor

Co-opted Member present – Jane Mischenko

32 Appeals Against Refusal of Inspection of Documents

There were no appeals.

33 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

34 Late Items

There were no late items.

35 Declaration of Interests

No declarations of interests were made at the meeting.

36 Apologies for Absence and Notification of Substitutes

Apologies for absence had been received from Councillor W Kidger.

37 Minutes of previous meetings

RESOLVED - That the minutes of the meetings held on 9th July 2024 and 8th August 2024, be approved as an accurate record.

38 HomeFirst Programme

The Director of Adults and Health submitted a report which presented an update from the Leeds Health and Care Partnership on the HomeFirst Programme, including outcomes delivered and proposed next steps.

The following were in attendance:

- Councillor Fiona Venner, Executive Member for Equality, Health and Wellbeing

- Councillor Salma Arif, Executive Member for Adult Social Care, Active Lifestyles and Culture
- Councillor Adrian McCluskey, Support Executive Member
- Caroline Baria, Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- Nick Earl, Director of Strategy, Planning and Programmes (Interim), Leeds Integrated Care Board
- Andrea North, General Manager; Specialist Business Unit, Leeds Community Healthcare Trust.

The Chair invited the Executive Member for Adult Social Care, Active Lifestyles and Culture to provide some introductory comments and then invited the Director of Adults and Health and other invited contributors to give a brief overview of the key points set out within the appended briefing paper, which was presented in the form of a PowerPoint presentation.

In summary, the following key points were highlighted:

- The HomeFirst programme brings together health and care partners with support from an external partner, Newton Europe, to create a sustainable, person-centred, home-first model of intermediate care across Leeds that is joined up and promotes independence.
- A significant focus in the Programme has been on bringing people together with a shared focus on how to build a better offer focussed on a home first ethos and with the person at the centre.
- The ambition is to improve outcomes for over 3000 Leeds residents each year, resulting in an annualised financial saving of £17.3m to £23.1m.
- The Programme is now in the embed and sustain phase.
- The Board was briefed on the programme financial KPIs and programme financial opportunities. It was highlighted that performance indicators are tracked monthly and will change as performance moves. The performance data for August 2024 was shared with the Board, which showed that overall programme delivery is ahead of target.
- The HomeFirst Programme Team has developed a draft Blueprint for Intermediate Care Services in Leeds, which sets out a proposed work plan covering the near term (2024-25), medium term (5 years) and longer term (10 years). Such plans will need to respond to predicted demographic changes and the demand profile for intermediate care services.

During the Board's discussions, the following issues were also raised:

- *Supporting people to live in suitable accommodation* – Importance was placed on supporting people to live in accommodation that best suits their needs. Linked to this, the Board discussed the issue of housing supply and the Director of Adults and Health advised that system partners, including health, social care and housing work collaboratively on this issue and agreed to provide further information for Board Members.
- *Staff surveys and communications* – While acknowledging that 76% of the staff surveyed had agreed that the new model benefited the patient, the

Board was advised that not all staff will have maintained contact with a patient throughout their journey and particularly at the point of witnessing them receiving support at home. Importance was therefore placed on communicating effectively with all staff and sharing positive case studies. Having been advised that a further staff survey was being undertaken, the Board requested to receive the findings once available.

- *Monitoring patient re-admission rates* – Members requested information surrounding patients linked to the programme who had been sent home but were subsequently re-admitted to hospital.
- *Delivering savings in the system* –Members were advised that the level of savings being realised will vary across different services and that each respective partner organisation will need to work through and sign off such savings. The Director of Adults and Health explained that any in-year savings achieved by the directorate will contribute towards reducing other existing financial pressures within Adults and Health.
- *Sharing learning and celebrating impact* – Members were informed that a system wide event is taking place on 4th October 2024 to reflect on progress made since the start of the programme. This will coincide with formal evaluation of the programme's impact and opportunities to be able to share learning regionally and nationally. An invitation to this event was also extended to Board Members.
- *Co-ordinated support planning* – Members were advised that a case manager is allocated to an individual to ensure connections are maintained between the partner agencies and support is delivered in a co-ordinated way. This is facilitated through a single Recovery Plan so that all staff who are supporting the person on the ward can understand the situation and next steps and also share clear information with the person and family/carers.
- *Patient involvement* – It was reported that feedback relating to the person being involved in their discharge plan and someone discussing the plan with them does require further focus and improvement. Surveys will continue to be undertaken as this work progresses to understand trends and impacts. A refreshed approach to identifying and involving carers has also been developed across the West Yorkshire partnership and is being implemented in Leeds Teaching Hospitals NHS Trust alongside the Transfers of Care Project.
- *Tackling No-Reason-To-Reside (NRTR) lengths of stay in Recovery Hubs* – Members were advised that by having social work staff more engaged throughout an individual's journey, this will also help to improve NRTR performance figures relating to Recovery Hubs.

The Chair thanked everyone for their contributions and reiterated the Board's commitment to continue tracking progress.

RESOLVED – That the contents of the report, along with Members comments and information requests, be noted.

39 Director of Public Health Annual Report 2023

The Director of Public Health submitted a report which presented the 2023 Director of Public Health Annual Report called 'Ageing Well: Our Lives in Leeds'.

The following were in attendance:

- Councillor Fiona Venner, Executive Member for Equality, Health and Wellbeing
- Councillor Salma Arif, Executive Member for Adult Social Care, Active Lifestyles and Culture
- Councillor Adrian McCluskey, Support Executive Member
- Caroline Baria, Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- Nick Earl, Director of Strategy, Planning and Programmes (Interim), Leeds Integrated Care Board
- Andrea North, General Manager; Specialist Business Unit, Leeds Community Healthcare Trust.
- Tim Fielding, Deputy Director of Public Health
- Helen Laird, Head of Public Health

The Executive Member for Equality, Health and Wellbeing gave a brief introduction and then handed over to the Director of Public Health to highlight key aspects of the report, which was presented in the form of a PowerPoint presentation. In summary, the following points were made:

- The 2023 annual report focuses on ageing well in Leeds and explores how healthy people, places, and communities contribute to ageing well and the number of years people spend in good health in Leeds.
- It brings together lived experiences of ageing well amongst Leeds' citizens through listening to the voices and stories of local people as well as professionals who work in this field, alongside a review of the data and evidence relating to ageing well.
- A short film had been produced to accompany the report and highlights the individual experiences of people aged 50+ in Leeds. This was also shown during the Scrutiny Board's meeting. The film and report are accessible on the Leeds Observatory site (https://observatory.leeds.gov.uk/dph-report/).
- The report will form part of the Joint Strategic Assessment for Leeds.
- Looking to 2033, there will be a growth in the 70+ age groups, particularly the 80+ age group. Population trends also show that the older population (50+) is growing in the most deprived areas and becoming more diverse.
- When comparing wards in Leeds with high and low levels of deprivation there is a difference in life expectancy at birth (11.7 years for males and 12.1 years for females).
- The national data taken from the CMO report on healthy ageing is reflective of the Leeds position, with people living in the most deprived areas spending a larger number of years in poor health in later life and

starts in their early 50's. This is particularly relevant given that 1 in 4 of the Leeds total population is living and ageing in the most deprived areas.

- When asked what was important to ageing well in Leeds, the top three factors from professionals mirrored those identified by people in later life (though not in the same order) and included healthy living, travel and access to public spaces and being socially connected.
- While there are many initiatives and programmes already in place, there is still lots more that can be done to support ageing well in Leeds. The report therefore includes a range of recommendations focussed on actions to increasing the number of years spent in good health and emphasises the importance of both primary and secondary prevention measures.

During the Board's discussions, the following issues were also raised:

- *Positive mental well-being* – As part of the research for the report, people in later life were asked how happy they feel and asked to score their happiness from 0 (not at all happy) to 10 (completely happy). Members were pleased to note that the most common answer was 8 out of 10.
- *Links to other strategic documents* – Members acknowledged that the report will form part of the Joint Strategic Assessment for Leeds as well as being used to inform the Age Friendly Action Plan.
- *Aging well at home* – It was noted that nearly two out of three people in Leeds aged 65+ want to continue to live in their current home, with support when needed. It was suggested that the remainder may well wish to live in a different home but not necessarily a care home given that only a small percentage of the 65+ age group (around 3%) live in a care home. Members felt it would be helpful to receive further clarification on this.
- *Access to public and civic spaces* – Members noted that 56% of the people survey had talked about access to green spaces, theatres and libraries as positive features of Leeds that enabled them to age well.
- *Addressing unhealthy trends within younger groups* – it was acknowledged that unless there are significant changes to existing trends within younger age groups relating to issues such as obesity and mental ill health, then this will result in having more 50+ adults move into the ill health category.
- *Menopause* – Members welcomed the recognition given to the impact of menopausal symptoms and the importance of promoting and providing support measures.

In conclusion, the Chair welcomed the report and thanked everyone for their contributions.

RESOLVED – That the contents of the report, along with Members comments and information requests, be noted.

40 Improving the take up of Direct Payments

The Director of Adults and Health submitted a report setting out the work undertaken to improve the take up of direct payments in the context of person centred and strength-based care and support.

The following were in attendance:

- Councillor Fiona Venner, Executive Member for Equality, Health and Wellbeing
- Councillor Salma Arif, Executive Member for Adult Social Care, Active Lifestyles and Culture
- Councillor Adrian McCluskey, Support Executive Member
- Caroline Baria, Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- Carmel Langstaff, Chief Officer Transformation and Innovation, Adults and Health

The Executive Member for Adult Social Care, Active Lifestyles and Culture gave a brief introduction and then handed over to the Deputy Director Social Work and Social Care Service to highlight key aspects of the report, which was presented in the form of a PowerPoint presentation. In summary, the following points were made:

- In Leeds, the proportion of people who use services who receive direct payments was 14.9% (938 people) in 22/23. This result means Leeds is ranked 12th (out of 15) in the region, 13th (out of 16) of peer LAs and 111 nationally.
- Unlike some other local authorities, Leeds continues to provide people who draw on care and support with the choice for the local authority to arrange care in all circumstances, known as 'managed budgets'. Many local authorities offer direct payments as the primary option and their social work staff are expected to prioritise the offer of direct payments over managed budgets.
- The Care Act 2014 allowed local authorities to move away from a 'care management' approach to a strengths and asset-based approach. There is more focus on 'what's strong, not what's wrong', so it builds on people's own strengths and community assets.
- A key area of success is with people with learning disabilities, where there are a number of people in receipt of a significant package of care which is delivered entirely through a direct payment, often managed by their families to work around the person and their family. There is also a positive level of take up of direct payments for part of a care package where the direct payment is used to meet need such as for community support – access to support in the community, short breaks for families. It is in this context that the Council is working to identify an appropriate target for take up of direct payments in Leeds. Achieving 255 new direct payments over the year (22 per month) would increase performance to 16.6%.
- The Board was briefed on the wide range of improvement activity measures already undertaken over the past year. This included the development of a Direct Payments Dashboard to monitor performance on a monthly basis. An example of the Dashboard was shared as part of the presentation.

- Current plans to improve take up of direct payments involve the development of a Direct Payments Team; improving the direct payments process; raising awareness of direct payments; undertaking targeted engagement across different groups; and developing more Personal Assistants.

During the Board's discussions, the following issues were also raised:

- *Aiming to achieve a balance of choice and control* – It was reported that in many local authorities, in a high number of instances, direct payments are offered to people who are then signposted to care providers such as home care agencies to arrange their care and support package themselves, directly with the providers. The approach in Leeds is different as the direct payments offer is usually based on people who draw on services employing their own Personal Assistant/s. This way, the Council can ensure that people have meaningful choice and maximum flexibility in the way the care and support is provided to them. Increasing take-up of direct payments in Leeds will therefore further enable choice and control for people who draw on care and support.
- *Improving awareness of direct payments and the benefits they offer* – Targeted work will be undertaken across different groups of people who draw on care and support, as well as improved promotion, communication and guidance for professionals. Social workers are also tasked to discuss direct payments during each new assessment, or at reviews.
- *Improving the direct payments process* - It was acknowledged that setting up a direct payment can be a lengthy, complex process both from the perspective of the person needing the care and support and for the social work staff. This can therefore deter people from choosing a direct payment as their preferred option. To address this, the aim of the new Direct Payments Team will be to provide dedicated support to people who want to set up a direct payment. This will support people during the set-up phase and provide a confident and positive support offer to people going through the process.

In conclusion, the Chair relayed the Board's general support in relation to the Council's approach and planned improvement activity surrounding direct payments and that it will also continue to monitor progress.

RESOLVED –

(a) That the contents of the report be noted.

(b) That the Scrutiny Board supports the Council's approach and planned improvement activity surrounding direct payments and will continue to monitor progress.

41 Work Schedule

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

The Chair reminded Board Members that he continues to represent the Board as part of the ongoing piece of work around youth vaping that is being led by the Children and Families Scrutiny Board. Linked to this, the Chair reiterated the importance of engaging with other key partners alongside Public Health colleagues. This includes West Yorkshire Trading Standards (WYTS) in terms of tackling illicit vapes and underage sales. It was noted that Members would be kept informed as this work progresses.

The Chair also confirmed that in line with the Scrutiny Board's 'Health Service Developments Working Group' approach, there would be a working group meeting set up to enable Board Members to consider proposed plans for Adult Mental Health High Intensity Rehabilitation Inpatient Services.

RESOLVED –

(a) That the Scrutiny Board's work schedule for the 2024/25 municipal year be noted.

(b) That a working group meeting be set up to enable Board Members to consider proposed plans for Adult Mental Health High Intensity Rehabilitation Inpatient Services.

42 Date and Time of Next Meeting

RESOLVED – To note the next meeting of the Adults, Health and Active Lifestyles Scrutiny Board is scheduled for Tuesday, 8th October 2024 at 1:30pm (pre-meeting for all Board Members at 1.00 pm)

Report author: Angela Brogden

Tel: 0113 3788661

Reviewing the local impact of national health related policy changes

Date: 8th October 2024

Report of: Head of Democratic Services

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

Will the decision be open for call in? ☐ Yes ☒ No

Does the report contain confidential or exempt information? ☐ Yes ☒ No

Brief summary

- At the beginning of the municipal year, the Adults, Health and Active Lifestyles Scrutiny Board agreed to monitor the local impact of national health related policy changes post the General Election, with briefings facilitated by the Leeds Health and Care Partnership.
- The appended briefing paper has therefore been provided by the Leeds Health and Care Partnership for the Board's consideration.

Recommendations

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

What is this report about?

1. Appended to this report is a briefing paper from the Leeds Health and Care Partnership which considers the implications of the pertinent Labour Manifesto Pledges and the often stated three policy shifts in relation to the NHS and Health & Care System, as well as acknowledging the focus on immediate financial and performance pressures.

2. Consideration is also given to the findings of the independent investigation of the NHS in England that was undertaken by Lord Darzi, with a report published on 12th September 2024 (link to published report). A summary of the findings set out in a letter from Lord Darzi to the Secretary of State for Health and Social Care is also provided in Appendix 2.

3. The major themes identified as part of this independent investigation will also inform the government's forthcoming 10-year health plan, which it aims to complete next spring and will also be of interest to the Scrutiny Board.

What impact will this proposal have?

4. At the beginning of the municipal year, the Adults, Health and Active Lifestyles Scrutiny Board agreed to monitor the local impact of national health related policy changes post the General Election, with briefings facilitated by the Leeds Health and Care Partnership. This provides an opportunity for Board Members to also consider any potential areas of future scrutiny work.

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

☒ Health and Wellbeing ☒ Inclusive Growth ☐ Zero Carbon

5. With regard to Health and Wellbeing, the Best City Ambition states that Leeds will be a healthy and caring city for everyone: where those who are most likely to experience poverty improve their mental and physical health the fastest, with health and care inequalities reducing, and people being supported to thrive from early years to later life. To realise this ambition, there will be a focus on providing high quality care as part of an integrated system, with equitable access to essential services which support people to age well and are focused on prevention and early intervention.

What consultation and engagement has taken place?

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

6. The ICB Accountable Officer (Leeds Place) will be attending today's meeting to present the appended briefing paper and address any further questions from Board Members.

What are the resource implications?

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

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

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

What are the legal implications?

9. This report has no specific legal implications.

Appendices

- Appendix 1 – Briefing paper by the Leeds Health and Care Partnership on reviewing the local impact of national health related policy changes (October 2024).

- Appendix 2 - Summary letter from Lord Darzi to the Secretary of State for Health and Social Care on the findings of the independent investigation of the NHS in England (September 2024).

Background papers

- None.

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Leeds Health & Care Partnership

Proud to be part of West Yorkshire Health and Care Partnership

NHS West Yorkshire Integrated Care Board

Reviewing the local impact of national health related policy changes

Introduction

We are in the early period of a new government, and it is opportune to consider the potential implications of the manifesto and policy statements to date on the NHS and Health & Care System. The direction of travel and the ambition have been set out clearly, but it is still early in terms of policy detail. The ambition aligns to the Leeds Health & Care Partnership and Health & Wellbeing Strategy, in particular in reference to neighbourhood health, a stronger emphasis on preventative approaches, and a focus on health outcomes in particular health inequality.

The paper considers the pertinent Labour *Manifesto Pledges*, the *Lord Darzi Review*, the often stated *three policy shifts,* as well as acknowledging the focus on immediate financial and performance pressures. It should be noted that this paper has been drafted ahead of the Labour Party conference and further policy may emerge prior to the Scrutiny Board's meeting on 8th October 2024.

Neighbourhood and Preventative Health

There are a number of pledges that focus on neighbourhoods and communities with prevention as the focus of a new model of health. There are two policy mantras that are being consistently repeated which align to this. There will be a shift "*from treatment to prevention",* and *"from acute care to primary care".*

The most relevant pledges

- *Labour's reforms will shift our NHS away from a model geared towards late diagnosis and treatment, to a model where more services are delivered in local communities (Pg. 94)*
- *The National Health Service needs to move to a Neighbourhood Health Service, with more care delivered in local communities to spot problems earlier. To achieve this, we must over time shift resources to primary care and community services. (Pg. 98)*
- *We will trial Neighbourhood Health Centres, by bringing together existing services such as family doctors, district nurses, care workers, physiotherapists, palliative care, and mental health specialists under one roof (Pg. 98)*

- *Services will be locally delivered, with a principle of 'home first' that supports people to live independently for as long as possible. Our new standards will ensure high-quality care and ongoing sustainability, and ensure providers behave responsibly (Pg. 100)*

From a Leeds perspective this certainly fits with our own ambitions. The Health & Wellbeing Strategy priority 2 for example is a commitment to, *Strong, engaged, and well-connected communities*. Priority 8 is, *promote prevention and improving health outcomes through an integrated health & care system.*

Our unifying commitment as a city to ensure that the "health of the poorest improves the fastest" which underpins our Health & Wellbeing Strategy and our Marmot City status is reflected both in emerging policy and in Lord Darzi's review.

The Healthy Leeds Plan (HLP) focusses on a few key areas which look to reduce unplanned utilisation of acute services and early identification of disease and ill health in communities. The absolute focus of these plans is on addressing health inequality and on preventative approaches that bring social and medical factors together at a community level. Addressing gaps in healthy life expectancy are recognised as critical to both local communities and the sustainability of health & care. Therefore there is a strong commitment to proportional universalism in the way transformation is designed and delivered. This builds on the work we have been doing in the city on neighbourhoods and in local care partnerships (LCP), and the strong Third Sector. Our priorities cover both physical and mental health.

The HomeFirst programme in Leeds is well recognised as an integrated response that looks to increase the independence of individuals and improve the quality of and flow through services. This programme is one of the Healthy Leeds Plan Priorities. Community Mental Health Transformation is another core priority programme in the HLP which is built around integrated neighbourhood delivery models.

However, it must be noted that the Darzi review highlighted the under investment in public health, primary care, and prevention over a number of years. It is unclear to date how and in what timeframe the ambition for a shift in resources will take place, especially against a background of long elective waiting lists and a very tight financial climate.

Much of the work to prevent disease is not led by the NHS but through local authorities and public health. To date there has been limited emphasis on this in public statements. However, in Leeds there is a strong focus on Public Health across all areas of the council

and NHS work. The recent Director of Public Health Report and the Marmot City work shaping priorities and supporting ambitious change. To fully realise the opportunity and move from sickness to prevention it will be important that we inform national policy and secure needed investment in preventative models.

Children's Health

There is also a manifesto commitment to children's health. *The core of Labour's mission will be a bold new ambition to raise the healthiest generation of children in our history (Pg. 95)*.

This a very welcome ambition but one that will require a fundamental shift in approach. We have already seen policy announcements looking to address childhood obesity. Family hubs are only currently funded in 75 places nationally but could be key drivers for this work, and Leeds has had a strong history of protecting Children's Centres.

Leeds and West Yorkshire Health and Care Partnership has an ambition to be trauma informed and responsive by 2030. Part of this ambition means recognising the impact that trauma can have on babies, children and young people. Preventing and mitigating the impact of trauma on young people will have a positive impact on their health in the long term.

One of the biggest drivers of health inequalities in smoking. West Yorkshire Tobacco Alliance has ambitions to reduce the impact of smoking on children and young people. This includes reducing the number of mothers who are smoking at the time of delivery which has direct and indirect positive health impacts for babies. Addressing health inequalities drives this focus on tobacco control whilst in no way ignoring the growing issues with vaping where legislation is still expected.

There is close work being undertaken in Leeds between the NHS and Leeds City Council particularly around some of our most vulnerable young people with complex care needs and looked after children.

Healthy Workforce and Inclusive Growth

The recognition that a well-functioning health and care system is critical to the economy in providing the support to help people work is welcome. It is also in line with our Leeds Inclusive Growth Strategy and the overlap with the Health & Wellbeing Strategy. The relevant manifesto statement is set out below.

Labour will work with local areas to create plans to support more ***disabled people and those with health conditions into work.*** *We will devolve funding so local areas can shape a joined-up work, health, and skills offer for local people. We will tackle the backlog of Access to Work claims and give disabled people the confidence to start working without the fear of an immediate benefit reassessment if it does not work out. We believe the Work Capability Assessment is not working and needs to be reformed or replaced, alongside a proper plan to support disabled people to work. (Pg. 43)*

As well as the broad overhaul of the system there are particular aspects that will have an impact on the NHS. It is clear that addressing waiting times for elective care and therapy in areas such as Musculoskeletal will be critical to success. Whilst there has been limited mention on Mental Health, this is another area where the NHS will be expected to play an important role. It will be interesting to see whether there will be specific policies requiring the NHS to prioritise the working age population in these areas.

