

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

TUESDAY, 15TH JUNE, 2021

PRESENT: Councillor A Marshall-Katung in the Chair

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

Co-opted Member – Dr J Beal

In welcoming everyone to the Scrutiny Board's meeting, Councillor Marshall-Katung also highlighted that should she encounter connection issues during the meeting then Councillor Graham Latty would take over as Chair, as agreed by the Board.

1 Declaration of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

2 Minutes - 16th March 2021

RECOMMENDED – That the minutes of the meeting held on 16th March 2021 be noted.

3 Co-opted Members

The Head of Democratic Services submitted a report that set out the appointment of co-opted members to the Scrutiny Board (Adults, Health and Active Lifestyles).

Members were advised that since 2014, the Board has appointed a standing non-voting co-opted member representative from HealthWatch Leeds and that this organisation would therefore welcome such arrangements to continue for this municipal year. Board Members had therefore noted and welcomed that the Chair of HealthWatch Leeds (Dr John Beal) had again been identified as their nominated representative.

Additionally, it was noted that this approach would not preclude the appointment of any further non-voting co-opted members and so the views of Board Members were sought in terms of whether to explore representation from other potential areas too, either as standing co-opted members or in terms of other alternative options of engagement that are available to the Board too, for example, the Board may wish to adopt a more ad hoc approach and consider the appointment of co-opted members linked to a scrutiny inquiry where organisations would be able to nominate a representative best suited for the specific purpose of that inquiry. In consideration of the options available, the Board supported to adopt an ad hoc approach in terms of any other non-voting co-opted members.

RECOMMENDED – The report and views expressed by Board Members be noted and used to inform a decision on the appointment of co-opted members at the Board’s next formal meeting.

4 Scrutiny Board Terms of Reference

The Head of Democratic Services submitted a report that presented the Scrutiny Board’s terms of reference.

RECOMMENDED – That the Scrutiny Board’s terms of reference be noted.

5 Local Authority Health Scrutiny

The Head of Democratic Services submitted a report that presented information and guidance to assist the Board in undertaking the council’s statutory health scrutiny function.

In introducing the report, the Principal Scrutiny Adviser made particular reference to the duty of NHS Commissioners and Service Providers to consult local authorities, through the health scrutiny function, where any proposal is under consideration for a substantial development of the health service or a substantial variation in the provision of such a service in the local authorities’ area.

To assist in this process, it was noted that a Health Service Developments Working Group has previously been established to offer an environment that allows early engagement with the Scrutiny Board regarding proposed developments or changes to local health services. It was therefore proposed that similar arrangements be established again for this municipal year. Draft terms of reference surrounding the Health Service Developments Working Group were appended to the report for consideration and Members expressed support for such arrangements to be continued.

Particular attention was also given to the West Yorkshire Joint Health Overview and Scrutiny Committee (JHOSC) that was established back in November 2015 as a discretionary joint health scrutiny committee. Members

were asked to consider the Board's representatives on the JHOSC for this municipal year, while also recognising that such arrangements may be subject to further review linked to forthcoming legislative proposals for a new Health and Care Bill. In acknowledging that the Board's previous representatives had included the Chair and Councillor G Latty, Members were supportive of continuing the same arrangement for this year.

RECOMMENDED –

- (a) That the contents of the report be noted.
- (b) That the views expressed by the Board in relation to the Health Service Development Working Group and the appointment of Board Members onto the West Yorkshire JHOSC be noted and reflected to inform the position for approval at the Board's next formal meeting.

6 Sources of work for the Scrutiny Board

The Head of Democratic Services submitted a report on potential sources of work for the Scrutiny Board.

The following were in attendance:

- Councillor Fiona Venner Executive Member for Adult and Children's Social, Care and Health Partnerships
- Councillor Salma Arif, Executive Member for Public Health and Active Lifestyles
- Cath Roff, Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Phil Evans, Chief Officer, Operations and Active Leeds
- Steve Baker, Business Manager, City Development
- Tim Ryley, Chief Executive, NHS Leeds Clinical Commissioning Group
- Sara Munro, Chief Executive, Leeds & York Partnership NHS Foundation Trust
- Sam Prince, Executive Director of Operations, Leeds Community Healthcare NHS Trust
- Rob Newton, Associate Director Policy & Partnerships, Leeds Teaching Hospitals NHS Trust

Suggestions for future areas of work from Members and officers in attendance included:

- *General impact of Covid-19.* It was suggested that the Board may wish to receive periodic updates surrounding the general impact of Covid-19 and ongoing recovery measures across the local health and care system. Linked to this, particular interest was raised in relation to the impact on people with learning disabilities and autism, social care services and care homes.
- *Long Covid* – The Board expressed particular interest around the support available for addressing symptoms of 'long Covid'.