The work we are doing both through our Anchor programme and the Leeds One Workforce Board and Academy also have an important emphasis on how Health & Care as a major employer in the city can ensure we create good work opportunities and routes into these jobs for all our communities in Leeds.

Digital

The third policy shift for the NHS is "*from analogue to digital".* Again, the Darzi review has highlighted the poor state of NHS Digital services (and estates) and the limited investment. Too often the capital budgets have been raided to fund existing service pressures.

In Leeds we have pioneered the use of data with the joint NHS/Leeds City Council Office of Data Analytics (ODA) and through the Leeds Care Record were among the first in the country to look at integrated records. The work in HomeFirst in joining data systems has been a critical aspect of our success. However, if as a city we want to seize the likely opportunities this shift indicates there is going to be considerable further work needed given progress has slowed recently. The Leeds Health & Care Partnership executives have this on our agenda.

We know in Leeds through our excellent Digital Inclusion work that the move further towards digital has the potential to derail our efforts to address health inequality. Our ongoing commitment to digital inclusion feels even more important.

The Backdrop; Immediate Pressures and Gaps

The NHS and Local Authorities are extremely financially constrained across England and in Leeds. The NHS in Leeds is currently forecasting a deficit in year of around £10m despite tough plans to address an opening £180m gap. If we are to move from an acute to primary, and from a treatment to prevention model of care then the financial context in both the NHS and Local Authorities is a potential barrier to success. At the same time a preventative model is ultimately a less costly model of care in the long run.

The three biggest political pressures on the NHS currently are Elective Waiting Times (still people waiting more than 18months not 18 weeks), GP Access (despite record numbers of appointments), and very shortly winter pressures. It is essential these issues are addressed, and it is unclear to date how these will be balanced with the welcomed strategic ambitions set out above.

Lord Darzi gives significant attention to the quality of services. Given the level of changes, the growing demand, and restricted resources (workforce and funding) there are undoubtedly challenges in securing quality across the totality of NHS services. This in turn has knock on consequences, with increasing compensation payments being one that is highlighted. In Leeds the vast majority of NHS services including GP Practices and Maternity Care are rated good or outstanding. It will be important that through our mutual quality assurance arrangements we collectively keep close attention and ensure, as with HomeFirst for example, deliver transformational change that eases pressure.

Whilst there is a commitment to creating a “National Care Service” detail to date feels light and there has been little in terms of Department of Health policy statements. Reform of adult social care remains an incredibly important priority in the sector and for the NHS and needs to be linked to the broader preventative agenda. In Leeds the strong and mature working together between the NHS and City Council can help mitigate some of the issues, but there is still an urgent need for consideration of social care at a national level.

Overall SWOT Analysis

Strengths

- The commitment to a model which has a stronger focus on preventative approaches which aligns to the Health & Wellbeing Strategy and Healthy Leeds Plan.

- A welcome focus on determinants of health and reducing the gap in healthy life expectancy which aligns with the latest Director of Public Health annual report on Healthy Ageing.
- The commitment to a neighbourhood model of health & care which aligns well with our plans in Leeds.
- The focus on improving on the use of digital which is something Leeds has recognised as an important feature of efficient and safe health care delivery.
- The commitment to Children's Health, which aligns to our city ambition.

Weaknesses

- The lack of detail on investment for initiatives and the lack of recognition of local councils' greater role in prevention and communities which will be so critical to delivering the ambition.
- Does not sufficiently speak to the need for cross governmental work to address social determinants of health.
- Does not address digital inclusion.
- Further work on timeframes and policy detail is still to emerge.

Threats

- Centralised performance targets and grip on key financial and performance issues could lead to a disproportionate focus on the here and now concerns.
- Solely focussing on access can widen health inequalities.
- Political time cycles do not align with generational shifts.
- Darzi review highlights saturated workforce (all areas including management) and additional pressures of reform may not be matched by necessary capacity.

Opportunities

- Leeds has been highlighted as areas of good practice and the Leeds Hub relationship (between Leeds and DHSC), needs to be seized.
- The appointment to the DHSC of Tom Riordan provides an opportunity to influence policy at national level.
- The neighbourhood and local care partnership work to date is a strong base from which to build a neighbourhood health model.
- The Marmot City work, the Director of Public Health Report and Healthy Leeds Plan priorities with their focus on neighbourhoods, early intervention and preventative approach alongside a strong Third Sector set us up to capitalise on future policy and investment opportunities.

- The Leeds Office of Data Analytics with the integration of NHS and non-NHS data to drive preventative care aligns to national direction.
- The Leeds recognition of the importance of digital inclusion.

Summary and Conclusion

The governments ambition and policy direction are very much aligned with the Leeds City Ambition and the Leeds Health & Care Partnership. There are significant opportunities likely to emerge in the next couple of years. The political performance imperatives, the tight financial constraints particularly of local authorities, and the saturated NHS workforce which all feature in Leeds are potential obstacles. However, the city of Leeds and the Leeds Health & Care Partnership have significant opportunities to influence the national agenda and seize opportunities as they arise.

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Independent Investigation of the National Health Service in England

The Rt Hon. Professor the Lord Darzi of Denham OM KBE FRS FMedSci HonFREng

September 2024

Summary letter from Lord Darzi to the Secretary of State for Health & Social Care

Dear Secretary of State,

You asked me to undertake a rapid investigation of the state of the NHS, assessing patient access, quality of care and the overall performance of the health system. I have examined areas such as the health of the nation and social care system in so far as they impact on the NHS, although these were outside the formal scope of the Investigation. My attention has also been drawn to some worrying health inequalities that will require further examination than has been possible in the time available, although I do highlight some particular areas of concern.

This report contains my findings, which are summarised as follows:

1. **The National Health Service is in serious trouble.**

   The British people rely on it for the moments of greatest joy – when a new life comes into being – and those of deepest sorrow. We need it when we are suffering from mental distress or hurting from physical pain and for all the times when care and compassion matter most. Yet public satisfaction – which stood at a record high in 2009 – is now at its lowest ever.

2. **The first step to rebuilding public trust and confidence in the NHS is to be completely honest about where it stands**.

   Everyone knows that the health service is in trouble and that NHS staff are doing their best to cope with the enormous challenges. The sheer scope of issues facing the health service, however, has been hard to quantify or articulate. That is why this

report has not held back, even if it has been a rapid assessment over just nine weeks. Although I have worked in the NHS for more than 30 years, I have been shocked by what I have found during this investigation—not just in the health service but in the state of the nation's health.

3. **The state of the NHS is not due entirely to what has happened within the health service. The health of the nation has deteriorated and that impacts its performance.**

   Overall life expectancy increased in the 2000s, but plateaued during the 2010s, before decreasing during the Covid-19 pandemic. It has started to rise again now, but the absolute and relative proportion of our lives spent in ill-health has increased.

   Many of the social determinants of health – such as poor quality housing, low income, insecure employment – have moved in the wrong direction over the past 15 years with the result that the NHS has faced rising demand for healthcare from a society in distress.

   There has been a surge in multiple long-term conditions, and, particularly among children and young people, in mental health needs. Fewer children are getting the immunisations they need to protect their health and fewer adults are participating in some of the key screening programmes, such as for breast cancer. The public health grant has been slashed by more than 25 per cent in real terms since 2015 and the country's main public health institution was abolished – split into two new bodies – in the middle of the pandemic.

4. **This report sets out where the NHS stands now, how we arrived at this point, and some of the key remedies.**

   My terms of reference preclude me from making specific policy recommendations. But I would note that the NHS has been through very difficult times in the past and has emerged stronger, and that many of the measures needed to tackle the current malaise are already well known. So, without providing policy detail, I do, as requested, set out the major themes for the forthcoming 10-year health plan. These are the steps that I believe are needed to turn the NHS around.

Performance of the NHS

5. **How long people wait, and the quality of treatment, are at the heart of the social contract between the NHS and the people. The NHS has not been able to meet the most important promises made to the people since 2015.**

   From access to GPs and to community and mental health services, on to accident and emergency, and then to waits not just for more routine surgery and treatment but for cancer and cardiac services, waiting time targets are being missed. It is inevitable that public trust and confidence will have been damaged by the inability of the NHS to meet the promises of the NHS constitution for the reasons that this report describes.

6. **People are struggling to see their GP.**

   GPs are seeing more patients than ever before, but with the number of fully qualified GPs relative to the population falling, waiting times are rising and patient satisfaction is at its lowest ever level. There are huge and unwarranted variations in the number of patients per GP, and shortages are particularly acute in deprived communities.

7. **Waiting lists for community services and mental health have surged.**

   As of June 2024, more than 1 million people were waiting for community services, including more than 50,000 people who had been waiting for over a year, 80 per cent of whom are children and young people. By April 2024, about 1 million people were waiting for mental health services.

   Long waits have become normalised: there were 345,000 referrals where people are waiting more than a year for first contact with mental health services—more than the entire population of Leicester—and 109,000 of those were for children and young people under the age of 18.

8. **A&E is in an awful state.**

   There are three types of A&E department. Type 1 are what most people think of as A&E—they are major departments and able to deal with the full range of emergencies. Type 2 are for specific conditions such as dental or ophthalmology and type 3 are for minor injuries and illnesses.

In 2010, 94 per cent of people attending a type 1 or type 2 A&E were seen within four hours; by May 2024 that figure had dropped to just over 60 per cent (and for all three types of A&E combined, performance is now at 74 per cent). More than 100,000 infants waited more than 6 hours last year and nearly 10 per cent of all patients are now waiting for 12 hours or more.

According to the Royal College of Emergency Medicine, these long waits are likely to be causing an additional 14,000 more deaths a year—more than double all British armed forces' combat deaths since the health service was founded in 1948.

9. **Waiting times for hospital procedures have ballooned.**

The promise is that for most procedures, treatment will start within 18 weeks. In March 2010, there were just over 2.4m on the waiting list, of whom 200,000 had been waiting longer than 18 weeks. Of those, 20,000 had waited more than a year. By contrast, in June 2024, more than 300,000—fifteen times as many—had waited for over a year, and 1.75 million had been waiting for between 6 and 12 months. One recent improvement is that only some 10,000 people are still waiting longer than 18 months, a sharp fall from 123,000 in September 2021.

10. **Cancer care still lags behind other countries.**

While survival rates at 1-year, 5-years and 10-years have all improved, the rate of improvement slowed substantially during the 2010s. The UK has appreciably higher cancer mortality rates than other countries. No progress whatsoever was made in diagnosing cancer at stage I and II between 2013 and 2021. Since then, rates have risen from 54 per cent to 58 per cent in 2023, with notable improvements in the early detection of lung cancer due to the targeted lung check programme.

In 2024, more than 35,000 genomic tests are being completed each month but only around 60 per cent on time. Recent research from the Tessa Jowell Brain Cancer Mission found that in practice, only around 5 per cent of eligible patients with brain cancer are able to access whole genome sequencing, which is important for treatment selection.

The 62-day target for referral to first treatment has not been met since 2015 and in May 2024, performance was just 65.8 per cent. More than 30 per cent of patients are waiting longer than 31 days for radical radiotherapy.

11. **Care for cardiovascular conditions is going in the wrong direction.**

    Once adjusted for age, the cardiovascular disease mortality rate for people aged under 75 dropped significantly between 2001 and 2010. But improvements have stalled since then and the mortality rate started rising again during the Covid-19 pandemic. Rapid access to treatment has deteriorated—the time for the highest risk heart attack patients to have a rapid intervention to unblock an artery has risen by 28 per cent from an average of 114 minutes in 2013-14 to 146 minutes in 2022-23. The percentage of suspected stroke patients who receive the necessary brain scan within an hour of arrival at hospital varies from 80 per cent in Kent to only around 40 per cent in Shropshire.

12. **The picture on quality of care is mixed.**

    For the most part, once people are in the system, they receive high quality care. But there are some important areas of concerns, such as maternity care, where there have been a succession of scandals and inquiries. There have been improvements in patient safety, with more error-free care in hospitals and a reduction in the number of suicides in inpatient mental health facilities, partly as a result of sustained political attention. The power of prevention is illustrated through the impressive achievements of the Diabetes Prevention Programme, which reduces the risk of type II diabetes by nearly 40 per cent.

13. **The NHS budget is not being spent where it should be—too great a share is being spent in hospitals, too little in the community, and productivity is too low.**

    Hospitals are where most waiting list procedures take place. But they present an apparent paradox. Growth in hospital staff numbers has increased sharply since the pandemic—rising 17 per cent between 2019 and 2023. There are 35 per cent more nurses working with adults and 75 per cent more with children than 15 years ago. The number of appointments, operations and procedures, however, has not increased at the same pace and so productivity has fallen.

    The key reason for this is that patients no longer flow through hospitals as they should. A desperate shortage of capital prevents hospitals being productive. And the dire state of social care means 13 per cent of NHS beds are occupied by people waiting for social care support or care in more appropriate settings. The result is there are 7 per cent fewer daily outpatient appointments for each consultant, 12 per cent less surgical activity for each surgeon, and 18 per cent less activity for each clinician working in emergency medicine.

It needs to be stressed that falling productivity doesn't reduce the workload for staff. Rather, it crushes their enjoyment of work. Instead of putting their time and talents into achieving better outcomes, clinicians' efforts are wasted on solving process problems, such as ringing around wards desperately trying to find available beds.

Too many people end up in hospital, because too little is spent in the community. Many people will have experienced congested A&E departments themselves. If you had arrived at a typical A&E on a typical evening in 2009, there would have been just under 40 people ahead of you in the queue. By 2024, that had swelled to more than 100 people.

This is because we have underinvested in the community. We have almost 16 per cent fewer fully qualified GPs than other high income countries (OECD 19) relative to our population. After years of cuts, the number of mental health nurses has just returned to its 2010 level. Between 2009 and 2023 the number of nurses working in the community actually fell by 5 per cent, while the number of health visitors, who can be crucial to development in the first five years of life, dropped by nearly 20 per cent between 2019 and 2023.

Since at least 2006, and arguably for much longer, successive governments have promised to shift care away from hospitals and into the community. In practice, the reverse has happened. Both hospital expenditure and hospital staffing numbers have grown faster than the other parts of the NHS, while numbers in some of the key out-of-hospital components have declined. Between 2006 and 2022, the share of the NHS budget spent on hospitals increased from 47 per cent to 58 per cent.

This distribution is perpetually reinforced: performance standards are focused on hospitals, not on primary care, community services or mental health. Single-year budgets necessarily reinforce the status quo—and when things go wrong the knee-jerk response from ministers has been to throw more money at hospitals where the pressure is most apparent as waiting areas fill up and ambulances queue outside.

The result is that NHS has implemented the inverse of its stated strategy, with the system producing precisely the result that its current design drives. The problems are systemic. In the current paradigm, patients have a poorer experience, and everybody loses—patients, staff and taxpayers alike.

14. **The NHS is not contributing to national prosperity as it could.**

At the start of 2024, 2.8m people were economically inactive due to long-term sickness. That is an 800,000 increase on pre-pandemic levels with most of the rise accounted for by mental health conditions. Being in work is good for wellbeing. Having more people in work grows the economy and creates more tax receipts to fund public services. There is therefore a virtuous circle if the NHS can help more people back into work.

More than half of the current waiting lists for inpatient treatment are working age adults. And there are long waits for mental health and musculoskeletal services, too, which are the biggest causes of long-term sickness. Improving access to care is a crucial contribution the NHS can make to national prosperity.

There are still wide variations in performance, so my findings may be explanations, but they are not excuses. So, the real question is how such a situation has arisen in the system as a whole: what has caused it? Why has it happened?

Drivers of performance

Four heavily inter-related factors have contributed to the current dire state of the NHS. They are austerity in funding and capital starvation; the impact of the Covid-19 pandemic and its aftermath; lack of patient voice and staff engagement; and management structures and systems.

15. **Austerity. The 2010s were the most austere decade since the NHS was founded, with spending growing at around 1 per cent in real terms.**

Until 2018, spending grew at around 1 per cent a year in real terms, against a long-term average of 3.4 per cent. Adjusted for population growth and changes in age structure, spending virtually flatlined.

In 2018, for the service's 70th birthday, a more realistic promise was made of a 3.4 per cent a year real terms increase for five years in revenue spending. The promise did not include capital spending, medical training, nor any increase in public health expenditure.

The 2018 funding promise was broken. Spending actually increased at just under 3 per cent a year in real terms between 2019 and 2024—below both the 2018 promise and the historic rate on which it had been based.

16. **Capital. The NHS has been starved of capital and the capital budget was repeatedly raided to plug holes in day-to-day spending.**

    The result has been crumbling buildings that hit productivity – services were disrupted at 13 hospitals a day in 2022-23. The backlog maintenance bill now stands at more than £11.6 billion and a lack of capital means that there are too many outdated scanners, too little automation, and parts of the NHS are yet to enter the digital era.

    Over the past 15 years, many sectors of the economy have been radically reshaped by digital technologies. Yet the NHS is in the foothills of digital transformation. The last decade was a missed opportunity to prepare the NHS for the future and to embrace the technologies that would enable a shift in the model from 'diagnose and treat' to 'predict and prevent'—a shift I called for in *High Quality Care for All*, more than 15 years ago.

    Some £4.3 billion was raided from capital budgets between 2014-15 and 2018-19 to cover in-year deficits that were themselves caused by unrealistically low spending settlements.

17. **On top of that, there is a shortfall of £37 billion of capital investment.**

    These missing billions are what would have been invested if the NHS had matched peer countries' levels of capital investment in the 2010s. That sum could have prevented the backlog maintenance, modernised technology and equipment, and paid for the 40 new hospitals that were promised but which have yet to materialise. It could have rebuilt or refurbished every GP practice in the country.

    Instead, we have crumbling buildings, mental health patients being accommodated in Victoria-era cells infested with vermin with 17 men sharing two showers, and parts of the NHS operating in decrepit portacabins. Twenty per cent of the primary care estate predates the founding of the health service in 1948.

18. **The pandemic. The impact of the pandemic and its aftermath: a bigger backlog than other health systems**

    The combination of austerity and capital starvation helped define the NHS's response to the pandemic. It is impossible to understand the current state of the NHS without understanding what happened during it.

The decade of austerity preceding Covid-19, along with the prolonged capital drought, saw the NHS enter the pandemic with higher bed occupancy rates and fewer doctors, nurses, beds and capital assets than most other high-income health systems. The NHS's resilience was at a low ebb.

What is less widely known, is that **the NHS delayed, cancelled or postponed far more routine care during the pandemic than any comparable health system.** Between 2019 and 2020, hip replacements in the UK fell by 46 per cent compared to the OECD average of 13 per cent. Knee replacements crashed a staggering 68 per cent compared to an average fall of 20 per cent. Across the board, the number of discharges from UK hospitals fell by 18 per cent between 2019 and 2020, the biggest drop across comparable countries.

19. **Patient engagement. The patient voice is not loud enough.**

The NHS should aspire to deliver high quality care for all, all of the time. That not only means care that is safe and effective but that treats people with dignity, compassion and respect, making their experiences as positive as they can be. Yet patient satisfaction with services has declined and the number of complaints has increased, while patients are less empowered to make choices about their care. A familiar theme in inquiries into care failings has been patients' concerns not being heard or acted upon. The NHS is paying out record sums in compensation payments for care failures, which now amount to nearly £3 billion or 1.7 per cent of the entire NHS budget.

20. **Staff engagement. Too many staff are disengaged.**

There is also compelling evidence that, post-pandemic, too many staff have become disengaged, and there are distressingly high-levels of sickness absence – as much as one working month a year for each nurse and each midwife working in the NHS.

The experience of the pandemic was exhausting for many and its aftermath continues to reverberate. NHS staff not only mourned deaths of their colleagues on the frontline but were at the sharp end of the Covid rules. They had to insist that mothers gave birth alone and that elderly and other patients had to die without the comforting touch of their loved ones. The result has been a marked reduction in discretionary effort across all staff groups.

21. **Management structures and systems. Still reeling from a turbulent decade and the growth in oversight.**

The Health and Social Care Act of 2012 was a calamity without international precedent. It proved disastrous. By dissolving the NHS management line, it took a "scorched earth" approach to health reform, the effects of which are still felt to this day. It has taken more than 10 years to get back to a sensible structure. And management capability is still behind where it was in 2011.

Some sanity has been restored by the 2022 Act which put integrated care systems on a statutory basis. This has the makings of a sensible management structure, consisting of a headquarters, seven regions and 42 integrated care boards (ICBs) whose strategy to tackle inequalities, and to improve population health, is set by an Integrated Care Partnership (ICP) that includes local government and the third sector alongside the NHS itself.

Across ICBs, there are differing understanding of their roles and responsibilities, including how far they are responsible for the performance management of providers, and quite how and at what level they should tackle population health. The NHS in England has emulated Wales and Scotland and changed its improvement philosophy from competition to collaboration. The framework of national standards, financial incentives and earned autonomy as part of a mutually reinforcing approach is no longer as effective as it once was, and needs to be reinvigorated.

22. **A further effect of the 2012 Act has been a costly and distracting process of almost constant reorganisation of the 'headquarters' and 'regulatory' functions of the NHS.**

Although there are ongoing reductions in management spend and headcount numbers continue to fall, some 19,000 people are employed between NHS England and the Department of Health and Social Care (having peaked at 23,000 in 2022). Some 5,200 of the 16,000 employed by NHS England provide shared services to the NHS such as IT infrastructure and 3,500 are in its seven regions. The Department of Health and Social Care has increased in size by more than 50 per cent in the past 10 years, employing fewer than 2,000 people in 2013 compared to more than 3,000 in 2024, as it reabsorbed staff following the abolition of Public Health England.

Accountability is important. But too many people holding people to account, rather than doing the job, can be counterproductive. Regulatory type organisations now employ some 7,000 staff, or 35 per provider trust, having doubled in size over the past 20 years. Taken together, there are nearly 80 people employed in regulatory and headquarters functions for each NHS provider trust. And there are a multitude of other organisations that produce guidance, recommendations and standards. NHS organisations should focus on the patients and communities they serve, but

the sheer number of national organisations that can 'instruct' the NHS encourages too many to look upwards rather than to those they are there to serve.

The Care Quality Commission – which inspects the NHS – is not fit for purpose, as the recent independent review made clear. Its focus on inputs rather than outcomes has played a major role in driving up the numbers of clinicians in hospitals to unprecedented levels.

Conclusion: the NHS is in critical condition, but its vital signs are strong

23. **It is apparent from this report and from the accompanying analysis that the NHS is in critical condition**.

    It continues to struggle with the aftershocks of the pandemic. Its managerial capacity and capability have been degraded, and the trust and goodwill of many frontline staff has been lost. The service has been chronically weakened by a lack of capital investment which has lagged other similar countries by tens of billions of pounds. All of this has occurred while the demands placed upon the health service have grown as the nation's health has deteriorated.

24. **Some have suggested that this is primarily a failure of NHS management. They are wrong.**

    The NHS is the essential public service and so managers have focused on "keeping the show on the road". Some fantasise about an imaginary alternative world where heroic NHS managers were able to defy the odds and deliver great performance in a system that had been broken. Better management decisions might have been taken along the way, but I am convinced that they would have only made a marginal difference to the state that the NHS is in today.

25. **Despite the challenges, the NHS's vital signs remain strong.**

    The NHS has extraordinary depth of clinical talent, and our clinicians are widely admired for their skill and the strength of their clinical reasoning. Our staff in roles at every level are bound by a deep and abiding belief in NHS values and there is a shared passion and determination to make the NHS better for our patients. They are the beating heart of the NHS. Despite the massive gap in capital investment, the NHS has more resources than ever before, even if there is an urgent need to boost productivity.

26. **Nothing that I have found draws into question the principles of a health service that is taxpayer funded, free at the point of use, and based on need not ability to pay.**

    With the prominent exception of the United States, every advanced country has universal health coverage—and the rest of the world are striving towards it. But other health system models—those where user charges, social or private insurance play a bigger role—are more expensive, even if their funding tends to be more stable. It is not a question, therefore, of whether we can afford the NHS. Rather, we cannot afford not to have the NHS, so it is imperative that we turn the situation around.

27. **It has taken more than a decade for the NHS to fall into disrepair so improving it will take time.**

    Waiting times can and must improve quickly. But it will take years rather than months to get the health service back to peak performance. I have no doubt that significant progress will be possible, but it is unlikely that waiting lists can be cleared and other performance standards restored in one parliamentary term. Just as we in the NHS have turned around performance before, we can do so again.

28. **There are some important themes that have emerged for how to repair the NHS, which will need to be considered alongside strategies to improve the nation's health and reforms to social care.**

    You asked me to identify the major themes for the forthcoming 10-year health plan. These include the following:

    - *Re-engage staff and re-empower patients*. Despite all the challenges and low morale, NHS staff are profoundly passionate and motivated to raise the quality of care for patients. Their talents must be harnessed to make positive change. The best change empowers patients to take as much control of their care as possible.

    - *Lock in the shift of care closer to home by hardwiring financial flows*. General practice, mental health and community services will need to expand and adapt to the needs of those with long-term conditions whose prevalence is growing rapidly as the population age. Financial flows must lock-in this change irreversibly or it will not happen.

    - *Simplify and innovate care delivery for a neighbourhood NHS*. The best way to work *as* a team is to work *in* a team: we need to embrace new multidisciplinary

models of care that bring together primary, community and mental health services.

- *Drive productivity in hospitals*. Acute care providers will need to bring down waiting lists by radically improving their productivity. That means fixing flow through better operational management, capital investment in modern buildings and equipment, and re-engaging and empowering staff.

- *Tilt towards technology*. There must be a major tilt towards technology to unlock productivity. In particular, the hundreds of thousands of NHS staff working outside hospitals urgently need the benefits of digital systems. There is enormous potential in AI to transform care and for life sciences breakthroughs to create new treatments.

- *Contribute to the nation's prosperity*. With the NHS budget at £165 billion this year, the health service's productivity is vital for national prosperity. Moreover, the NHS must rebuild its capacity to get more people off waiting lists and back into work. At the same time, it should better support British biopharmaceutical companies.

- *Reform to make the structure deliver*. While a top-down reorganisation of NHS England and Integrated Care Boards is neither necessary nor desirable, there is more work to be done to clarify roles and accountabilities, ensure the right balance of management resources in different parts of the structure, and strengthen key processes such as capital approvals. Change will only be successful if the NHS can recover its capacity to deliver plans and strategies as well as to make them.

* * *

In an unprecedented act of transparency, my report is being published with an accompanying technical annex containing over 330 analyses that my team and I have commissioned for this investigation. These have been completed by NHS England and the Department of Health and Social Care at remarkable speed.

At my insistence, every piece of analysis includes all available data going back to 2001 or from the first creation of datasets thereafter. It is my hope that this will mark the start of a more open and honest conversation between ministers, the NHS and the public about performance.

In addition, I have examined more than 500 pages of analysis from charities, professional bodies, and other organisations that have a shared passion for the NHS, its values, and its future.

I have also benefitted enormously from the advice and wisdom of the Expert Reference Group. This comprised of the leadership of more than 75 of the most important organisations contributing to the health service today (listed at annex A). I would like to express my sincere thanks to all contributors and to the team that has delivered this report at such speed. I am also grateful to those organisations that hosted me for my programme of visits.

The NHS is now an open book. The issues are laid bare for all to see. And from this shared starting point, I look forward to our collective endeavour to turn it around for the people of this country, and to secure its future for generations to come.

ARA DARZI
Paul Hamlyn Chair of Surgery, Imperial College London
Consultant Surgeon, Imperial College Healthcare NHS Trust
and the Royal Marsden NHS Foundation Trust
Independent Member of the House of Lords

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Report author: Angela Brogden

Tel: 0113 3788661

Health and Care Workforce in Leeds

Date: 8th October 2024

Report of: Head of Democratic Services

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

Will the decision be open for call in? ☐ Yes ☒ No

Does the report contain confidential or exempt information? ☐ Yes ☒ No

Brief summary

- Under the guidance of the Leeds One Workforce Strategic Board (LOWSB), partners from across Leeds work together to understand and prioritise strategic actions required to strengthen the health and care workforce across Leeds. This work is primarily planned and coordinated through the Leeds Health and Care Academy through collaborative workforce planning and analysis, shared learning and education, and collective workforce projects.

- The Adults, Health and Active Lifestyles Scrutiny Board has previously received updates from the Leeds Health and Care Academy on the workforce challenges impacting on health and care service delivery in Leeds and how partners are working together to address these as well as addressing the key strategic priority of reducing health inequalities. The last update was received in October 2023.

- At the request of the Scrutiny Board, a further update has now been provided by the Leeds Health and Care Academy.

Recommendations

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

What is this report about?

1. Appended to this report is a briefing paper from the Leeds Health and Care Academy which covers the following areas:

    - Summarises key changes impacting the workforce over the last 12 months;
    - Provides an overview of the Leeds Health and Care Partnership's (LH&CP) approach to current opportunities and challenges;
    - Considers the progress and impact of the Leeds Health and Care Academy (LHCA) in relation to shared workforce priorities;
    - Updates the key work programmes and interventions led by LHCA and by partners to tackle health inequalities now and for the future;
    - Provides a Leeds partnership focus on Carers and the Third Sector workforce outlining progress and constraints over the last year;
    - Considers collective actions required to sustain momentum.

What impact will this proposal have?

2. The appended briefing paper provides the Adults, Health and Active Lifestyles Scrutiny Board with an update on the city's workforce across health and social care services in Leeds. It includes key areas of progress, current and predicted pressures and how partners are working together to address these as well as addressing the key strategic priority of reducing health inequalities.

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

☒ Health and Wellbeing ☒ Inclusive Growth ☐ Zero Carbon

3. With regard to Health and Wellbeing, the Best City Ambition states that Leeds will be a healthy and caring city for everyone: where those who are most likely to experience poverty improve their mental and physical health the fastest, with health and care inequalities reducing, and people being supported to thrive from early years to later life. To realise this ambition, there will be a focus on providing high quality care as part of an integrated system, with equitable access to essential services which support people to age well and are focused on prevention and early intervention.

What consultation and engagement has taken place?

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

4. Under the guidance of the Leeds One Workforce Strategic Board (LOWSB), partners from across Leeds work together to understand and prioritise strategic actions required to strengthen the health and care workforce across Leeds. This work is primarily planned and coordinated through the Leeds Health and Care Academy through collaborative workforce planning and analysis, shared learning and education, and collective workforce projects.

5. Representatives of the Leeds Health and Care Academy, including the Director of Leeds Health and Care Academy and Leeds Strategic Workforce, will be attending today's meeting to present the appended briefing paper and address any further questions from Board Members.

What are the resource implications?

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

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

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

What are the legal implications?

8. This report has no specific legal implications.

Appendices

- Appendix A – Briefing paper by the Leeds Health and Care Academy presenting an update on the city's workforce across health and social care services in Leeds (October 2024).

Background papers

- None.

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Leeds Health and Care Academy

AHAL Scrutiny Report October 2024
Leeds Health and Care One Workforce

Purpose

Following the last update to members of Adults, Health and Active Lifestyles Scrutiny Board in October 2023, this paper provides an update on the city's workforce across health and social care services in Leeds. It includes key areas of progress, current and predicted pressures and how partners are working together to address these as well as addressing the key strategic priority of reducing health inequalities.

The paper:

- Summarises key changes impacting the workforce over the last 12 months;
- Provides an overview of the Leeds Health and Care Partnership's (LH&CP) approach to current opportunities and challenges;
- Considers the progress and impact of the Leeds Health and Care Academy (LHCA) in relation to shared workforce priorities;
- Updates the key work programmes and interventions led by LHCA and by partners to tackle health inequalities now and for the future;
- Provides a Leeds partnership focus on Carers and the Third Sector workforce outlining progress and constraints over the last year;
- Considers collective actions required to sustain momentum

1. Summary

The Leeds Health and Care Partnership has continued purposeful activity to develop and sustain One Workforce in Leeds for health and social care, building on common goals, shared priorities and effective partnership working. Over the last few months, consultation on the refreshed Leeds One Workforce Strategy 2030 has taken place with a final version will be presented to the Leeds One Workforce Board for approval in October. There has been wide engagement on co-design and feedback from partners across the city during this process, reaffirming the commitment to work across organisational boundaries and recognising the strengths and valuable contributions from all colleagues across the health and care system in Leeds.

The Leeds One Workforce Strategic Board, chaired by Dr Sara Munro, Leeds and York Partnership Foundation Trust, continues to provide essential guidance and challenge to our partnership working with a focus on advancing quality, amplifying impact, accelerating progress and driving efficiency. The financial pressures that organisations are facing, is putting the city's workforce under immense pressure however, collective actions around recruitment, development, retention and staff well-being are maintaining a stable city-wide position.

In terms of measurable impact, our collaborative work to better integrate the health and social care workforce in Leeds is a long-term approach and is tracked over time. Notable areas of progress include:

- The Talent Hub continues to increase recruitment of local residents into health social care jobs and training with 989 candidates engaged throughout 2023-24 with 621 being supported to achieve accredited qualification, gain employment or access education, training or access support services.

- The Talent Hub focus on narrowing inequalities has supported a wide diversity of candidates, of the 320 candidates supported in Q1 of 2024-25, 38% reside in one of the priority wards and 49% were unemployed at the point of referral.
- 67 students graduated with T Level qualifications this year. From our first cohort, 82% went on to further studies in health and social care at university or through an Apprenticeship.
- Over 5000 employees from all parts of the sector, 180 different organisations, have accessed the digital learning portal during the year

Key indicators are tracked collectively in order to monitor and manage workforce risk across the city, and currently demonstrate:

- Significant reduction in vacancies through targeted activity but some critical services still challenged. Financial pressures impacting recruitment strategies.
- Contingent staffing mechanisms are in place and operating effectively across the city
- Unplanned absence rates remain higher than targets but within tolerable parameters.
- Staff engagement and well-being remains a key focus in the context of cost-of-living pressures and national industrial action
- Overall turnover is slightly higher than targeted but broadly stable, with pockets of considerable improvement across the system where turnover rates have been brought down substantially over the last 18 months.
- Student numbers remain lower than required to meet demand for registered professions

Annex 1 outlines key trends in collaborative workforce development.

2. Background

Leeds, like many places across the country, has needed to continue to reprioritise, learn and adapt to the changing health needs of our population following the Covid-19 pandemic, and the impact of this has undoubtedly been more complex in the context of the cost-of-living challenges and widespread industrial action across many health services. Leeds however, has a clear Health and Wellbeing Strategy and a strong partnership culture which has provided an excellent foundation for workforce innovation, resilience and positivity during this time of significant disruption. Despite the significant pressure on staff across all areas of our workforce, this last year has seen some important progress and longer-term improvements which come from closer partnership working.

One of the biggest challenges over the last year has been the significant financial pressure which has affected nearly all parts of the health and care system, with organisations having to take difficult decisions about recruitment and workforce capacity, and in some cases, reorganising or reducing their services to ensure population health priorities are met and quality remains high. This has shifted the collective workforce focus more towards dealing effectively with organisational change, reskilling staff and retaining our talented workforce within the Leeds health and care system.

With a new government, there are more policy and funding changes expected, however close working with the Department of Health and Social Care through the Leeds Hub, and national profile of West Yorkshire ICB and West Yorkshire Combined Authority, is helping the Leeds Health and Care Partnership to plan effectively. The increasingly strong national focus on 'Health, Work and Skills' is well aligned with our local work and is anticipated to support progress on tackling health inequalities. In addition, the publication of the first national Adult Social Care Workforce Strategy is welcomed and recognises the benefits of a 'one workforce' approach, providing opportunities for closer alignment between the health and social care workforce through visible connections with the NHS Long Term Workforce Plan. The recent Darzi Report recognises the importance of staff voice, multi-disciplinary teams, technology enhanced working and clearer, more stable management in improving outcomes and experiences for patients.

In the context of these significant changes, the partnership across the city continues to flourish, proving its potential as we innovate, learn and mature faster and with positive impact.

3. The Leeds Health and Care Partnership approach to current opportunities and challenges

Following the refresh of the Leeds Health and Wellbeing Strategy, Leeds has set out a clear ambition for our health and social care workforce; *"an inclusive, valued and well-trained workforce" where "all our professions, services, leadership and workplaces reflect the communities of Leeds."* Underpinning this strategy, the LHCP has recently co-designed a refreshed Leeds One Workforce Strategy, which is due for consideration at the Leeds One Workforce Strategic Board later in October. The shared workforce priorities which have shaped our collaborative work over the past few years have evolved based on our learning and the changing context in which we operate. For the next five years, our focus will be on:

1. ***Future Workforce***: Working with our future staff to find their best fit within and across our organisations.
2. ***Learning Together***: Sharing priority education, training and development across organisations and professions to advance the Healthy Leeds Plan.
3. ***Team Leeds***: Developing collective leadership and strong, inclusive relationships, working across structural boundaries, and coordinating activity and resource in priority areas.
4. ***Health Equity***: Improving health access, experience and outcomes through work and prioritising additional support for those who need it most.
5. ***Workforce Insights***: Being open and curious to find out more and building our actions on analysis and evidence.

Many of our current collaborative projects will evolve and adapt to focus more sharply on these shared priorities and we are building on some significant progress over the last year, under the current shared strategic workforce objectives.

1. **Integrated Workforce Design** has focussed on testing a bespoke collaborative system workforce planning model for Leeds, developing joint data, analytics and workforce insights to predict city-wide capacity for a defined workforce, piloted with Occupational Therapists.
2. **Growing and Developing Registrants** has expanded placement capacity across private, independent, voluntary organisation for Allied Health Professionals through partner collaboration. Collaborative apprenticeships, training and CPD has continued to increase and an innovative career platform developed through person-centred technology launched in September 2024.
3. **Working Across Organisations** has improved staff mobility and retention through the evolution of the staff portability agreement. The Talent Hub support has increased the numbers of people securing education and jobs in health and social care, and partner collaboration is enabling workforce transformation across organisational boundaries.
4. **Preventing ill health** has continued to support health and social care organisations through expanding collaborative training in health promotion and primary prevention.
5. **Narrowing Inequalities** work has underpinned significant changes in recruitment practice and policy and staff development. The Connecting Communities programme continues to engage directly with local communities building pathways into health and social care. Work with schools and young people has focussed on how health and social care can build confidence and create opportunities for further education and employment.
6. **Learning together** connects partners around core education, Apprenticeships and workforce development, ensuring that all parts of our sector are well supported with

workforce development. The first place-based Learning Needs Analysis has been completed and we have extended the reach of the learning portal to over 5000 employees working across 180 different organisations.

7. **Improving Health and Wellbeing** has remained a key focus of activity, improving access and experience of support services, along with the introduction of the City-wide Welfare Support Officer to provide additional support to smaller organisations, specifically in the third sector.

4. Leeds Health and Care Academy Progress and Impact Report

Working under the guidance of the city's Leeds One Workforce Strategic Board, the Leeds Health and Care Academy continues to connect LHCP partners to jointly support and develop our city's health and social care workforce through education and training, leadership and culture, collaborative workforce projects, workforce strategy and planning. Over the last year, the Leeds Learning Portal and the Leeds Talent Hub have been key enablers for partners to increase engagement in training and development, and supporting our future workforce to secure and succeed in their chosen education and employment.

Further information can be found in the Academy's 2023/2024 Annual Report ANNUAL REPORT 2023/24 - Leeds Health and Care Academy

Staff Portability: The extended application of our Leeds Portability Agreement, which was originally drafted in June 2021 in response to Covid-19, has led to increased workforce mobility across organisational boundaries. Multi-agency and multi-professional teams are able to work in different care settings, access systems and communicate more efficiently, improving the experience of service users and reducing duplication. Working closely with the Department of Health and Social Care Hub, Leeds partners are now exploring the potential of the agreement to support cross-organisational workforce development in areas of shared priority.

Clinical Placements: Steady progress is being made within the collaborative clinical placement project; focusing on expanding and diversifying clinical placement capacity to meet current demand and build capacity to enable upscale aligned to Social Care and NHS long term plan. The focus of expansion is across private, independent, and voluntary organisations supporting more diverse placements whilst promoting this sector as a career of choice through exposing learners to the variety of diverse opportunities and career pathways.

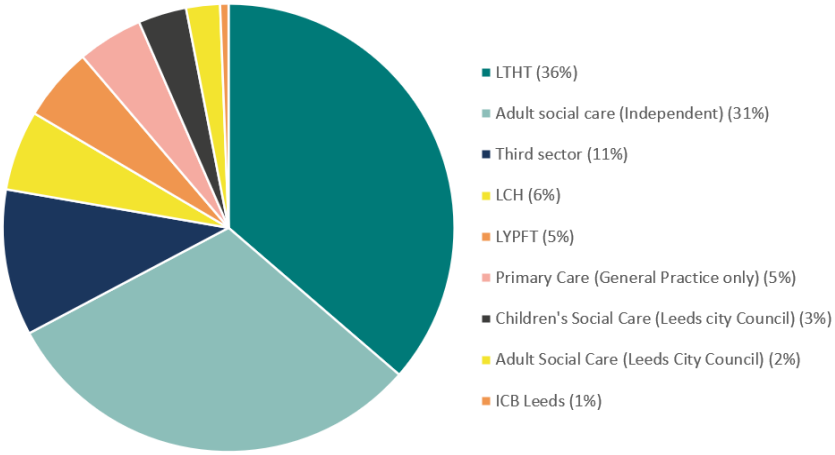
Leeds Learning Portal: The Leeds Health and Care Learning Portal was launched in 2022 to share and widen access to training and development across the sector. The open access platform is uniquely placed in the system as it can be used by anyone with a Leeds-based health and care role. This year, engagement has grown immensely with a 309% increase in users. A significant focus this year has been working closely with Adult Social Care colleagues to further develop our support for independent and third sector colleagues delivering personal care. Following on from Pressure Ulcer Prevention training which has seen significant take up from the care home sector, we have added other agreed learning packages covering the essentials of leg ulceration, dysphagia and safe use of care equipment for health and care staff.

Children & Young People: The Children and Young People Programme aims to inspire children and young people aged 4 to 18 years into health and care careers. The driving principles of this are to co-

design, develop, and embed collaborative approaches across employers, education and the third sector in Leeds. Since March 2023, there have been a variety of schools engagement sessions delivered by Academy staff, employers, and members of the I Care Ambassador network including bespoke classroom lessons, assemblies, careers fairs, skills sessions, and activities fairs, with nearly 4000 children and young people engaged in our work this year. We will be continuing this work over the coming year, growing and developing our ambassador pool as well as building key relationships and targeting our work with key schools in priority neighbourhoods.

T Levels: The Health and Care T Level is a unique collaboration with partners across Leeds. This year we have worked together to support and deliver this exciting two-year programme to 67 students looking to develop knowledge and practical skills within the health and care sector. The course combines classroom theory, practical learning, and a 315-hour industry placement to make sure students have authentic experience of the workplace. From our first T Level cohort, 82% of students went on to further studies in health and social care at University or through an Apprenticeship, demonstrating the success of the Leeds T Level approach as an alternative educational pathway.

City workforce profile: In January 2024 the Academy published a refresh of the city's health and care workforce profile, which can be found here: City Workforce Profile 2024: understanding Team Leeds - Leeds Health and Care Academy



The city's health and care paid workforce is around 60,000 people and tracking the number and relative size of different partners provides an understanding of the size and shape of the health and care workforce. This is useful context for workforce priorities and decision making as a system, but also helps understand relative impact of our collective interventions. The workforce profile will be refreshed every three years, allowing us to identify longer-term trends and support system collaboration.

Third Sector Engagement: LHCA's focussed partnership project with Forum Central continues to improve reach and engagement within the sector benefiting the Third sector workforce in Leeds. There is continued and a sustained increase in VCSE employees and volunteers' participation in training, accessing health and wellbeing services, involvement in collaborative workforce projects and use of Talent Hub support for attraction and recruitment.

Collaborative workforce planning: Testing of the city's bespoke collaborative workforce planning approach across the Occupational Therapist workforce has produced a predictive five-year model highlighting system-level opportunities and risks, common issues and inter-dependencies, relative

capacity, and areas for development. Linking organisational and system workforce planning creates a much stronger evidence-base for developing integrated practical solutions and optimal workforce design in priority service transformations across the city. Formal evaluation of this innovative process has resulted in academic and national interest, and the LHCP will continue to apply and refine the model in priority workforce areas of the coming year.

Better Careers for Better Care: Leeds Health and Care Academy, together with Leeds City Council, Leeds Community Healthcare Trust, Forum Central and Leeds Care Association have been successful in securing funding for an exciting project from the Rayne Foundation, an organisation that seeks to promote a fairer society and impact positive social change (Rayne Foundation - Promoting a fairer society and positive social change). This multi-year project focuses on supporting Leeds social care workforce in the delivery of integrated neighbourhood care. Through building on the success of a recent home care pilot, this project aims to build capacity and capability by strengthening the city's workforce infrastructure for small employers - Private, Independent and Voluntary Organisations (PIVOs) by developing the team around the person. The project consists of 5 key elements which will be co-developed by the partnerships; supported by Health Watch to ensure that people and communities of interest are involved in the programme design which will impact their experience of care. Further information can be found on our website: Better Careers for Better Care.