- *Backlogs in NHS services.* Members expressed an interest to explore the extent to which Covid-19 has impacted waiting times for local NHS treatments, including screening services and elective surgery. It was noted that HealthWatch had also undertaken research on this matter.
- *Improving 'same day response' services.* While there was particular interest to explore how GP services are planning to safely return to a face-to-face appointment service, it was felt that this could be extended to include other 'same day response' services too.
- *The re-engagement of specialist commissioned services.* Members expressed a wish to also focus on the re-engagement of other specialised commissioned services, with particular reference made to health checks.
- *Covid-19 Vaccination Programme.* The Board had previously kept a watching brief on the Leeds Covid-19 Vaccination Programme and had received a brief progress update during the meeting.
- *Care Quality Commission (CQC) inspections.* Members noted that CQC inspections of care providers have been impacted by the pandemic, but that routine inspections are anticipated to resume shortly. It was requested that regular dashboards detailing the quality of registered providers continue to be shared with the Board.
- *Integrated Care System (ICS) development.* It was suggested that the Board monitor the development of the new ICS, particularly in anticipation of the new Health and Care Bill.
- *Dental health inequalities.* Members noted that work was being undertaken by Healthwatch across the region and felt that this could potentially be an area of interest to the West Yorkshire JHOSC.
- *Financial assessments for social care.* Members were interested to receive further information surrounding the ongoing consultation around the removal of the maximum assessed charge for care, which ends in August 2021.
- *Access and participation in Active Leeds services.* It was suggested that the Board consider how Active Leeds services are being maximised in the most deprived areas in Leeds and how access and participation can be further improved.
- *Liberty Protection Safeguards (LPS).* It was suggested that, later in the municipal year, the Board consider the impact of the introduction of the LPS on the workforce and how the changes will be practically implemented.
- *Build Back Fairer: The COVID-19 Marmot Review.* It was suggested that the Board consider the recommendations of the Marmot Review into health inequalities in England '10 Years On' report, and the subsequent 'Build Back Fairer' report highlighting the inequalities associated with Covid-19, for development of local needs assessments and strategies moving forward.
- *Staff wellbeing.* In recognition of the challenge faced by staff across the health and care system in Leeds throughout the pandemic, Members were advised that the health and wellbeing of staff has been identified as a key priority for the coming year and an area in which the Board's input would be valuable.

RECOMMENDED – That the contents of the reports, along with Member’s comments, be noted.

7 Performance Update

The Directors of Adults and Health, Public Health and City Development submitted a joint report that provided an overview of outcomes and service performance related to the Scrutiny Board’s remit.

The following were in attendance:

- Councillor Fiona Venner Executive Member for Adult and Children’s Social Care and Health Partnerships
- Councillor Salma Arif, Executive Member for Public Health and Active Lifestyles
- Cath Roff, Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Phil Evans, Chief Officer, Operations and Active Leeds
- Steve Baker, Business Manager, City Development
- Peter Storrie, Head of Service (Children / Adults lead), Intelligence & Policy Service

The Directors and Chief Officer for Operations and Active Leeds introduced their respective elements of the report, outlining some of the key trends in relation to health inequalities in Leeds and noting that much of the data set out in the report is from 2019 and therefore reflects a pre-pandemic picture of the city.

Members discussed a number of matters, including:

- *Phone call assessments.* Members expressed concern around the use of phone-in services in place of physical assessments of people receiving care and were advised that phone calls are used to initially assess an individual’s circumstances and whether a visit is required. It was confirmed that an update on the work of the rapid response team would be circulated separately to Members.
- *Life expectancy inequalities.* In recognition of the decline of life expectancy for women in Leeds, Members requested that future reports include breakdown of data by ward and causes of death to understand the differences between the most and least deprived areas of Leeds.
- *Active Leeds.* Members recognised the challenges faced by Active Leeds centres across the city throughout the pandemic and joined the Chair and Executive Members in thanking all Active Leeds staff for their hard work and resilience during this time.
- *Early identification and prevention.* Members noted the government’s mandate to deprioritise local authority commissioned services, including the health check offer, however expressed concern around the impact of reduced early intervention and sought assurance that

health checks are to be reintroduced at the earliest opportunity. Members were advised that despite the instruction from central government, approximately one third of health checks have continued, and public health teams are working closely with GP services to resume full delivery and also work through the backlog of patients who have not been offered a health check since the beginning of the pandemic. Related to this, Members requested that future reports also include health check data for ex-prisoners and the homeless population.

RECOMMENDED – That the contents of the reports, along with Member's comments, be noted.

8 Work Schedule

The Head of Democratic Services submitted a report that presented the draft work schedule for the forthcoming municipal year. This included the traditional items of Scrutiny work which involves performance monitoring, recommendation tracking and Budget and Policy Framework Plans.

In introducing the report, the Principal Scrutiny Adviser made particular reference to the Health Service Developments Working Group meeting that was held on 26th April 2021 to consider development proposals linked to the adult inpatient stroke rehabilitation service and community neurological rehabilitation services in Leeds.

During that working group meeting, Board Members had requested that further service-related information, including patient numbers, waiting times and initial findings arising from ongoing patient engagement, be made available to the successor Board by early June in order to assist Board Members in determining any appropriate next steps. It was noted that this additional information had now been shared with Board Members. It was also noted that the Board was now proposing to utilise its planned meeting on 5th October to consider the future vision for stroke services in Leeds more generally and in doing so, would also receive at that point an updated position regarding the development of the adult inpatient stroke rehabilitation service and the community neurological rehabilitation service.

RECOMMENDED – That the draft work schedule be noted.