Career Compass Leeds: Career Compass Leeds is a digital careers platform to inform, inspire and open doors to the diversity of health and social care careers in Leeds. The platform has been developed in partnership with Leeds health and care employers, careers advisors, colleges, universities and schools. We worked with over 450 young people who helped us with the design and production process to ensure that the platform is person-centred and user friendly. With hundreds of different roles across the Leeds Health and Care sector, the interactive platform helps individuals explore the breadth of roles linked to their own personal preferences and interests and makes real connections into Leeds-based opportunities. The platform formally launched in September 2024 Career Compass Leeds.

Collaborative Workforce Evaluation: LHCA has developed a pragmatic and rigorous approach to evaluating the impact of collaborative workforce interventions over the last 12 months. The approach recognises the importance of designing evaluation in from the beginning, based on the specific drivers and full range of potential outcomes of each programme of work, but set clearly in a strategic evaluative context. Alongside an academic researcher who has been embedded in the Academy since July 2023, the partnership project teams have worked hard to develop skills which are improving the focus and design of activity to optimise impact. This approach also supports system learning, knowledge exchange and wider dissemination, with plans to tailor outputs to public, partner and academic audiences and connecting with existing sector-wide networks to share findings. Rigorous and detailed reporting will amplify the Academy's impact, ensure recommendations from our insights are adopted across the sector and strengthen opportunities to apply for future investment in the health and care workforce in Leeds. Annex 2 gives a breakdown of how our evaluation approaches have been tailored to fulfil the aims of our four key priority areas based on funded programmes.

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

As our work on narrowing inequalities develops and matures, we are better understanding the links between work, health and skills in Leeds, and our emerging focus on Health Equity across our one

workforce enables us to provide better support and opportunities for people entering, moving around and leaving our workforce. Understanding our population and communities better, and the impact and experiences of deprivation, discrimination and disability, is informing joint work with Public Health colleagues and services associated with the wider determinants of health to improve health and narrow health inequalities in and through our workforce.

Health and Wellbeing Strategy workforce indicators: The Leeds Health and Wellbeing Strategy 2023-203 (Health and Wellbeing Strategy (leeds.gov.uk)) ambition is "*We will be the best city for health and wellbeing*" with a vision that "*Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest*".

The Strategy contains 12 priorities, one of which being "*An inclusive, valued and well-trained workforce*", referencing around 60,000 people work in the Leeds health and care system. The goal for this priority is that the health and social care workforce is reflective of Leeds diverse communities.

The Academy is currently developing a range of indicators which will support the city's Health and Wellbeing Strategy, which will initially be measured using the following indicators:

1. Ethnicity
2. Age
3. Disability
4. Gender
5. Socio-economic status

Based on the city workforce profile compiled and published by the LHCA in early 2024, the first report will cover approximately 50% of the Leeds health and care system's workforce and will be published in November 2024. In future years it is the ambition to add in additional indicators and also include more partners in the Leeds health and care system into the report.

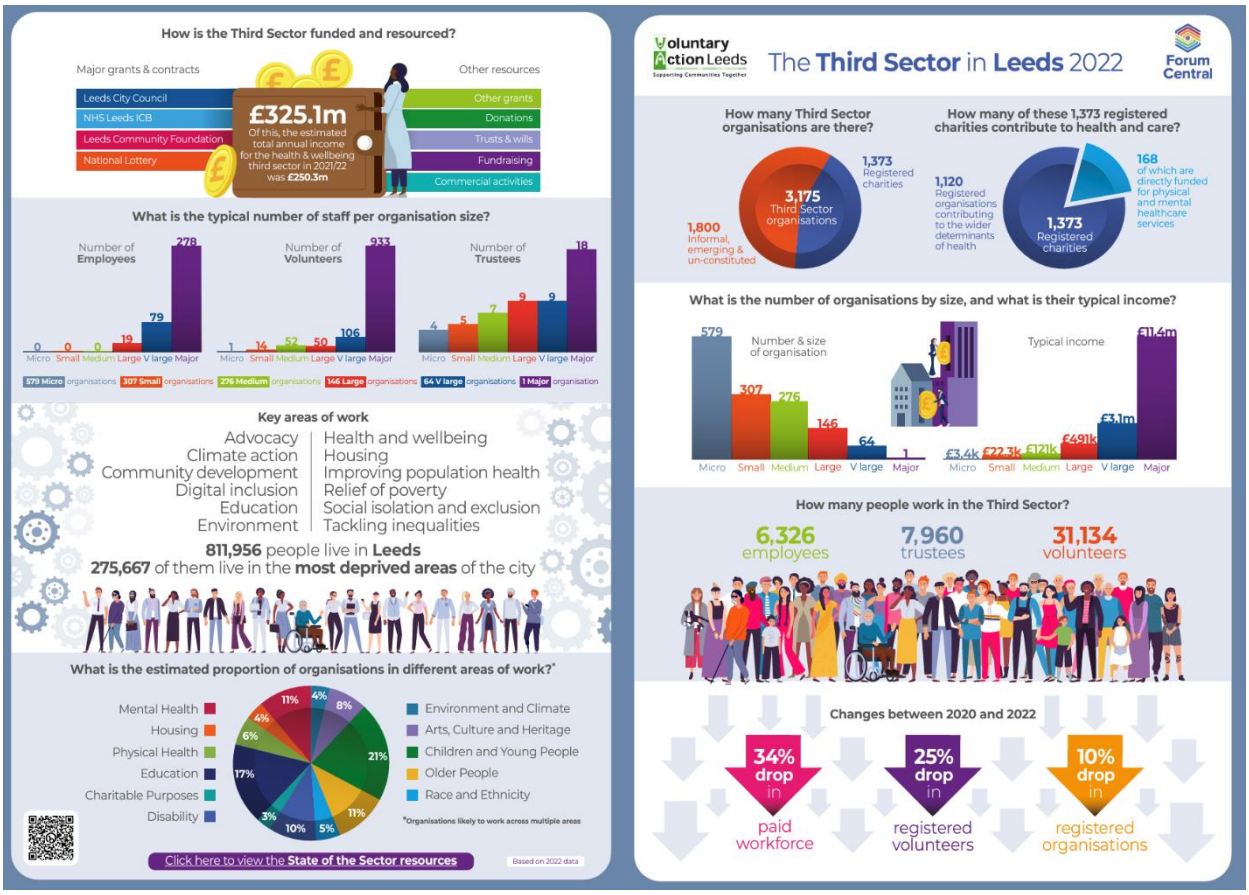
Talent Hub: The hub provides the infrastructure to deliver the Leeds One Workforce Connecting Communities with health and care careers. Designed to narrow inequalities through engaging with the experience of individuals and communities, intervening to remove historic barriers and supporting individuals to gain the abilities, motivation and opportunities to succeed we continue to see success in diversifying our workforce through widening participant initiatives and developing sustainable talent pools to support workforce requirements through our person centric approach. 989 candidates engaged with the Talent Hub throughout 2023-24, with 621 candidates supported to achieve an accredited qualification, gain employment or access education or training or specialist support services. Within Q1 of 24-25 we have already supported 320 candidates, 38% of which reside within one of the priority wards, with 49% of candidates being unemployed at the point of referral. Any overview of activity and impact for 2023/24 and 2024/25 can be found here - Connecting Communities with Health and Care Careers - Leeds Health and Care Academy

6. Collective focus on Carers and the Third Sector workforce; working in partnership – opportunities and constraints

The Third Sector is an integral part of the Leeds Health and Care system and is committed to its role in the leadership, governance and delivery of services across the city. The ambition to better integrate and strengthen the Third Sector workforce remains a priority and key Third Sector representatives are active members of the Partnership Leadership Team (formerly Partnership Executive Group), the

Leeds One Workforce Strategic Board, and other boards and steering groups supporting collaborative working.

The 2023 State of the Sector (SOTS) report, which explored Third Sector resilience, was refreshed using 2022 data and insights, and revealed a concerning loss of Leeds Health and Care Third Sector capacity. As VCSE organisations have a key role in reducing health inequalities, this reduction in capacity has directly impacted on system partners' ability to take early action and limit the scale of increasing inequalities. The charts below indicate the scale and size of the sector.



The challenges facing the third sector are reflective of national trends. There are huge challenges with multiple operating cost pressures facing organisations of all sizes which are compounded by increased demand from Leeds citizens (and employees working in third sector organisations) who are continuing to face a 'cost of living crisis'.

Recruitment and retention remains an issue, in part due to the cost pressures for organisations mentioned. The financial constraints can also lead to re-organisations and reductions in services, pay constraints and feelings of burnout from staff resulting in staff seeking better pay, conditions and stability in statutory roles.

The Leeds Third Sector Strategy 2023 - 2028 sets out a shared vision for how the third sector in Leeds should work, and what is needed to get there. The ambitions for the first year (2024) focus on

commissioning and funding, partnerships, and social value; with a more detailed action plan currently being developed by key stakeholders.

In Leeds and West Yorkshire there are strong partnerships already formed. There are opportunities to further collaborate and work in partnership to drive efficiencies, improve quality, accelerate progress and amplify impact. Areas for further collaboration and partnership working include areas such as; Digital Integration, Workforce, Workforce Planning, Co-production, Sharing knowledge/expertise/resources and Estates. There has already been participation from the Third sector in the City's Workforce Planning work and development of the Career Compass tool.

Examples of successes to date include sharing of good practice, resources, for the HR/Workforce network, quarterly HR meetings to maximise opportunities to connect and workforce resources collated and shared to support the network, focusing on Leadership, Health and Wellbeing, Organisational Development etc and Health and Wellbeing support for the sector through a Welfare Support Officer and Recovery College courses.

There are currently 20 Leeds Third sector organisations signed up to the Fair Work Charter. Fair work means good pay, fair and flexible working conditions, as well as greater wellbeing, diversity and social mobility within the workplace. It has been designed for organisations of all sizes and across all sectors, to promote and recognise the positive impact of fair work on businesses and their people.

The above successes have led to a strong sense of feeling of community and belonging in the sector and we have gathered feedback from the members in terms of them feeling supported.

The impact of peer support, which the HR Workforce network facilitates, shouldn't be underestimated. In many small and micro-organisations, one person wears many 'hats', and there are pressures and challenges this brings which are unique to charitable organisations and small groups, being able to offload and be vulnerable with others sharing your experience can be invaluable to a person's wellbeing, and in turn productivity.

7. Sustaining Momentum

The Leeds One Workforce Strategic Board (LOWSB) continues to provide invaluable guidance and focus to ensure that work across the partnership aligns to the core purpose, shared ambition and real impact of One Workforce.

Consultation on the refresh of the Leeds One Workforce Strategy 2030 closed in September with partners across the city both contributing to the redesign and providing feedback on the draft. The final version will go to LOWSB in October for final approval. This process has provided a great opportunity to reconnect partner organisations with the progress and ambition for collaborative workforce support and development.

Following agreement of the longer-term strategy, the Leeds One Workforce Programme (Annex 3), will be updated and priority projects across the city will be reprofiled for the next year. Further information about this will be available on the LHCA website in the coming months.

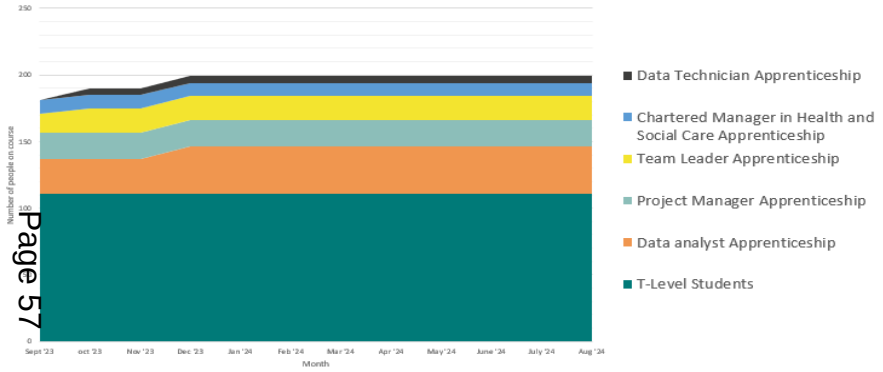
Despite the operational and financial challenges, partner commitment to One Workforce remains strong and the collaborative projects, networks and people ensure that we continue to honour our commitments; to narrow inequalities, advance inclusivity and optimise the Leeds pound.

8. Annexes

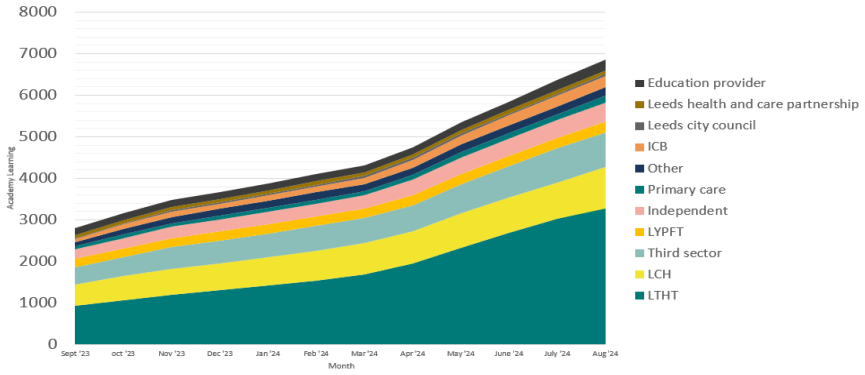
- Annex 1 Leeds Health and Care One Workforce progress September 2023 - August 2024
- Annex 2 LHCA evaluation approaches by priority area
- Annex 3 Leeds One Workforce Programme 2024

Leeds Health and Care One Workforce Progress September 2023 – August 2024

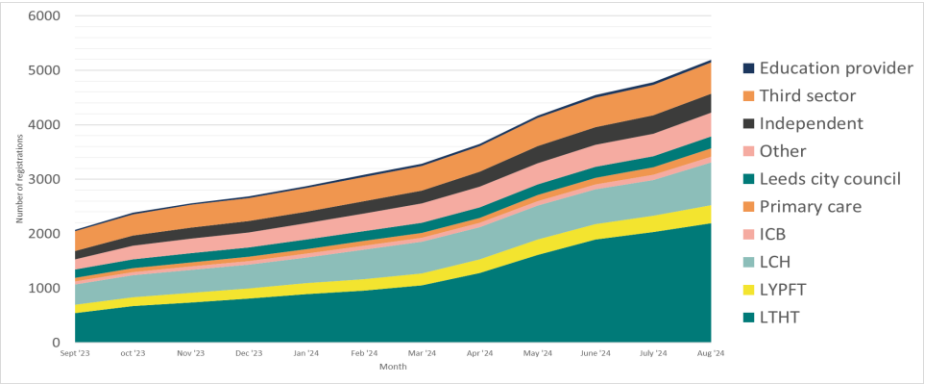
Collaborative Apprentices and T Level Students



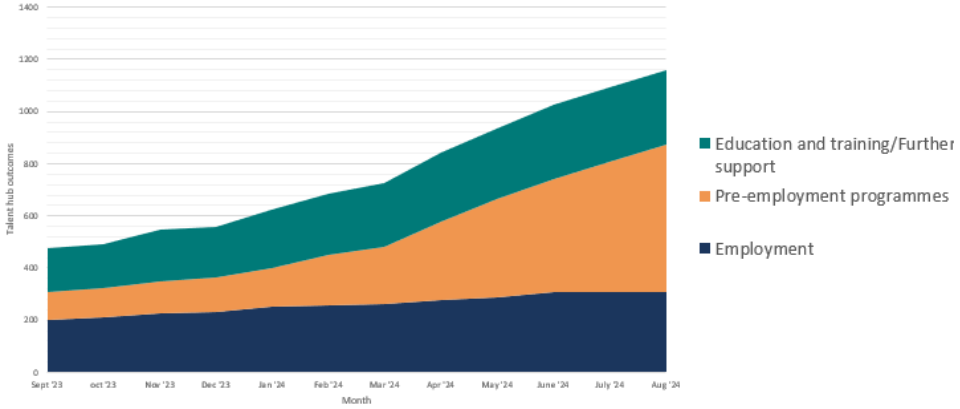
Workforce engaged in Academy Learning



Academy Learning Portal Registrations



Academy Talent Hub Destinations



Leeds Health and Care Academy

Annex 2

LHCA - Evaluation Approaches by Priority Area

A summary of how Leeds Health and Care Academy evaluation approaches have been tailored to fulfil the aims of our four key priority areas based on funded programmes:

1. Narrowing Inequalities –
    - Case studies using qualitative, narrative interviews focusing on experiences of entering the health and care workforce and the reciprocal impact of/on adverse circumstances or events
    - Using an iterative approach to organising and presenting findings, and also matching the findings with a framework helping us to demonstrate how our NI initiatives have addressed the commitments outlined in key strategic plans for the city (i.e. Healthy Leeds Plan)
    - This will help us to measure the impact of a variety of targeted interventions to tackle health inequalities through volunteering and employment opportunities, and identify the most important considerations to support more individuals in the future and to understand key approaches to use in the future.
    - This will be triangulated with entry-level data and figures relating to recruitment and retention from the talent hub and collaborative partnership interventions, to provide further insight into the reach and wider impact of these initiatives
2. Learning and Culture –
    - The impact of our programmes to support learning together and impact positive culture across the sector through shared learning is being done by individually evaluating the key programmes, understanding the necessity for different evaluation approaches for each, before demonstrating how each of these fulfils dimensions of 'learning together' and address the desired drivers of efficiency, improved access to learning across the sector, and flexibility and connectivity for the partnership.
    - Springboard – focus groups and in-depth surveys to understand the dimensions of learning together that are accessed through the programme and why this is important. Triangulated with the results of an in-depth survey with quantitative and qualitative responses, which will be embedded into BAU reporting to monitor ongoing progress.
    - Better Conversations – following a re-design of the programme (due to launch in January), a three-tiered approach will be taken to evaluation: survey questions around reactions to the programme, intention to change behaviour (immediately afterwards) and actual behaviour change and impact on patient experience (3-months post-programme). Concurrent interview/focus groups to develop case study examples, to understand contextual factors affecting programme impact.
    - Collaborative OT apprenticeships – A process evaluation utilising interviews and focus groups to understand the impact of partner organisations learning from each

other to design a rotational placement procedure, and the potential benefits to learners, service delivery and workforce outcomes in offering cross-organisational work placement experiences

- E-learning: interpretation of data to understand reach and uptake of courses on the Academy LMS platform to gather insights around efficiency and resource effectiveness of delivery relative to identified needs of the sector.

3. Children and young people – Career Compass tool
    - Evaluating the design, development and launch of the tool.
    - Have designed an observational approach supported by some surveys and interviews with young people taking part in co-design activities.
    - Using facilitated reflection with professional stakeholders and organisational representatives providing expertise around the sector.
    - Wanting to gain insights around how the extensive co-design approach has supported the development and utility of the tool.
    - Planning to carry out more observation and reflective exercises with professionals during the launch event
    - Gathering data and forming insights around the use of the tool and audience reactions, following users' journey and engagement with the tool after registration – check with Nigel what this might look like
4. Health and Wellbeing –
    - Interviews with people who have taken part in health and wellbeing interventions delivered by the Leeds Recovery College or resolved contact with the DMWS Welfare Officer service
    - Thematic analysis of the impact of these services/sessions on individuals, their wellbeing and how this has affected their experiences of working/volunteering in the sector. This will enable us to improve the quality of these interventions, and offer insights around the mechanisms of wellbeing support on individual health, and associated impact on retention and turnover of staff

We will consider the findings of this qualitative inquiry alongside newly developed evaluation questionnaires concerning the direct personal impact of health and wellbeing interventions, which will be scrutinised on a monthly basis allowing us to monitor reach across the sector and impact on health equity.

LEEDS HEALTH & CARE ONE WORKFORCE PROGRAMME - 2024

Annex 3 Version 3 April 24

VISION

The Leeds Health and Care sector continues to work together to make Leeds the best place to train and work in at any age. Together we provide opportunities for skills, jobs and wealth creation, engaging and recruiting those in our most disadvantaged communities and inspiring the next generation health and care workforce. This will ensure we have the highly diverse, skilled workforce we need to work with the people of Leeds, now and in the future.

PRIORITIES

1. Integrated Workforce Design	2. Growing & Developing Registrants	3. Working Across Organisations	4. Preventing ill-health	5. Narrowing Inequalities	6. Learning Together	7. Improving Health & Wellbeing
Connect care closer to home, without destabilising services or workforce	Attract and retain registered HCPs, ensuring no gaps in priority services	Enable better service delivery through addressing system barriers	Embed the prevention of ill-health across all services and roles	Engage with, recruit and develop diverse workforce from local communities	Develop skills, leadership and digital expertise to support current and future care	Ensure staff across our health and care services are well at work

2024 PROJECTS

LEEDS ONE WORKFORCE PROGRAMME

1.1 System integration of ARRS roles in Primary Care 1.2 Leeds Integrated Workforce planning approach	2.1 Expansion and diversification of clinical placements 2.2 Collaborative Clinical Apprenticeships 2.3 Team Leeds Student Pathway 2.4 Careers Platform	3.1 Workforce Mobility 3.2 Optimising Workforce Capacity (LCRG) 3.3 Leeds H&C Talent Hub 3.4 City Transformation projects	4.1 Public Health knowledge and skills for our workforce	5.1 Narrowing Inequalities through Health and Care Careers - Community Recruitment - Retention & Development 5.2 Schools and Young People - H&C Careers	6.1 Team Leeds – Developing the Partnership 6.2 Collaborative Apprenticeships 6.3 Health and Care digital and data curriculum	7.1 Health and Wellbeing Community of Practice

Leeds Health and Care Academy Learning Portfolio

ENABLERS

COMMUNICATIONS & ENGAGEMENT	INFRASTRUCTURE, FINANCES & RESOURCES	TRANSFORMATION & QI CAPABILITIES	DIGITAL, DATA & MI CAPACITY

Leeds Health &Care Partnership – Leeds providers and networks; Leeds Committee of the ICB; Population and Health Boards; LAHP; Leeds Anchors Network; Leeds Learning Alliance

West Yorkshire Health & Care Partnership – WY ICS; WY People Board; HEE (Y&H); West Yorkshire Combined Authority

National stakeholders - DHSC Leeds Health & Care Hub (People and Talent); NHS Employers; NHS England; Skills for Care;

Leeds Health and Care Academy

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Leeds Health and Care System Resilience and Winter Planning

Date: 8th October 2024

Report of: Head of Democratic Services

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

Will the decision be open for call in? ☐ Yes ☒ No

Does the report contain confidential or exempt information? ☐ Yes ☒ No

Brief summary

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

Recommendations

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

What is this report about?

1. Each organisation in the Leeds health and care system has its own winter and resilience plans, decision management tools and assurance and governance structures. However, the appended briefing paper by the Leeds Health and Care Partnership – co-ordinated by the Director of Pathway and System Integration – provides the Scrutiny Board with an overview of the issues and actions at a system level, as well as an update on plans to support prevention of health issues and increase capacity in the System in the coming months.

2. The key areas covered within the appended briefing paper include:

- Overview of the national and local context
- Oversight and Governance
- Prevention through vaccination and prevention programmes
- Sufficient capacity in Primary Care/Pharmacy
- Establishing alternative pathways to ED, including Same Day Emergency Care (SDEC), Virtual Wards, Acute Respiratory Infection (ARI) Hubs
- Timely discharge from hospital
- Access to and flow through Mental Health Services and support for High Intensity Users
- Focus on ambulance handovers
- Risks common to all areas

What impact will this proposal have?

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

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

☒ Health and Wellbeing ☐ Inclusive Growth ☐ Zero Carbon

4. With regard to Health and Wellbeing, the Best City Ambition states that Leeds will be a healthy and caring city for everyone: where those who are most likely to experience poverty improve their mental and physical health the fastest, with health and care inequalities reducing, and people being supported to thrive from early years to later life. To realise this ambition, there will be a focus on providing high quality care as part of an integrated system, with equitable access to essential services which support people to age well and are focused on prevention and early intervention.

What consultation and engagement has taken place?

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

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

What are the resource implications?

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

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

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

What are the legal implications?

8. This report has no specific legal implications.

Appendices

- Appendix 1 – Briefing paper by the Leeds Health and Care Partnership on Leeds Health and Care System Resilience and Winter Planning (October 2024).

Background papers

- None.

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Appendix 1

Leeds Health & Care Partnership

Scrutiny Board (Adults, Health & Active Lifestyle)

Date of meeting:			
Subject / title of report:	Leeds Health and Care System Resilience and Winter Planning		
Report author(s) and presenter(s):	Helen Lewis, Director of Pathway Integration Dawn Bailey, Chief Officer Public Health (Health Protection)		
Concise summary of item:	To update the Scrutiny Board on: Approach to Winter Resilience and Planning Progress on increasing winter capacity Risks		
Has this item been discussed or planned to be discussed by another Board/group?	Capacity plan updates overseen by H&SC System Resilience Coordination Group; all individual items overseen by individual provider boards, LCC Public Health etc		
Report presented for: ***If for approval or decision, please state clearly and concisely what approval or decision is required***	**Approval**		**Discussion:**
	Decision		
	Discussion	x	
Does the report contain confidential information?	**Yes**		
	No	x	
Does this report contain commercially sensitive information?	**Yes**		
	No	x	

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

Date: 8 October 2024

Subject: Leeds Health and Care System Resilience and Winter Planning

Background & Context

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

National Context

The Urgent and Emergency Care recovery plan (UECRP) has now entered its second year. The level of ambition for 2024/25 aims to deliver:

- Improve A&E performance with 78% of patients being admitted, transferred or discharged within 4 hours by March 2025
- Improve Category 2 ambulance response times relative to 2023/24, to an average of 30 minutes across 2024/25

Operational planning guidance asked systems to focus on three areas to deliver these ambitions:

1. Maintaining the capacity expansion delivered through 2023/24
2. Increasing the productivity of acute and non-acute services across bedded and non-bedded capacity, improving flow and length of stay, and clinical outcomes
3. Continuing to develop services that shift activity from acute hospital settings to settings outside an acute hospital for patients with unplanned urgent needs, supporting proactive care, admissions avoidance and hospital discharge

Locally providers have agreed to:

- Ensure at least 78% of all patients accessing emergency care (including A&E's and Urgent Treatment Centres) will be admitted, transferred or discharged within 4hrs by March 2025 (as a system we have achieved planned trajectories in July and August)
- Improve Category 2 ambulance response time (average) for West Yorkshire to 24 minutes 51 seconds by end of March 2025 (Yorkshire Ambulance Service regional year-end target is 30 minutes and 23 seconds)

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

- 111 call abandonment.
- Mean 999 call answering times
- Category 2 ambulance response times
- Average hours lost to ambulance handover delays per day
- Adult general and acute type 1 bed occupancy (adjusted for void beds)
- Percentage of beds occupied by patients who no longer meet the criteria to reside

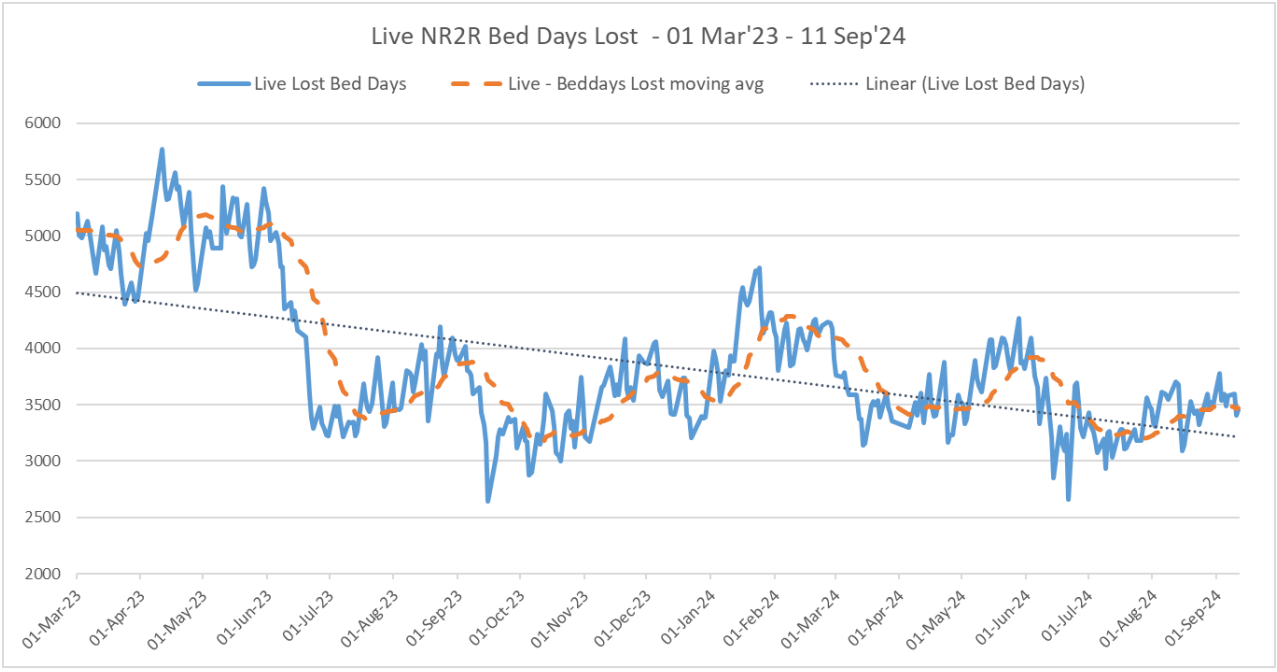
In June 2024, systems have been asked to focus on patient safety and quality of care in pressurised services (NHS England circulated a letter PRN01417). As a system we have reviewed the asks and assure themselves that we are working collectively to achieve the operational requirements.

On the 16th September NHS England wrote to each system, Chief Executives of NHS Acute and Foundation providers and Local Authorities confirming operating assumptions for the forthcoming winter and reminder of 2024/25 NHS England » Winter and H2 priorities. The letter outlines the steps NHS England is going to take, as well as those ICBs and providers are asked to take, to support the delivery of safe, dignified and high-quality care for patients this winter.

Context for Leeds

The Leeds System is entering this winter in a strong position.

- Performance against the 4hour A&E standard was achieved at the end of quarter 4 2023/24 and remains on track to deliver further improvements during 2024/25
- Ambulance handover times also remain one of the strongest in the region despite changes in how times are calculated (resulting in an average of 5 minutes added to each handover). However, performance is still above the national expected target of 15mins at 18 minutes 15 seconds for August 2024
- As of September 2024, No Reason to Reside (NR2R) Length of Stay (LoS) for people requiring supported discharge had reduced by 31% compared to baseline (supported by the work of the HomeFirst programme), although this is slightly higher than at September 2023. Strong system working has contributed greatly to the reduction in overall numbers and length of stay for this cohort in the bed base: 40+ patients fewer than last year



These improvements continue to be supported by the system reporting suite that supports leaders in the system to understand where the pressure is in the system daily and work collaboratively to address issues.

For this coming winter Leeds Teaching Hospitals NHS Trust (LTHT) has used nationally recommended modelling scenarios to predict the number of acute beds required across winter to maintain non-elective and elective demand. Winter activity profiles across urgent and emergency care services show a seasonal increase in demand for services in November, with particularly pressured periods from January to the end of February 2025. Modelling suggests the system will struggle to maintain the ambition of 96% occupancy within LTHT from Oct 24- May 25. (see Appendix A). Priority system capacity and

improvement plans are being aligned to mitigate this increase and support the delivery of a safe winter. We also need to be mindful of the financial pressures on all partners to reduce costs wherever this can be delivered safely.

Finally, during the winter months we should expect increase in demand for primary care, home based services, community beds, mental health services, VCSE services as well as access to specialist equipment.

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

1. **Good oversight & governance**
2. **Prevention through vaccination and prevention programmes**
3. **Sufficient capacity in Primary Care/Pharmacy**
4. **Establish alternative pathways to ED, including Same Day Emergency Care, Virtual Wards, Acute Respiratory Infection (ARI) Hubs**
5. **Ensure timely discharge from hospital to accommodate acute demand**
6. **Access to and flow through Mental Health Services and support for High Intensity Users**
7. **Focus on ambulance handovers**

1. Oversight & Governance

To support the oversight and management of risks over this winter, new Operational Pressures Escalation Level (OPEL) frameworks are being introduced (Community and Mental Health) and the Acute framework in place during winter 23/24 has been reviewed and refreshed. There will also a best practice Primary Care guidance tool.

The West Yorkshire System Coordination Centre (SCC) remains, providing clarity on the governance structures that support patient access. The SCC is a central co-ordination service to providers of care across the ICB footprint, with the aim to support patient access to the safest and best quality of care possible.

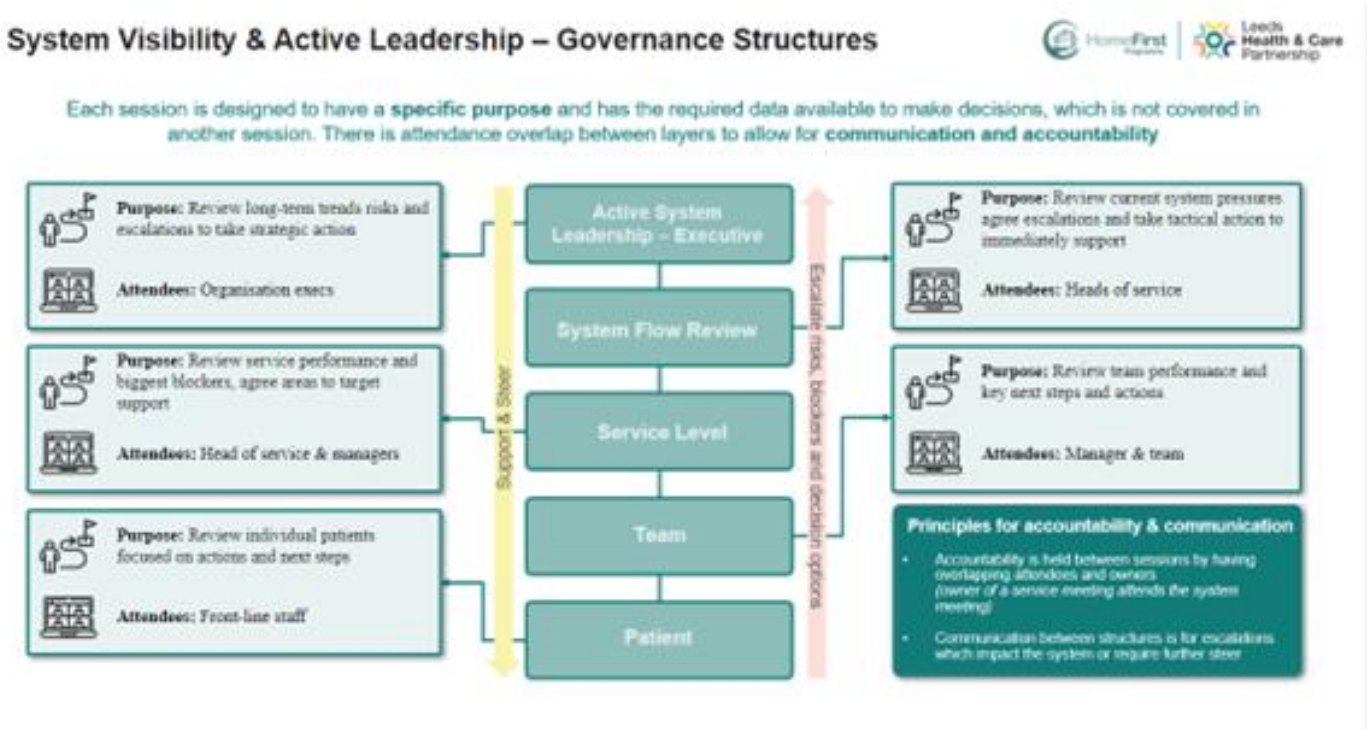
The Leeds health and care system will continue to maintain a system OPEL that reflects the wider system pressure and supports system leaders to balance risks. At escalated OPEL levels, the system Decision Management Tools will support rapid decision making to collaboratively mitigate risks.

The UEC-RAIDR App provides a near-real time view of the current pressures in health and care services across the system to aid understanding and support patient flow and care. Access to the information is available to all on-call managers providing a real-time view into pressures and system function within key NHS providers.

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

Place

- Place based governance through local A&E Delivery Boards
- Active System Leadership (listed as System Flow Review in below system governance structure) - fortnightly and as required
- System Resilience Operational Group – frequency will be determined by demand/pressure



West Yorkshire Integrated Care Board

- UEC SRO led system wide operational group – weekly
- ICB Tactical System Leadership Team – weekly (operational)
- Yorkshire Ambulance Service (YAS) Executive Tactical Group – weekly
- ICB West Yorkshire formal System Leadership Team – Monthly
- ICB Board – Bi monthly
- ICB Finance, Investment and Performance Committee – Bi Monthly
- UEC Programme Board – Bi Monthly

Regional/National

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

2. Prevention through vaccination and prevention programmes

Vaccination

Vaccinations are an important element of the prevention agenda and this year will also include the rollout of the Respiratory Syncytial Virus (RSV) vaccine which will be routinely offered for the first time for those aged 75 - 79 and pregnant women (from 28 weeks).

The 2024 vaccination campaign commenced on the 1st September 2024 with the focus on flu vaccinations for pregnant women and all childrens flu cohorts, along with the RSV vaccine. The main flu and covid campaign will commence on **3rd October 2024** and co-administration is continued to be recommended.

The national expectation is that all eligible individuals will have been invited to come forward by **20th December 2024**. However, outreach activities for Covid vaccinations should continue particularly for 'underserved' communities until 31st January 2025 and flu vaccinations continue until 31st March 2025.

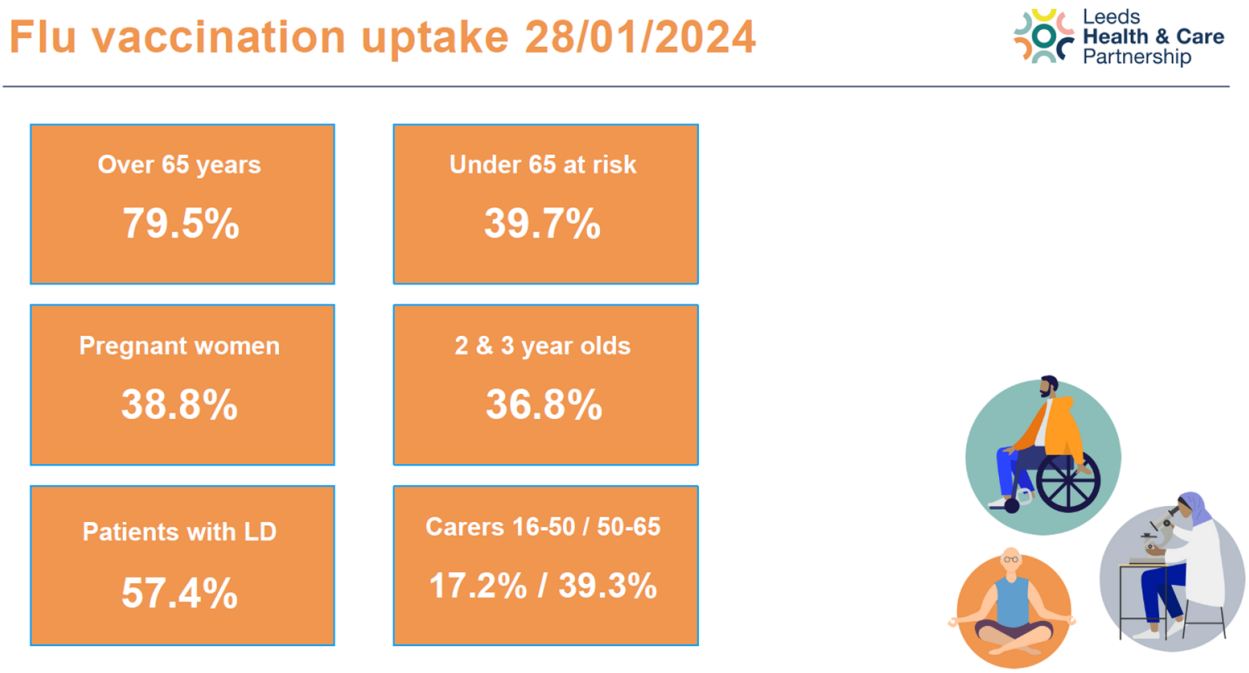
Predictions using surveillance from the Southern Hemisphere indicates a flu season that is similar to 23/24, therefore the WY winter planning scenario for 24/25 matches the one for 23-24. Vaccination uptake is key to managing number of infections and severity as well as mitigating any wave of infections from new variants.

The ambition is to deliver a 100% offer to eligible groups and plan to equal or improve uptake rates of last year. As in previous years, vaccination rates will be monitored closely and actions taken to ensure we focus on increasing uptake, particularly in disadvantaged and at-risk communities and groups.

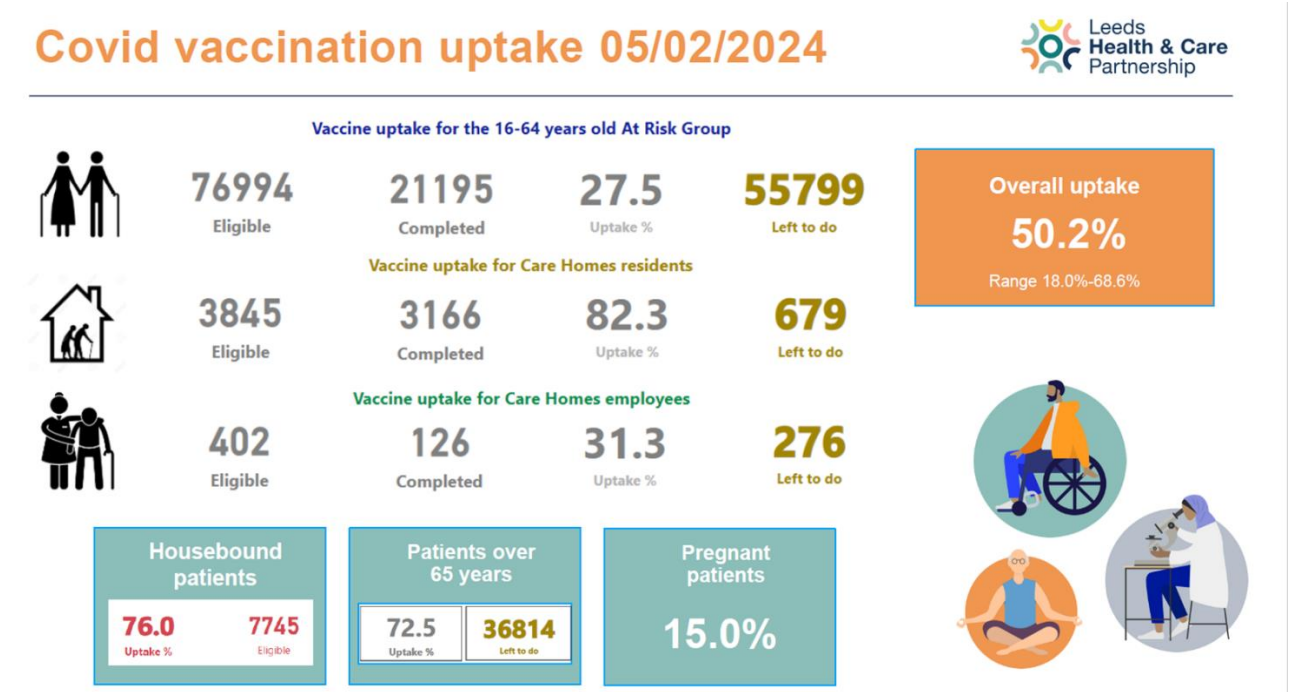
Key points from the 2023/24 programme:

- Uptake achievement for 2023-24 was good but there are still areas for improvement in key cohorts for this year
- For flu, whilst uptake improved from the previous year for pregnant people and 2 and 3 year olds it was slightly down for over 65s and over 5% down for people under 65 in a clinical risk group
- National overall target for Covid uptake was 57%, Leeds achieved 50.2%
- All NHS trusts ran internal staff vaccination programmes, only frontline staff included in 23/24. Overall uptake for frontline health staff (recorded on electronic staff record) flu 47.9% and Covid 41.1%. Overall uptake for frontline social care staff flu 28.38%. Booked clinics and opportunistic vaccination was offered
- Challenges in 2023-24 included late release of information for providers however by the start of the programme 18 of 19 PCNs had signed up to deliver covid. Some healthcare providers struggled with staff vaccination and uptake in the large trusts was significantly lower than previous years

- Successes included engagement with third sector groups through communication and training sessions, support via a letter allowing VCS staff vaccination, public health colleagues raising awareness with local community organisations. We also ran a number of community based mop up sessions later in the campaign that were well attended.



See Appendix B for ethnicity split and GP practices in IMD 1 uptake percentages for flu season 2023/24.



The groups to be offered a COVID-19 vaccine in autumn/winter 2024/25 are:

- Residents in a care home for older adults

- All adults aged 65 years and over
- Persons aged 6 months to 64 years in a clinical risk group, as defined in tables 3 and 4 of the COVID-19 chapter of the UK Health Security Agency (UKHSA) Green Book on immunisation against infectious disease

The groups to be offered an influenza vaccine in autumn/ winter 204/25 are:

- aged 2 and 3 years on 31 August 2024
- eligible school aged children (Reception to Year 11)
- those aged 6 months to under 65 years in clinical risk groups
- pregnant women
- all those aged 65 years and over
- those in long-stay residential care homes
- carers, those in receipt of carer's allowance or main carer of an older or disabled person
- household contacts of immunocompromised individuals
- frontline health and social care staff

Further information about Influenza eligibility is available via the Green Book - https://www.gov.uk/government/publications/influenza-the-green-book-chapter-19

The government has decided that frontline health and social care workers and staff working in care homes for older adults will continue to be offered COVID-19 vaccination in the autumn 2024 programme in England.

The national booking service will continue to be used for sites to post Covid and flu appointments with members of the public able to book appointments from 23 September 2024.

Focussed work to improve uptake across both Covid and Flu vaccine programmes is underway to address low uptake across all cohort groups and areas of sustained low uptake. This includes working with third sector partners to engage with people over 65 years as well as building on national communications plans to deliver a targeted approach for Leeds which will be focussed on cohorts with lower uptake in 23/24. Additional work with LYPFT is being undertaken to support improving uptake of vaccinations for people with a learning disability in areas of low uptake.

Challenges/Risks

- First year delivering RSV vaccine and some lack of clarity about provision, engagement in the programme
- Limited capacity to deliver outreach models – continued reliance on community pharmacy to deliver this approach

Public health winter prevention plan

The UKHSA Adverse Weather & Health Plan for England (2024) outlines actions and advice for reducing preventable cold weather-related deaths and ill-health. Nationally thousands of people die each year from conditions linked to exposure to cold weather, these are referred to as excess winter deaths.

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

LCC Public Health colleagues are working together with local partners to prevent the major avoidable effects on health during cold weather periods through provision of services, guidance and public messaging to protect the most vulnerable which is informed by the UKHSA National Adverse Weather & Health Plan and associated action cards.

The programmes of work aim to protect the health of the population during periods of cold weather by preparing for, alerting people to, and protecting from, the major avoidable effects of cold weather on health. The following outlines the public health priorities and key actions being implemented during the winter period of 2024/25.

The public health winter prevention plan focuses on 3 key priorities which are informed by the UKHSA Adverse Weather & Health Plan 2024:

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

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

Public health colleagues are leading discussions this year, with wider system partners to ensure a co-ordinated approach to delivering against recommended prevention actions detailed within the Adverse Weather & Health Plan which has produced specific action cards for organisations to be implemented in line with Met Office weather health alerts.

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

- At increased risk of hospitalisation during winter to avoid illness, harm and admission to hospital where possible.

- Unable to return home without measures in place to enable them to do so safely or independently therefore delaying discharge when demand is particularly high.

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

Commissioned services and interventions include:

1. Community Infection prevention and control service (LCH) providing a 7 day a week clinical support, advice and outbreak response to community settings including care settings, home care and other community settings.

2. Home Plus (NHS Leeds ICB, Public Health & Communities, Housing & Environment commissioned) - enabling and maintaining independent living through improving health at home, helping to prevent falls and cold related health conditions.

3. Active Leeds Health Programmes - Delivering a range of activities to support people to self-manage their health conditions through physical activity and support those at risk of falling to improve their strength, balance and coordination. Contract managed by LCC, funded by WY ICB.
4. Lunch clubs across the city – addressing malnutrition, hydration and social isolation

5. Winter grants Scheme – small grants scheme aimed community groups to support people to stay well and warm at home.

6. Neighbourhood Network schemes (commissioned by LCC Adults and Health, partially funded by Public Health) - provide a range of services, activities and opportunities promoting the independence, health and well-being of older people throughout Leeds. Development of co-circulation of respiratory illness pathways and guidance for care home staff, education settings and primary care.

7. Breathe Easy Homes a new service launched in May 2024 delivered by Care & Repair in partnership between NHS ICB Leeds, LCC Health and Housing (funder) and LCC Health Partnerships (contract management) - addressing issues with indoor air quality which trigger attacks for children who have a diagnosis of asthma or other persistent respiratory conditions e.g. viral wheeze. Housing / indoor air quality factors include cold, damp, mould, condensation and allergens such as dust mites and pet dander. The service allows families who meet the eligibility criteria to access advice, support and equipment to improve indoor air quality.

8. Weather-proofing Scheme – one of the first projects to come through the Health and Housing Breakthrough Group – use of the Disabled Facilities Grant budget to bring additional resources, under the Council's Housing Assistance policy, to protect the disabled, vulnerable and elderly from homes that can be affected by the weather because of poor repair or lack of effective heating. This is an extension of services already provided by Care & Repair, and this project works alongside Home Plus and Breathe Easy Homes.

9. Funding to LCC of the Household Support Fund which has been extended from October 24 to end of March 2025 and will continue to directly support communities around access to food and heating. The continuation and expansion of successful projects, such as Heating on Prescription via GP practices, is also being scoped within the budget. The Mayor's Cost of Living fund for 2023/24 (which include warm spaces) is currently being evaluated, with a decision expected shortly.

10. 1000 hot & cold weather resource packs have been developed for distribution to vulnerable people across the city. Five home care provider organisations who support our largest number of individuals in receipt of care have identified individuals at high risk of heat & cold related illnesses to start conversations that could help mitigate the risk of whether on health. The resource bags contain key weather health messages, an insulated mug to keep drinks warm, hydration leaflet / urine chart, thermometer to use in home and leaflets with relevant local services who can support around cost-of-living pressures. As well as a pension credit leaflet to raise awareness of the new scheme.

11. Services in Leeds continue to roll out the 'Every sleep a safe sleep' training to professionals from across the system who support families with infants. The training supports professionals to share safer sleep messages and includes information about the colder months, whether out walking, in the car or in the home to reduce the risk of sudden infant death syndrome. Information from the Safer Sleep winter resource is also shared with families.

12. The LCC Health and Wellbeing Service provide 'Winter Friends' digital lesson plans and resources linked in with the National Curriculum learning points for PSHE at Key stages 1 and 2. The aim is to explore winter wellness and encourage young people to look out for others in their own neighbourhood and community, especially during winter time where there can be many barriers for people to keep well, and the dangers of isolation and loneliness dramatically rise.

13. Targeted 'Winter Letters' from Director of Public Health promoting UKHSA action cards to ASC, Primary Care, Third Sector, Education and Early Years

14. Leeds Winter Friends Winter video- aimed at frontline workers and members of the public encouraging uptake of vaccines and exploring local support groups and information.

15. Winter Messages training for frontline workforce including staff from Local Care Partnerships Leeds older people's forum and home care & Care home staff and any staff group working with more vulnerable groups that would like to access the training.

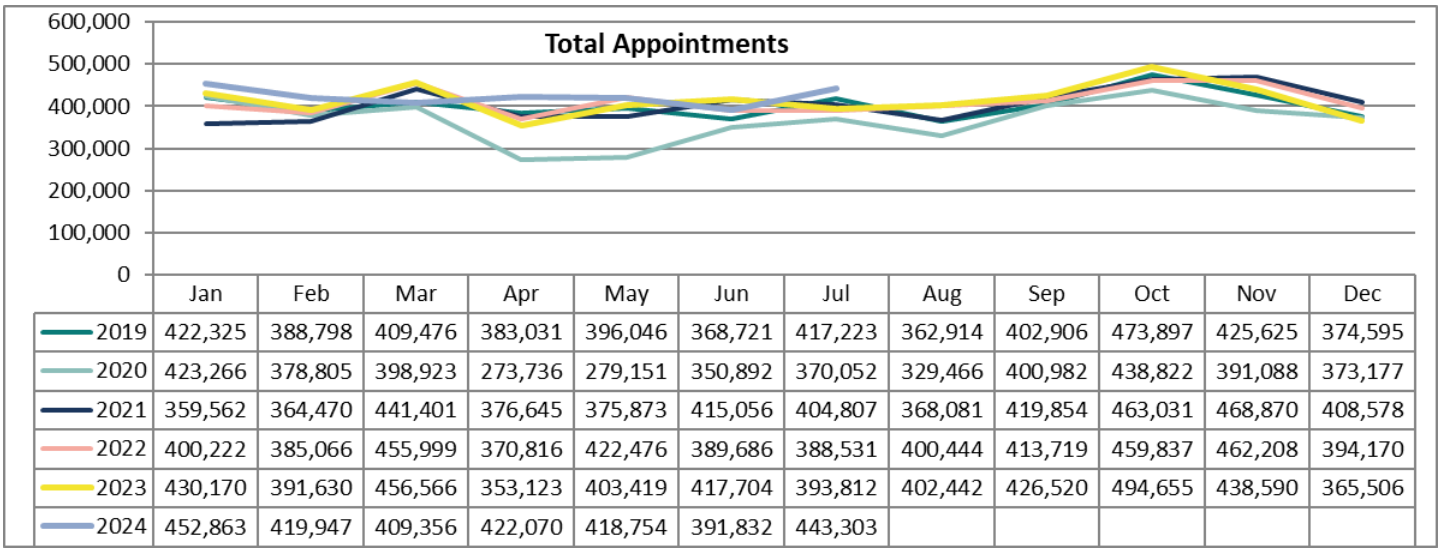
16. The Winter Friends programme will continue to encourage people to become a 'Winter Friend' within their community, providing practical advice, resources and info on support services including pension credit support –

17. Pension Credit and winter fuel payments -Leeds Older People's Forum have developed the Pension Credit Campaign – led by and delivered by wider partners to increase uptake and promote links to winter fuel payments. This campaign will continue to be promoted through PH messaging groups, training, and resources.

18. A health inequality template has been developed between public health & WY ICB colleagues which encourages GPs to ask patients questions and offer practical solutions regarding the social determinants of health. This forms a larger piece of work around tackling health inequalities and supporting general practice to feel more confident in working through the challenges of poverty and the impact it has on Primary Care.

3. Sufficient capacity in Primary Care/Pharmacy

Demand for primary medical services (general practice) continues to be high, with the number of appointments being delivered in 24/25 forecasting to be higher than previous years. July saw the highest numbers of appointments being delivered when compared to the same time period in previous years and October tends to see the highest activity which aligns to the start of the vaccination campaign.



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
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	404,807	368,081	419,854	463,031	468,870	408,578
2022	400,222	385,066	455,999	370,816	422,476	389,686	388,531	400,444	413,719	459,837	462,208	394,170
2023	430,170	391,630	456,566	353,123	403,419	417,704	393,812	402,442	426,520	494,655	438,590	365,506
2024	452,863	419,947	409,356	422,070	418,754	391,832	443,303					

It should be noted that the British Medical Association (BMA) has announced that following a national ballot, GPs are taking collective action which means that practices will still be open and will still see patients however they may be operating differently. There are 10 actions that the BMA have identified for practices to implement, which includes implementing safe working practices which may lead to some limits on number of patients seen. However, practices need to assess the clinical needs of patients to avoid risks to patient safety and support continuity of care.

The NHS both nationally and locally are working hard to minimise any disruption to patients. So far, we have not seen any drop in GP appointments.

Practices and Primary Care Networks (PCNs) are currently reviewing their service models and looking at options for additional capacity over the winter period which will be in additional to the capacity that the reintroduced Acute Respiratory Infection (ARI) Hub will offer.

A positive development in primary care has been the implementation of Pharmacy First from 31st January 2024. Pharmacy First builds on the Community Pharmacist Consultation Service and allows community pharmacy to complete care for 7 common conditions utilising defined clinical pathways/protocols which may include the supply of a restricted set of prescription medicines (without the need to visit a GP). The conditions include:

7 common conditions	Patient cohort
Acute otitis media	Ages 1 to 17 years
Impetigo	1 year and over
Infected insect bites	1 year and over

Shingles	18 years and over
Sinusitis	12 years and over
Sore throat	5 years and over
Uncomplicated urinary tract infection	Women 16-64 years
Patients can access the service via referrals from general practice, urgent care and NHS 111 (online and telephone).	

Risks

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

4. Establish alternative pathways to ED, including Same Day Emergency Care (SDEC), Virtual Wards, ARI Hubs

The demand for A&E has remained relatively stable across the past 2 years with no significant statistical increase or decline. There remains a level of variability with peaks linked to season, COVID, Flu and RSV. LTHT admissions have also remained static despite the population growth of 2% in Leeds. This has been delivered through embedding of Same Day Emergency Care (SDEC) offers across hospital sites, supported by improved services in the community and a strong focus on diversion.

LTHT continues to support hospital avoidance pathways via Primary Care Access Line (PCAL) including working closely with YAS. Last year PCAL answered over 78,000 direct calls with only 9% resulting in a decision to send the patient to the Emergency Department.

The Home Ward (frailty) and Home Ward (respiratory) provide alternative, community-based options to support people with acute care needs who don't require admission to hospital. Between them they support around 80 people a week at home. Community teams also provide an Urgent Community Response service and a Falls pathway in partnership with YAS, which enables people's needs to be met at home. Since October 2023, five pathways have gone live in Remote Monitoring Virtual Ward service within the Abdominal Medicine & Surgery and Oncology Clinical Service Unit's (CSU's) at LTHT. Further pathways are being developed within multiple CSU's enabling patients to be safely monitored with medical devices in their usual place of residence, as an alternative to being in a hospital bed.

Further pathways are in place to support patients to access Urgent Treatment Centres for minor injuries and illness. Over the last two years greater public awareness has seen a 10% increase in attendances at both St Georges and Wharfedale Urgent Treatment Centres. There is also a plan to re-introduce the Acute Respiratory Infection (ARI) Hub for children and young people aged 15 and under in the autumn. Last winter the Paediatric ARI Hub provided an additional 4700 clinical appointments following referral from NHS providers such as NHS 111, Primary Care and LTHT.

Risks

- As with other places across the country, performance against the national A&E targets has been challenging. On some days, patients can wait for extended periods in A&E. This is in part due to bed availability which has remained a challenge, despite improvements in occupancy overall.
- Any further industrial action could impact on the elective care backlogs, although urgent electives will be preserved wherever possible. The loss of senior clinical decision makers during industrial periods could also impact on the rate of referrals for ongoing services and increase length of stay.

5. Timely Discharge from hospital

Leeds is entering winter 24/25 in a better position than in previous years due to the reduction in patients waiting for discharge from hospital and the time they spend waiting if they have ongoing support needs. There has been a notable change in the number of people being discharged with support at home (pathway 1) over the last 6 months. To support this demand shift over winter the system is working to improve capacity in receiving services in line with the expected peak of demands.

Community health services, particularly the Neighbourhood Teams have had ongoing challenges throughout this year because of demand and staffing, but services continue to prioritise hospital discharge and admission avoidance wherever possible.

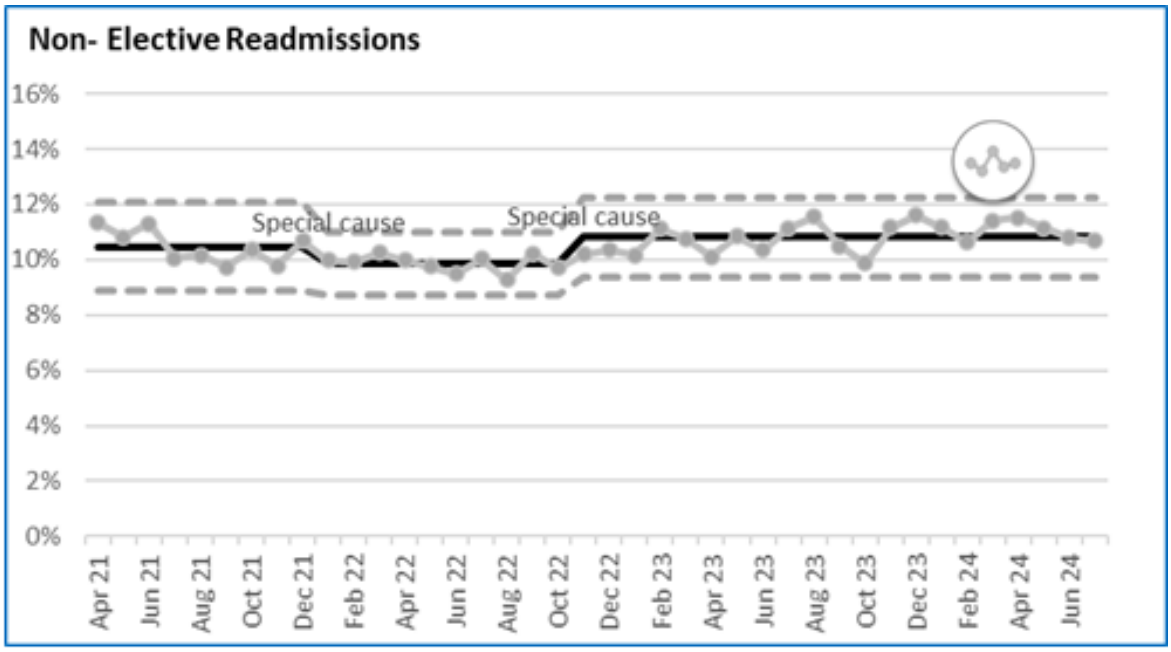
The HomeFirst Programme has worked to further increase capacity of receiving services. Active Recovery has worked to increase the capacity in the Reablement service and increase joint working between Leeds Community Healthcare NHS Trust (LCH) and the Leeds City Council through the combining of referral pathways into the triage hubs across the city and testing a joint delivery model. In Rehabilitation & Recovery beds, teams have worked together to reduce the length of stay to support increased throughput and support more people to go home at the end of their time in a Rehabilitation and Recovery Bed. The HomeFirst Programme will work with service partners to continue to embed and sustain improvements through the winter period.

The Community Care Bed bases have also seen significant investment of the HomeFirst Programme and have clear trajectories to work towards a reduction in length of stay to support flow.

The Home Wards for frailty and for respiratory conditions are working well and support discharge as well as reduce admissions, and we are aiming to increase occupancy in these to provide an alternative to admission wherever possible. Our capacity across both wards is 65 in addition to the 50 planned within the Remote Health Monitoring Service (introduced last winter), all aiming to support earlier discharge from hospital. There is an opportunity to further utilise the Home Wards' capacity and the HomeFirst programme is working to increase demand through improving awareness and referral route/pathways.

To accommodate additional demand last winter we developed a Short-Term Assessment Service with home care providers supporting people at home while they are assessed for their long-term care & support needs and recover from their hospital stay. This additional service will be maintained throughout 24/25 and has been continued to be utilised throughout the summer for those requiring support prior to a full assessment being undertaken once home.

To assure ourselves that patients are not being discharged from hospital prematurely or without adequate community support we monitor the readmission rates to LTHT monthly. The average 30 day readmission rate for non-elective patients at LTHT has remained stable since October 2022, reassuring us that the improvements we have made by increasing capacity and pace have not adversely affected readmissions. There are a range of actions being taken within LTHT to maintain and reduce this further.



Risks

- There is uncertainty about the market's ability to deliver sufficient out of hospital capacity to meet demand although currently the home care market in particular is very strong.
- There is potential to have an imbalance in demand and capacity within intermediate care
- Unprecedented / increased demand that outweighs capacity in community or social care services, poses risks to system flow.
- There are ongoing pressures on our community health services for a variety of reasons, including an increased number of people choosing to die in their own homes.

6. Access to and flow through Mental Health Services and support for High Intensity Users

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

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

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

We are working closely with Local Authority colleagues to build on aspects of the successful model for dementia care with new beds having just opened in September 2024. LCC and NHS colleagues are working closely together to identify the most suitable

patients for these beds from across the system which should have an impact on occupancy for both LYPFT and LTHT.

Risks

Our key mental health risks and mitigations over winter include:

- Sustained focus and attention on patient flow in Adult and Older Adult Care (recognising that we will be impacted by staff availability and managing the significant increase in demand in the urgent care response and admission).
- Access to suitable accommodation is a significant barrier to discharge across all ages.
- We continue to experience some challenges within our CMHT due to vacancies, but we have recovered significantly from the previous year's position. We are in the early stages of the CMHT programme with 3 PCNs across Leeds adopting new ways of delivering care as early implementors and these are working well. We are currently in the process of working through caseloads to ensure all service users are receiving care in the right place at the right time. We are also working hard to reduce the disruption to service users during this time.
- Significant staffing risks in our core Leeds MH Services (Crisis services) with vacancies in our core services improving from the 50 previously reported to 30%.
- Sustained pressure in Children and Young People's Tier 4, Acute Adult, Eating Disorder, Older Adult Services and Crisis services.

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

7. Focus on ambulance handovers

Across the NHS there are challenges in ambulances being available to respond in a timely way to 999 calls. This is in part driven by national delays in handing over patients from ambulance services to hospitals. There is a national target of 15 minutes for ambulance handover time. Changes made in October 2023 continues to influence handover times, adding approximately 5-7 minutes on each handover. YAS operating plan targets a reduction in handover times to a YAS mean average of 23:58 by the end of the financial year. West Yorkshire's contribution to this goal would be a mean average of 18:51. The focus for YAS has primarily been on crew clear times when handovers have occurred.

Leeds Teaching Hospital Trust (LTHT) continues to work to reduce the time it takes for ambulance handover through partnership working with YAS. LTHT Urgent Care Clinical Service Unit have an action plan in place which has been produced in collaboration with YAS colleagues. A deep dive has been completed and a perfect week using the Leeds Improvement Methodology has helped understand areas for opportunity and data accuracy.

Last winter, at times, LTHT had some of the lowest ambulance handover times in the region. Going into winter 24/25 LTHT continues to prioritise ambulance handovers and the current average handover time is 16 minutes for LGI & 21 minutes for SJUH. Escalation measures are in place between partners at times of extreme pressure.

Risks

- There remains a risk that the available capacity will be insufficient to meet the increased demand over winter for 999, 111 and other admission avoidance services
- YAS employed HALO roles contributed positively on maintaining handover performance and effective partnership working between LTHT and YAS. These roles were removed at the end of March 2024 with uncertainty if these will be reinstated for this forthcoming winter

Risks common to all areas

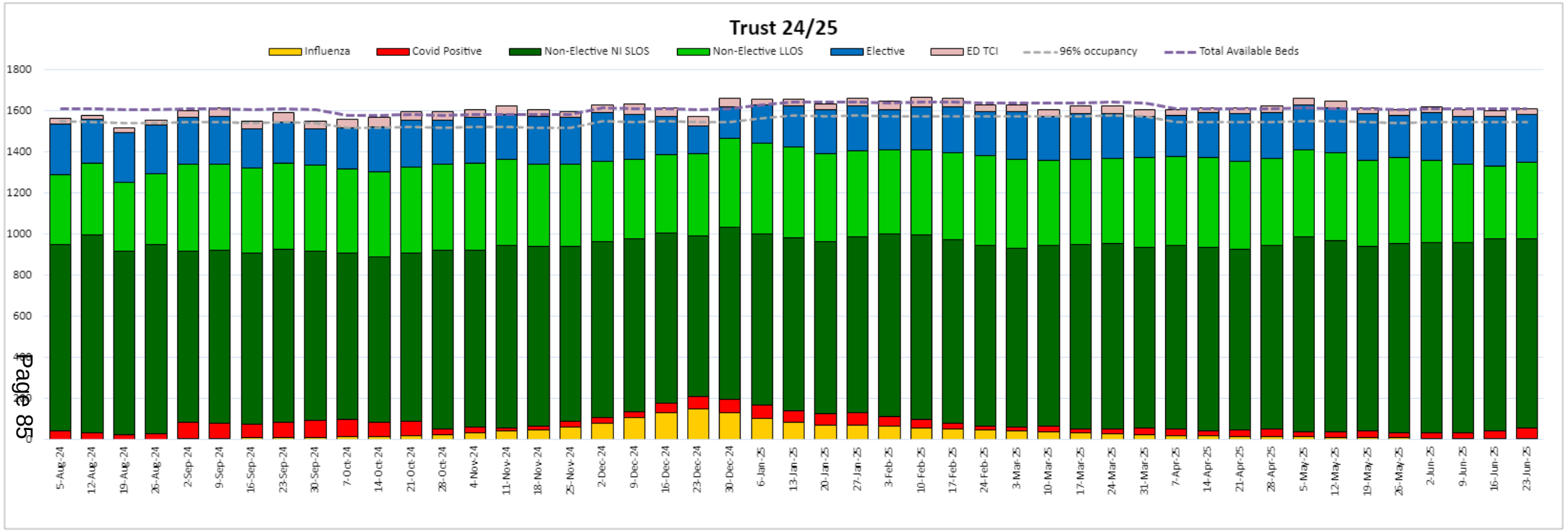
Alongside the risks associated with the individual areas referenced above there are significant risks common to all areas of the Leeds Health & Care Partnership:

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

Summary

The system enters winter in a sustained stronger position than previous winters. There remain significant pressures particular around A&E attendance and flow through mental health services. The Leeds Health and Care Partnership is working hard to plan for the coming period, mindful of the pressures on citizens and staff which may exacerbate the health and care needs of our system. Scrutiny Board is asked to note the ongoing work, the risks, and the governance arrangements in place to try to mitigate the impact of these demands on the health of our population. We are also mindful of the ongoing financial pressures across health and care provision and the potential risks that this also poses to maintaining and increasing capacity at times of pressure.

Appendix A



Most likely Scenario. 1

Appendix B

Flu Vaccination Uptake 2023-24 - Ethnicity Split

	Aged 65 plus				Aged 50 - under 65		AT-RISK aged 50 - under 65		AT-RISK aged 16 - under 50		pregnant women		Children Aged 2-3	
	% Uptake			Number Unvaccinated	% Uptake	Number Unvaccinated	% Uptake	Number Unvaccinated	% Uptake	Number Unvaccinated	% Uptake	Number Unvaccinated	% Uptake	Number Unvaccinated
white-British	82.9	117371.0	97268.0	20,103	29.5	80,629	54.1	20,128	32.4	29,517	39.7	3,464	51.2	4,872
white-Irish	78.6	1245.0	979.0	266	26.0	561	50.4	132	32.4	207	40.0	18	36.2	30
white-other	60.1	3292.0	1977.0	1,315	14.6	5,562	35.9	1,164	19.6	2,764	21.0	542	28.3	909
mixed-white/black Caribbean	56.6	380.0	215.0	165	22.9	626	42.3	199	17.2	511	29.1	73	22.9	252
mixed-white/black African	52.3	197.0	103.0	94	21.1	758	43.3	211	26.3	438	25.0	90	42.5	130
mixed-white/Asian	65.9	135.0	89.0	46	29.8	311	55.8	73	29.7	307	36.3	51	45.5	177
mixed-other	62.8	207.0	130.0	77	20.4	468	44.8	111	29.6	343	30.0	56	35.7	249
Asian - Indian	74.4	2417.0	1798.0	619	32.0	2,111	54.5	625	32.6	1,378	42.1	227	58.5	228
Asian - Pakistani	47.0	1914.0	900.0	1,014	22.3	3,026	36.0	1,341	19.9	2,822	21.8	533	21.6	848
Asian - Bangladeshi	67.4	178.0	120.0	58	33.8	347	54.4	129	38.8	300	28.8	52	31.6	93
Asian - other	63.4	662.0	420.0	242	29.0	1,313	51.3	326	28.3	893	39.0	158	45.7	248
Black - Caribbean	56.4	944.0	532.0	412	20.5	1,068	37.4	387	15.5	387	12.7	62	16.2	83
Black - African	46.9	776.0	364.0	412	21.4	3,328	41.7	1,028	27.2	1,991	32.8	473	48.2	637
Black - other	44.2	258.0	114.0	144	18.6	969	33.8	313	21.0	369	27.1	62	39.4	103
other - Chinese	67.5	593.0	400.0	193	19.5	1,021	56.2	123	25.0	406	40.3	37	72.3	23
any other ethnic group	54.0	704.0	380.0	324	17.8	1,542	38.1	386	25.2	1,022	27.8	315	36.3	365
any other ethnicity code	69.4	4707.0	3267.0	1,440	18.7	5,380	42.2	1,160	26.1	2,464	28.9	384	38.3	329
ethnicity not stated	57.1	238.0	136.0	102	11.3	628	43.4	60	19.2	344	31.4	35	57.3	194
ethnicity not recorded	55.1	1864.0	1027.0	837	8.8	n/a	31.4	350	20.8	523	29.7	123	34.3	255
ethnicity not given/refused	55.6	99.0	55.0	44	16.1	n/a	40.5	22	25.5	41	25.0	9	62.9	13
total	79.8	138181.0	110274.0	27,907	27.0	112,824	51.1	28,268	29.7	47,027	34.9	6,764	45.3	10,038

Flu Vaccination Uptake 2023-24 - Ethnicity Split - Practices in IMD Decile 1

	Aged 65 plus				Aged 50 - under 65		AT-RISK aged 50 - under 65		AT-RISK aged 16 - under 50		pregnant women		Children Aged 2-3	
	% Uptake			Number Unvaccinated	% Uptake	Number Unvaccinated	% Uptake	Number Unvaccinated	% Uptake	Number Unvaccinated	% Uptake	Number Unvaccinated	% Uptake	Number Unvaccinated
white-British	77.5	19522	15137	4,385	30.0	15,514	49.6	5,252	26.9	7,192	28.2	844	34.7	1,483
white-Irish	75.7	337	255	82	27.4	127	46.4	45	28.6	40	75.0	1	22.2	7
white-other	37.9	712	270	442	10.6	2,079	27.1	517	12.4	1,092	10.8	239	17.6	506
mixed-white/black Caribbean	63.7	102	65	37	18.9	214	38.1	70	15.9	159	20.6	27	21.6	98
mixed-white/black African	54.1	61	33	28	21.5	397	48.7	100	25.8	193	25.7	52	34.4	61
mixed-white/Asian	51.9	27	14	13	33.3	64	62.2	14	23.8	64	37.5	15	25.3	56
mixed-other	60.0	45	27	18	15.8	149	39.0	36	21.4	99	28.6	15	31.1	82
Asian - Indian	73.0	515	376	139	30.8	398	54.4	119	35.1	246	36.4	68	50.7	72
Asian - Pakistani	47.8	862	412	450	25.1	1,282	39.2	601	22.4	1,199	21.9	236	25.8	346
Asian - Bangladeshi	69.5	131	91	40	33.3	274	52.6	109	40.2	207	23.9	35	30.8	72
Asian - other	64.7	167	108	59	33.9	438	54.9	115	26.9	301	40.0	54	44.6	98
Black - Caribbean	63.6	335	213	122	20.3	415	37.8	153	15.9	138	16.7	20	20.0	36
Black - African	46.7	448	209	239	22.0	2,179	42.3	676	27.7	1,232	34.6	302	48.8	444
Black - other	50.0	62	31	31	19.0	332	37.4	102	24.2	157	23.9	35	43.4	60
other - Chinese	69.0	113	78	35	20.9	204	62.7	25	29.4	48	66.7	4	85.7	2
any other ethnic group	43.7	174	76	98	14.6	571	30.3	161	23.8	384	28.6	142	32.8	170
any other ethnicity code	65.2	1544	1006	538	17.6	1,903	37.8	483	21.5	955	23.8	192	24.9	193
ethnicity not stated	38.1	21	8	13	6.4	103	37.5	10	10.7	75	23.1	10	35.3	11
ethnicity not recorded	44.7	432	193	239	6.8	856	24.3	112	20.5	167	25.9	60	28.1	120
ethnicity not given/refused	50.0	22	11	11	16.0	21	57.1	3	33.3	4	0.0	1	100.0	n/a
total	72.6	25632	18613	7,019	25.8	27,520	46.2	8,703	25.2	13,952	27.2	2,352	33.9	3,917

Report author: Angela Brogden

Tel: 0113 378 8661

Work Schedule

Date: 8th October 2024

Report of: Head of Democratic Services

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

Will the decision be open for call in? ☐ Yes ☒ No

Does the report contain confidential or exempt information? ☐ Yes ☒ No

Brief summary

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

Recommendations

Members are requested to consider the Scrutiny Board's work schedule for the 2024/25 municipal year.

What is this report about?

1. All Scrutiny Boards are required to determine and manage their own work schedule for the municipal year and therefore the latest version of the Board's work schedule for the remainder of the municipal year is attached as Appendix 1 for Members' consideration.

2. The latest Executive Board minutes from the meeting held on 18th September 2024 are also attached as Appendix 2. The Scrutiny Board is asked to consider and note the Executive Board minutes, insofar as they relate to the remit of the Scrutiny Board; and consider any matter where specific scrutiny activity may also be warranted.

   Developing the work schedule

3. When considering any developments and/or modifications to the work schedule, effort should be undertaken to:

   - Avoid unnecessary duplication by having a full appreciation of any existing forums already having oversight of, or monitoring, a particular issue.
   - Ensure any Scrutiny undertaken has clarity and focus of purpose and will add value and can be delivered within an agreed time frame.
   - Avoid pure "information items" except where that information is being received as part of a policy/scrutiny review.
   - Seek advice about available resources and relevant timings, taking into consideration the workload across the Scrutiny Boards and the type of Scrutiny taking place.
   - Build in sufficient flexibility to enable the consideration of urgent matters that may arise during the year.

4. To deliver the work schedule, the Board may need to undertake activities outside the formal schedule of meetings – such as working groups and site visits. Additional formal meetings of the Scrutiny Board may also be required.

What impact will this proposal have?

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

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

☒ Health and Wellbeing ☒ Inclusive Growth ☒ Zero Carbon

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

What consultation and engagement has taken place?

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

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

What are the resource implications?

8. Experience has shown that the Scrutiny process is more effective and adds greater value if the Board seeks to minimise the number of substantial inquiries running at one time and focus its resources on one key issue at a time.

9. The Vision for Scrutiny, agreed by full Council also recognises that like all other Council functions, resources to support the Scrutiny function are under considerable pressure and that requests from Scrutiny Boards cannot always be met.

10. Consequently, when establishing their work programmes Scrutiny Boards should consider the criteria set out in paragraph 3.

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

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

What are the legal implications?

12. This report has no specific legal implications.

Appendices

- Appendix 1 – Latest work schedule of the Adults, Health and Active Lifestyles Scrutiny Board for the 2024/25 municipal year.

- Appendix 2 – Minutes of the Executive Board meeting on 18th September 2024.

Background papers

- None.

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SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)
Work Schedule for 2024/2025 Municipal Year

June 2024	July 2024	August 2024
Meeting Agenda for 18/06/24 at 1.30 pm.	**Meeting Agenda for 9/07/24 at 1.30 pm.**	**No Scrutiny Board meeting scheduled**
Co-opted Members (DB) Scrutiny Board Terms of Reference (DB) Potential Sources of Work (DB) Performance Update (PM)	Community Health and Wellbeing Service (PSR) Community Mental Health Transformation and Crisis Transformation Programmes (PSR)	
Working Group Meetings		
	Preparations for the new Care Quality Commission (CQC) assessment framework (PSR) – 17/07/24 @ 1.30 pm	
Site Visits / Other		

Scrutiny Work Items Key:

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

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)
Work Schedule for 2024/2025 Municipal Year

September 2024	October 2024	November 2024
Meeting Agenda for 10/09/24 at 1.30 pm.	**Meeting Agenda for 8/10/24 at 1.30 pm.**	**Meeting Agenda for 12/11/24 at 1.30 pm.**
Improving the take up of direct payments within the broader context of the Council's Personalisation Offer (PSR) Director of Public Health Annual Report 2023 'Ageing Well: Our Lives in Leeds' (PM) Home First Programme – Overview of outcomes and proposed next steps (PSR)	Leeds Health and Care System Resilience and Winter Planning (PSR) Workforce challenges impacting on health and care service delivery in Leeds (PSR) Reviewing the local impact surrounding any new national health related policies (PSR)	A themed focus on tackling health inequalities to include the following elements (PSR): ➢ Reviewing progress through public health programmes, including delivering the Marmot City/Fairer, Healthier Leeds; ➢ Reviewing progress linked to relevant workstreams within the Healthy Leeds Plan; ➢ Exploring any accumulative consequential impacts of existing cost improvement measures across health and social care.
Working Group Meetings		
	Health Service Developments Working Group – 03/10/24 @ 10 am.	Financial health monitoring (PSR) – *date to be confirmed* Tackling neurodiversity assessment waiting lists for children and adults (PSR) – *date to be confirmed*
Site Visits / Other		

Scrutiny Work Items Key:

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

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)
Work Schedule for 2024/2025 Municipal Year

December 2024	January 2025	February 2025
No Scrutiny Board meeting scheduled	**Meeting Agenda for 14/01/025 at 1.30 pm.**	**Meeting Agenda for 11/02/25 at 1.30 pm.**
	Performance report (PM) Financial Health Monitoring (PSR) 2024/25 Initial Budget Proposals (PDS) Leeds Safeguarding Adults Board Progress Report (PSR)	A themed focus around access to non-urgent primary and secondary care provision to include the following elements (PSR): ➢ Access to General Practice ➢ Dentistry ➢ Elective care waiting times
Working Group Meetings		
2025/26 Initial Budget Proposals (PDS) – *date to be confirmed*		Tackling obesity and supporting healthy weight and active lifestyles (PSR) – *date to be confirmed*
Site Visits / Other		

Scrutiny Work Items Key:

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

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)
Work Schedule for 2024/2025 Municipal Year

March 2025	April 2025	May 2025
Meeting Agenda for 25/03/25 at 1.30 pm.	**No Scrutiny Board meeting scheduled**	**No Scrutiny Board meeting scheduled**
Reviewing local NHS waiting times (PSR) Improving unplanned/urgent care systems and patient flows (PSR) End of year statement		
Working Group Meetings		
Site Visits/Other		

Scrutiny Work Items Key:

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

EXECUTIVE BOARD

WEDNESDAY, 18TH SEPTEMBER, 2024

PRESENT: Councillor J Lewis in the Chair

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

34 Chair's Opening Remarks

At the commencement of the meeting, the Chair highlighted that this was the first Executive Board meeting since Mariana Pexton's recent appointment as the Council's Interim Chief Executive and welcomed Mariana in her new role.

Also, the Chair noted that this would be the final Executive Board meeting attended by Martin Farrington, the Director of City Development, prior to his retirement. The Chair paid tribute to Martin for his efforts and achievements throughout his time at Leeds City Council.

35 Exempt Information - Possible Exclusion of the Press and Public

There was no information contained within the agenda which was designated as being exempt from publication.

36 Late Items

There were no late items of business submitted to the Board for consideration.

37 Declaration of Interests

Regarding the report entitled, 'Leeds City Council's Response to the West Yorkshire Combined Authority's Mass Rapid Transit Public Consultation', Councillors Lamb and Lewis, in the interests of transparency, both respectively drew the Board's attention to their positions on the West Yorkshire Combined Authority Board. However, both Members confirmed that it did not preclude them from taking part in the discussion at today's meeting in their capacity as Executive Board Members (Agenda Item 18, Minute No. 51 refers).

38 Minutes

RESOLVED – That the minutes of the previous meeting held on 24th July 2024 be approved as a correct record.

<u>COMMUNITIES, CUSTOMER SERVICES AND COMMUNITY SAFETY</u>

39 Safer Leeds Annual Update

The Director of Communities, Housing and Environment submitted a report presenting the annual update from the Safer Leeds Community Safety Partnership, which in Leeds is the Safer Leeds Executive. The report highlighted the progress which had been made over the past 12 months on

the key deliverable actions arising from the 9 priority areas as included within the Safer, Stronger Communities: Leeds Plan 2021 – 2024.

The Board welcomed Chief Inspector Jonathan McNiff, West Yorkshire Police to the meeting, who was in attendance for the consideration of this item.

In presenting the report, the Executive Member highlighted the progress being made together with the developments in relation to the key priority areas. Emphasis was also placed upon the leading role played by the Safer Leeds Executive in the partnership working undertaken in this area. The Executive Member highlighted how this report should be considered alongside the respective Leeds Safeguarding Adults Board and Leeds Safeguarding Children Partnership annual reports on today's agenda, given the significant partnership work being undertaken across those bodies.

The Executive Member thanked all Council officers involved in this service area, partner organisations for the key role they played and also Councillor D Coupar for her leadership throughout her time as Executive Member with responsibility for community safety.

Responding to a Member's enquiry, an update was provided on the work being undertaken following the disorder experienced in Harehills on 18th July 2024. Emphasis was placed on the significant short, medium and long term actions being taken to support the Roma community together with the wider community of Harehills. The ongoing citywide approach being taken towards the promotion of community cohesion was also highlighted. The key role played by local Ward Councillors, Council staff and partner organisations both on the evening of the disorder and following that was highlighted, with thanks being extended to all of those parties for their continued efforts in this area. Further to this, Councillor S Arif highlighted the positive relationship established between the Council and the Romanian consulate. In conclusion, it was noted that the Council would work with West Yorkshire Police on a formal debrief of the incident, with any findings being shared appropriately.

In response to a Member's enquiry, an update was provided on the effectiveness of the community safety policies and procedures in place in Leeds. Emphasis was placed on the need to strike the correct balance between improving residents' confidence in services in order to encourage them to report issues when they are experienced, whilst at the same time working to reduce the prevalence of incidents taking place. The work of the performance and analytical team was highlighted, which produced the relevant data sets that sat behind the policies. It was highlighted that such data had illustrated that the procedures in place were effective. It was undertaken that further detail could be provided separately to the Member in question through Council officers, the Executive Member and Chief Inspector McNiff.

Chief Inspector McNiff and Councillor Coupar reiterated the strong partnership working regarding community safety which was established in Leeds.

In response to a Member's enquiry, further detail was provided on the scrutiny of the Mayoral Policing function. It was noted that the Council worked closely with the Mayor's office, with there being an effective and strong working relationship in place, and whilst there were challenges, these were no different to other partnerships of this nature. Specific examples of effective partnership working in this area were provided. It was undertaken that if the Member in question had any specific enquiries on such matters, then these could be responded to in more detail separately.

RESOLVED – That the contents of the submitted Safer Leeds annual update report, together with the full overview document, as presented at Appendix 1, be noted.

40 Leeds Community Safety Strategy 2024-2027

The Director of Communities, Housing and Environment submitted a report presenting the proposed Leeds Community Safety Strategy for the period 2024-2027. The report highlighted how the strategy would provide strategic direction for the Leeds Community Safety Partnership (CSP), which in Leeds is the Safer Leeds Executive. The report sought the Board's endorsement of the Strategy with the recommendation that it is referred to Full Council for approval and formal adoption as part of the Council's Budget and Policy Framework.

The Board welcomed Chief Inspector Jonathan McNiff, West Yorkshire Police to the meeting, who was in attendance for the consideration of this item.

In introducing the report, the Executive Member highlighted that the proposed strategy would replace the Safer, Stronger Communities: Leeds Plan (2021-24) and that it had been informed by strategic intelligence assessment and through a wide-ranging consultation exercise. An overview of the strategy's key priorities was provided. It was also noted that Leeds had been awarded £600,000 from the Government's Community Recovery Fund.

Members were supportive of the proposed strategy.

The Executive Member and the Chief Officer (Safer, Stronger Communities) extended their thanks to all involved in the compilation of the strategy and the associated consultation exercise.

RESOLVED –

(a) That the Leeds Community Safety Strategy 2024-2027, as presented at Appendix 1 to the submitted report, be endorsed, with the Board's agreement that this Strategy be referred to Full Council with a recommendation that it be formally adopted;

(b) That it be noted that the Director of Communities, Housing and Environment will lead and implement the Strategy, which will supersede the Leeds Community Strategy 2021 – 2024;

(c) That it be noted that this Strategy forms part of the Council's Budget and Policy Framework and therefore the above resolutions are not eligible for Call In.

(As indicated in resolution (c) above, given that the above decisions were being made in accordance with the Council's Budget and Policy Framework Procedure Rules, they were not eligible for Call In)

ADULT SOCIAL CARE, ACTIVE LIFESTYLES AND CULTURE

41 Leeds Safeguarding Adults Board - Annual report 2023/24

The Director of Adults and Health submitted a report presenting the Leeds Safeguarding Adults Board (LSAB) annual report for 2023/24 together with the Leeds Safeguarding Adults Board's Strategic Plan. The annual report provided an update on the work of the Leeds Safeguarding Adults Board, the steps taken to implement the Board's strategy, together with an outline of the findings of any Safeguarding Adults Reviews held during 2023/24.

In presenting the report the Executive Member advised that whilst the Independent Chair of the LSAB, Richard Jones CBE, could not be present at the meeting, it was noted that two key themes that he would have raised were the collaborative working which had taken place to embed safeguarding across partner organisations, and also the invaluable work of the city's frontline staff in this area.

The Executive Member provided an overview of the Board's key ambitions, with the range of actions being taken around the citizen led approach towards safeguarding being specifically highlighted. The Independent Chair of the Board, together with all of the Board Members were thanked for their role in this important area.

The importance of the LSAB Strategic Plan (April 2023 – March 2026), which was also appended to the report, was highlighted. It was noted that the strategic plan presented all related objectives and actions that respective agencies were contributing to.

Responding to a Member's specific request, it was undertaken that periodic meetings would be arranged between that Member and the Independent Chair.

In response to a Member's enquiry, the Board was provided with further detail regarding the statistic that 32% of safeguarding concerns arose from care home settings, with information being provided on the sources of those concerns, together with the actions which were being taken to address such matters and to ensure that people were being cared for in the most appropriate way. It was also noted that it was common for care home settings to have a higher number of referrals. An update was also provided on the work being undertaken with the whole range of care providers in Leeds, including home care providers, in relation to the reporting of safeguarding concerns.

Also in response to a Member's enquiry, the Board received an update on the work which continued to be undertaken to review data around referral levels of safeguarding concerns. It was identified that there were lower levels of referrals experienced in certain geographical areas with ethnically diverse communities. The range of work being undertaken as a result to increase awareness and share information across all communities was noted.

In conclusion, the Chair extended his thanks to Richard Jones CBE, Independent Chair of the LSAB, together with the other Board Members for the role they played in this important area.

RESOLVED – That the contents and recommendations of the Leeds Safeguarding Adults Board Annual Report 2023/24, as submitted to the Board, be noted.

CHILDREN AND FAMILIES

42 Leeds Safeguarding Children Partnership - Annual Report 2023/24

The Director of Children and Families submitted a report presenting the Leeds Safeguarding Children Partnership Annual Report for 2023/24. The report outlined the activity that had taken place during the year in relation to the Safeguarding Partners' statutory duties to work together in exercising their functions of safeguarding and promoting the welfare of children. Included within the update were details regarding developments in practice, and the progress made in relation to priorities, learning, scrutiny, inspections and statutory responsibilities.

The Board welcomed David Derbyshire (Independent Scrutineer), Gill Marchant (Head of Safeguarding/Designated Nurse Safeguarding Children and Adults, NHS) and Superintendent Dan Wood (West Yorkshire Police) to the meeting for the consideration of this item.

In introducing the report, the Executive Member highlighted how the LSCP annual report provided an overview of the city's arrangements for safeguarding children during 2023/24. It was noted that such arrangements had been reviewed over the past year, a process supported by the new Independent Scrutineer, David Derbyshire. The positive outcomes from the recent Joint Targeted Area Inspection (JTAI) into serious youth violence were highlighted, including the strong multi-agency relationships of the LSCP partners.

The Director of Children and Families highlighted that the submission of the annual report was in line with the reporting requirements as set out in the Working Together to Safeguard Children 2023 statutory guidance. It was also noted that the report provided an update on the progress made against the agreed priorities during 2023/24 and also on the work undertaken to review safeguarding arrangements to ensure that they were in line with statutory guidance. The commitment to continued improvement in this area was reiterated.

Thanks was extended to all those involved in the crucial work of safeguarding children throughout the city, including frontline practitioners and their managers.

David Derbyshire, Independent Scrutineer, addressed the Board, providing an overview of his experiences since taking up this role nearly one year ago and highlighting the key points arising from his statement as included within the LSCP annual report.

A Member highlighted the progress which had been over the past year, the work which had been undertaken and the positive way in which challenges had been responded to.

Responding to an enquiry regarding unregulated care homes in Leeds, it was undertaken that the Director would meet with the Member in question on this issue to provide further detail. However, assurance was provided that the Council did work closely with Ofsted on such matters.

RESOLVED –

(a) That the work undertaken to further strengthen the safeguarding children arrangements in Leeds, as set out within the submitted report, be endorsed;

(b) That the Board provide its continued support for the city's multi-agency safeguarding arrangements for children and young people.

43 Youth Justice Service Plan - 2024-2027

The Director of Children and Families submitted a report presenting the refreshed Leeds Youth Justice Service Plan for the period 2024-27 and provided an update on the work undertaken and progress made in respect of the previous plan which covered 2021-24. The report sought the Board's endorsement of the plan with the recommendation that it is referred to Full Council in November 2024 for approval and formal adoption as part of the Council's Budget and Policy Framework.

In presenting the report, the Executive Member highlighted that the plan had a strong commitment to a 'child first' principle. The impact of poverty and deepening inequalities were highlighted as key issues, with the report setting out the work being undertaken to address such matters.

Responding to a Member's request, the Director undertook to provide the Member in question with a briefing on the issues covered in the submitted report.

In response to a Member's enquiries regarding the re-offending rates and also first time offender rates presented, further information and context was provided on those statistics, together with details on the range of actions and interventions being taken in this area in order to reduce offending behaviours in children across the city.

RESOLVED –

(a) That the Leeds Youth Justice Service Plan, as submitted to the Board, be endorsed, with the Board's agreement that the Plan be referred to Full Council in November 2024 with a recommendation of approval and formal adoption as part of the Council's Budget and Policy Framework;

(b) That it be noted that the responsible officers for the implementation of such matters are the Service Delivery Manager, Leeds Youth Justice Service; and the Head of Service, Children Looked After and Youth Justice Service. That it also be noted that the Youth Justice Service Partnership Board has statutory responsibility to monitor performance, ensuring the delivery of service improvements and the meeting of local priorities.

(Given that the above decisions were being made in accordance with the Council's Budget and Policy Framework Procedure Rules, they were not eligible for Call In)

44 Outcome of consultation on proposals to expand Broomfield South SILC by 100 places, as part of a school rebuild, and the establishment of a permanent satellite site for post-16 provision

The Director of Children and Families submitted a report presenting proposals to expand Broomfield South Special Inclusion Learning Centre (SILC) by 100 places, as part of a school rebuild, and through the establishment of a permanent satellite site for post-16 provision. Specifically, the report provided details of the outcome from the public consultation undertaken and sought the Board's approval to publish a Statutory Notice on the proposals.

In presenting the report, the Executive Member highlighted the key aspects of the proposal. It was noted that whilst the Council had established 450 specialist learning places across the city since 2020, the need for specialist education in Leeds continued to increase.

Members highlighted their support for this proposal.

In response to a Member's enquiry, an update was provided on the arrangements in place regarding associated consultation, and it was confirmed that local Ward Councillors were supportive of the proposals.

Also, responding to an enquiry regarding how the proposals may impact upon post-16 transport costs, it was noted that any impact would be dependent upon where children and young people using the facility lived. However, it was felt that the benefits which would be realised by the new provision would significantly outweigh any potential risks caused by potential increased transport costs in the future. It was thought that in terms of post-16 transport costs, the proposals were likely to be cost neutral.

RESOLVED –

(a) That the outcome of the public consultation undertaken for the proposals, as presented within the submitted report, be noted;

(b) That the publication of a Statutory Notice on the proposals to expand Broomfield South SILC by 100 places, as part of a school rebuild, and establish a permanent satellite site of Broomfield South SILC for post-16 provision at Arlington Business Centre, White Rose, be approved;

(c) That it be noted that the implementation of the proposals will be subject to the outcome of the proposed Statutory Notice and future decisions by Executive Board;

(d) That the intention for a further report to be presented to the December 2024 Executive Board meeting detailing the outcome of the Statutory Notice, be noted;

(e) That it be noted that the implementation of the rebuild and expansion of Broomfield South SILC will be subject to the outcome of further detailed design work and planning applications, as indicated in paragraphs 26- 29 of the submitted report;

(f) That it be noted that the responsible officer for the implementation of such matters is the Deputy Director for Learning.

45 The Child Poverty Strategy For Leeds

The Director of Children and Families submitted a report which provided an overview of, and a further update on the Child Poverty Strategy for Leeds and the work undertaken as part of the strategy, including the actions being taken in response to ongoing post pandemic and cost of living priorities.

The Executive Member provided an overview of the key aspects within the report, highlighting the consultation work undertaken as part of the refresh process, and noting the Government's establishment of a task force on child poverty and its plans to publish a national Child Poverty Strategy.

Members supported the proposals and the need to focus on the actions to eradicate child poverty in the city.

RESOLVED –

(a) That the refreshed and ongoing strategic framework in place to mitigate the impact of child poverty, and the work being undertaken by the Council and other partners in the key areas of activity, as detailed within the submitted report, be endorsed;

(b) That the need to promote the work of the Child Poverty Strategy across the city and across Council directorates, and also through our wider city partnerships in order to highlight the impact of poverty on children and their families, be acknowledged;

(c) That it be noted that the responsible officer for the implementation of such matters is the Deputy Director, Social Care, Children and Families.

LEADER'S PORTFOLIO

46 Leeds Joint Strategic Assessment 2024

The Director of Strategy and Resources submitted a report presenting the Leeds Joint Strategic (Needs) Assessment (JSA) 2024 report, following Health and Wellbeing Board's consideration of the JSA in July 2024. The report noted that the Council and the West Yorkshire Integrated Care Board have an equal and joint statutory requirement to work through the Leeds Health and Wellbeing Board to produce a JSA, with the purpose being to assess current and future health and social care needs in Leeds in order to inform the Health and Wellbeing Strategy, shape priorities and guide the use of resources.

The Leader introduced the report, highlighting how the data within the JSA would be used to inform decision making moving forward, with the aim of addressing the challenges which have been identified as part of the process.

The Executive Member for Equality, Health and Wellbeing highlighted how the JSA had been considered by the Health and Wellbeing Board and would be used throughout the Assessment's lifespan, as it allowed the city's health needs and challenges to be clearly identified. As such, it was reiterated that the JSA would be used to inform priorities with the aim of addressing identified challenges and needs. It was noted that the report also provided details of work undertaken across the city to address the policy implications arising from the previous JSA published in 2021.

A Member highlighted the importance of the JSA, the need for it to be integrated into the work of the Council moving forward and the value of Scrutiny Boards considering it. It was noted that Scrutiny Board Strategy and Resources had considered the JSA on 16 September 2024, and that other Scrutiny Board chairs had been in attendance at that Scrutiny Board meeting.

In conclusion, the Board's thanks was extended to all partners who had been involved in the co-production of the JSA.

RESOLVED –

(a) That the Joint Strategic (Needs) Assessment 2024 report, as presented at Appendix 1 to the submitted report, including the policy implications drawn from the analysis, be noted;

(b) That the areas for further exploration and integration into future JSAs, as set out in paragraph 9 of the submitted report, be agreed;

(c) That the comments made during the Board's discussion on such matters, be noted.

RESOURCES

47 Medium Term Financial Strategy 2025/26 - 2029/30

The Chief Officer, Financial Services submitted a report presenting an update on the Council's Medium Term Financial Strategy for the period 2025/26 – 2029/30, and which provided details of both the context and the factors that influence the shape of the strategy. The report noted that the intention was to submit budget savings proposals to future Executive Board meetings in advance of the proposed 2025/26 budget being submitted to the Board in December 2024.

The Executive Member introduced the report, highlighting the currently estimated General Fund budget gap which existed over the 5-year period that the Strategy covered, including the budget gap relating to 2025/26. Further details were provided on the context and the associated challenges that the Council faced, including inflationary pressures and also increased demand regarding adult and children's social care. It was noted that the Strategy also covered the Council's Capital Programme, Housing Revenue Account and Dedicated Schools' Grant.

Members discussed the budget gap detailed within the report relating to 2025/26 and the liaison taking place with Government regarding Local Government finances.

Responding to a Member's specific comments regarding the high costs of external residential placements for children looked after, the Board received an update on the current position in Leeds in relation to demographic and demand pressures, with it being highlighted that this continued to be a significant national issue. Further detail was provided on the Council's sufficiency strategy and the work that continued in Leeds to develop in-house residential care provision. It was noted that the Council continued to work closely with Ofsted on such matters. Members also received an update on the recent announcements made by the Government aimed at tackling national issues regarding children's external residential placement provision.

Members noted the actions that continued to be taken to reduce associated pressures where possible and to address the General Fund budget gap detailed with the report. Whilst it was noted that proposals to contribute towards addressing this position would continue to be submitted to Members for consideration, the significant scale of the challenge faced was emphasised. With regard to related proposals being brought forward, it was noted that there was a clear timetable in place for Member engagement and Scrutiny consideration.

RESOLVED –

(a) That the updated Medium Term Financial Strategy for 2025/26 to 2029/30, as presented in the submitted report and appendices, be noted;

(b) That it be noted that budget savings proposals will be received at future Executive Board meetings in advance of the Proposed Budget for 2025/26 being received by Executive Board in December 2024.

48 Financial Health Monitoring 2024/25 - July (Month 4)

The Chief Officer Financial Services submitted a report presenting the Council's financial performance against the 2024/25 revenue budget, as at month 4 of the financial year. The report also provided an update on the month 4 position in respect of the Housing Revenue Account (HRA), the Dedicated Schools' Grant (DSG) and the Council Tax and Business Rates Collection Fund.

In presenting the report the Executive Member provided an overview of the key points in which it was noted that as at month 4 of the financial year, the Council was forecasting a General Fund overspend of £22.2m. The key areas of overspend were noted together with the reasons for those. The Executive Member also highlighted the range of mitigating measures being taken to address the overspend.

The scale of the challenge being faced in terms of addressing the General Fund budget gap, as discussed under the previous report on the Medium Term Financial Strategy was reiterated, with it being highlighted that nationally Local Authorities continued to experience similar challenges.

In considering this matter, the Board acknowledged that a number of matters linked to the information within this report had already been discussed as part of the previous agenda item on the Medium Term Financial Strategy.

RESOLVED –

(a) That it be noted that at July 2024 (Month 4 of the financial year), the Authority's General Fund revenue budget is reporting an overspend of £22.2m for 2024/25 (3.6% of the approved net revenue budget) after the application of reserves and within a challenging national context. That it also be noted that a range of actions are being taken to address the position as detailed within the submitted report;

(b) That it be noted that at July 2024 (Month 4 of the financial year) the Authority's Housing Revenue Account is reporting a balanced position;

(c) That it be noted that known inflationary increases, including demand and demographic pressures in Social Care and known impacts of the rising cost of living have been incorporated into the reported financial position. The position assumes a pay settlement of 3.5%, with the final pay award for 2024/25 yet to be agreed. That it also be noted that these pressures will continue to be reviewed during the year and reported to future Executive Board meetings as more information becomes available, and that proposals would need to be identified to absorb any additional pressures;

(d) That it be noted that where an overspend is projected, directorates, including the Housing Revenue Account, are required to present action plans to mitigate their reported pressures and those of the Council's wider financial challenge where possible, in line with the Revenue Principles as agreed by Executive Board in February 2024 through the annual Revenue Budget report;

(e) That it be noted that the reported position reflects that the budgeted contribution to the General Reserve of £3m will be reduced to £1.5m and that the budgeted contribution of £3m to the Strategic Resilience Reserve will not be made in 2024/25, with it also being noted that these planned contributions have been applied to the in-year position to reduce the overspend due to the significant financial pressures that the Council is facing. That it also be noted that provision is made in the Medium Term Financial Strategy for a base budget contribution of £3m to each reserve from 2026/27.

49 Core Business Transformation Programme - Progress Update

The Chief Officer, Financial Services submitted a report which provided an update on the progress of the Core Business Transformation Programme - a programme aimed at transforming and modernising 'back office' services and underpinned by a technology refresh. The update report looked to provide the Board with the latest position and assurance in respect of the programme delivery framework, programme and workstream management and governance arrangements.

The Executive Member presented the report, providing an overview of the programme's objectives and an update on the progress being made. It was highlighted that the programme was not only about introducing new digital solutions, but also about refreshing the Council's approach to become more efficient in its delivery of its core business.

Responding to a Member's specific enquiry regarding the implementation of the Council's new payroll system, the Board received assurance that the delivery of this system was on track and, whilst some contingency had been used, it was also on budget. It was noted that whilst delivery was slightly later than originally planned, this was due to the processes in place to learn from others and also to ensure a robust testing process was completed prior to implementation, given the significance of introducing such a critical system. It was also highlighted that this matter had been considered by the Corporate Governance and Audit Committee and is scheduled to be considered by the relevant Scrutiny Board also.

The Member in question was offered a further briefing on such matters, if required.

RESOLVED – That the contents of the submitted report, together with the details provided in the progress report as presented at Appendix 1, be noted, with it also being noted that a further update will be provided in 6 months.

50 Recognition of Inspirational Women

The Director of Strategy and Resources submitted a report which sought approval for the installation of panels within the Civic Hall Council Chamber commemorating six inspirational women from the city's past. The report outlined the outcomes from the consultation undertaken on this proposal and also recommended that consideration be given to how more women could be recognised in the future, and that moving forward such recognition be increasingly reflective of the city's diversity.

The names proposed to be initially installed on the plaques in order recognise their contributions to the city were:

- The Barnbow Lasses;
- Leonora Cohen OBE;
- Gertrude Paul;
- Alice Bacon CBE;
- Beryl Burton OBE; and
- Ivy Benson.

In presenting the report, the Executive Member thanked all Members of Council for the cross-party support for, and engagement in the development of the proposals. Thanks was also extended to all officers involved, with specific reference to Tom Riordan, outgoing Chief Executive, for their roles in this initiative.

The importance of recognising the inspirational women of Leeds in this way was highlighted, together with the overwhelmingly positive response to the public consultation which had been received. The Board confirmed its support for the proposals and welcomed that further work would be undertaken on a cross-party basis so that the role of more inspirational women could be recognised moving forward, in order to further reflect the diversity of the city, and which it was hoped would prove to be inspirational to future generations.

RESOLVED –

(a) That the results of the consultation undertaken, as detailed within the submitted report and appendix 1, be noted;

(b) That the proposals within the submitted report for plaques to be installed within the Civic Hall Council Chamber, be approved, subject to listed planning consent being received;

(c) That the proposals within the submitted report for further work to be undertaken in order to recognise further inspirational women in future years, be approved, with approval also being given for this recognition to be increasingly reflective of the diverse nature of the city.

ECONOMY, TRANSPORT AND SUSTAINABLE DEVELOPMENT

51 Leeds City Council's Response to the West Yorkshire Combined Authority's Mass Rapid Transit Public Consultation

The Director of City Development submitted a report providing an update on the Mass Rapid Transit (MRT) proposals for West Yorkshire and which sought the Board's endorsement of the Council's proposed response to the consultation exercise being undertaken by the West Yorkshire Combined Authority (WYCA) on the proposed routes for phase one of the MRT scheme.

In presenting the report, the Executive Member highlighted the Council's support for WYCA's plans to bring mass transit to West Yorkshire and provided an overview of the proposals set out in the report together with details of the Council's proposed response to the consultation.

The significant importance of introducing mass transit to the city was emphasised, together with the with economic impact and associated opportunities in areas such as housing growth it would generate.

In supporting the development of an MRT network, a Member highlighted that whilst the lines initially established as part of this scheme would not run directly through all areas, there was a need to ensure that the wider benefits arising from the establishment of an MRT system were effectively communicated to all communities in Leeds and West Yorkshire. The Member then suggested that this aspect be included within any response provided to WYCA.

Responding to the comments made, Members discussed the approach being taken by WYCA on the current public consultation exercise. Further to this, the following was highlighted:-

- that the proposals currently being consulted upon were seen as the beginning of an MRT network for West Yorkshire and not the end;
- in respect of mass transit, it was acknowledged that West Yorkshire had a lot of progress to make when compared with other areas of the country;
- that the establishment of an MRT network would be alongside other initiatives, such as the delivery of bus franchising in West Yorkshire;
- in terms of public engagement, in addition to WYCA's public consultation on MRT, the Board's attention was drawn to the consultation exercise being undertaken on the Local Transport Plan which was wider in scope.

In response to a concern raised regarding the capacity of WYCA in delivering this initiative alongside other ongoing projects, it was highlighted that the Council, through the Highways and Transportation team was providing its full support to WYCA on this matter.

Responding to a Member's specific enquiry, it was undertaken that the Member in question would receive further information outside of the meeting

on the current position regarding the White Rose Railway Station, Leeds Bradford Airport Parkway and Thorpe Park Railway Station.

In conclusion, the Chair acknowledged the comments which had been made during the discussion.

RESOLVED –

(a) That the Council's overall support for the proposals as outlined within the submitted report, be noted, with it being recognised that this is early consultation. That the key points in the submitted report regarding areas where the Council will need greater clarity as the MRT scheme is developed, be noted;

(b) That Leeds City Council's preference of route option L1 via Calverley Street and Infirmary Street and L6 via Elland Road, Elland Road Stadium and Ring Road Beeston in the Leeds Line corridor, be endorsed;

(c) That the Leeds City Council response that further discussions are required with WYCA in respect of the route options on the Bradford Line in order for Leeds City Council to state a preference, be endorsed;

(d) That Leeds City Council's broad support of the Sustainability and Placemaking strategies, be endorsed, whilst noting that further discussion is required with WYCA to develop the detail, and how it will be implemented through the design;

(e) That the response to WYCA's public consultation on the MRT scheme (being undertaken by WYCA in its role as sole promoter), which is presented at Appendix A to the submitted report, be endorsed.

CLIMATE, ENERGY, ENVIRONMENT AND GREEN SPACES

52 Leeds Food Strategy - Report on Progress

The Director of Communities, Housing and Environment submitted a report providing an update on the delivery of the Leeds Food Strategy, which was a long-term vision for the sustained provision of healthy and affordable food in the city. Through the strategy delivery plan, the report drew Members' attention to several key areas, with the report also seeking the Board's approval of the governance, delivery and key performance indicators relating to the strategy, together with amendments to both the objectives and action plan.

In presenting the report, the Executive Member provided an overview of the key elements within the strategy and the key actions being delivered, highlighting how the strategy closely aligned with the three strategic pillars of the Best City Ambition. The cross-directorate approach being taken in this area, together with the partnership working with the third sector was noted.

Responding to a Member's comments about the resource implications arising from the strategy and whether the aims and outcomes could be achieved in a more efficient way, it was clarified that there were no additional costs to the Council arising from delivering the strategy. It was also noted that the aim was to deliver outcomes through existing Council services and external organisations and helping them to work more collaboratively and towards the strategy's objectives. The importance of promoting the strategy's aims within communities was also highlighted.

In response to a further enquiry about how outcomes would be measured, one specific example was given regarding the routine data which was now received around the proportion of adults reporting to eat 5 fruit or vegetables a day.

RESOLVED –

(a) That the governance, delivery and key performance indicators of the Leeds Food Strategy, as detailed within the submitted report and appendices, be approved;

(b) That the progress made against the actions in the strategy, as presented in the submitted report / appendices be noted, and that the amendments to both the objectives and action plan, as detailed, be approved.

DATE OF PUBLICATION: FRIDAY, 20TH SEPTEMBER 2024

LAST DATE FOR CALL IN OF ELIGIBLE DECISIONS: 5.00PM, FRIDAY, 27TH SEPTEMBER 2024