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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, 20th September, 2022 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;
S Burke	-	Middleton Park;
L Farley	-	Burmantofts and Richmond Hill;
J Gibson	-	Cross Gates and Whinmoor;
N Harrington	-	Wetherby;
C Hart-Brooke	-	Rothwell;
M Iqbal	-	Hunslet and Riverside;
W Kidger	-	Morley South;
A Marshall-Katung (Chair)	-	Little London and Woodhouse;
E Taylor	-	Chapel Allerton;
E Thomson	-	Guiseley and Rawdon;

Co-opted Member (Non-voting)

Dr John Beal – Healthwatch Leeds

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

Note to observers of the meeting: To remotely observe this meeting, please click on the 'View the Meeting Recording' link which will feature on the meeting's webpage (linked below) ahead of the meeting. The webcast will become available at the commencement of the meeting: Scrutiny Board (Adults, Health and Active Lifestyles) - 20 September 2022

Principal Scrutiny Adviser:
Steven Courtney
Tel: (0113) 37 88666

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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 - 21 JUNE 2022 AND 19 JULY 2022** (i) To approve as a correct record the minutes of the meting held on 21 June 2022. (ii) To note the meeting notes of the consultative committee meeting held on 19 July 2022 and to agree any specific recommendations.	7 - 22
7			**LEEDS' STROKE SERVICES - UPDATE** To consider a report from the Head of Democratic Services introducing an update on stoke services in Leeds.	23 - 38
8			**LEEDS COMMUNITY NEUROLOGICAL REHABILITATION SERVICE** To consider a report from the Head of Democratic Services, introducing an update on Leeds Community Neurological Rehabilitation Service.	39 - 60

9			**ELECTIVE CARE HUB PROPOSALS AND DRAFT RESPONSE** To consider a report from the Head of Democratic Services that introduces a briefing note from Leeds Teaching Hospitals NHS Trust and provides an opportunity for the Scrutiny Board to agree any comments it wishes to submit in relation to the Trusts proposals.	61 - 66
10			**LOCAL AUTHORITY HEALTH SCRUTINY - UPDATE** To consider a report from the Head of Democratic Services providing an update on Local Authority Health Scrutiny arrangements, following the publication of new guidance from the Department of Health and Social Care.	67 - 74
11			**WORK SCHEDULE** To consider the Scrutiny Board's updated work schedule for the 2022/23 municipal year.	75 - 102
12			**DATE AND TIME OF NEXT MEETING** Tuesday, 18 October 2022 at 1:30pm (premeeting for all Board members at 1:00pm).	

THIRD PARTY RECORDING

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

Use of Recordings by Third Parties – code of practice

a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title.

b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.

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SCRUTINY BOARD (ADULTS, HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 21ST JUNE, 2022

PRESENT: Councillor A Marshall-Katung in the Chair

Councillors C Anderson, Dr John Beal, S Burke, L Farley, J Gibson, N Harrington, M Iqbal, E Taylor and E Thomson

Non-voting co-opted members

Dr John Beal (after being appointed to the Board (Minute 8 refers))

1 Opening Remarks

The Chair opened the meeting, welcoming members of the Board, those presenting items on the agenda, and those observing the meeting in person and via the webcast to the first meeting of the new municipal year, 2022/23, of the Scrutiny Board (Adults, Health and Active Lifestyles).

The Chair also thanked former Board members Councillor Cunningham, Councillor Dowson and Councillor Latty for their contribution to the Board during the previous municipal year.

Before continuing with the formal items of business, members of the Board were invited to introduce themselves.

2 Appeals Against Refusal of Inspection of Documents

There were no appeals.

3 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

4 Late Items

No formal items of late business were added to the agenda, however supplementary information in respect of Item 10 ‘Sources of Work’ had been provided to members of the Committee and would be published to the Council’s website. (Minute 11 refers)

5 Declaration of Interests

No declarations of interest were made at the meeting.

6 Apologies for Absence and Notification of Substitutes

Apologies had been received from Councillor Hart-Brooke and Councillor Kidger. No substitute members were in attendance.

7 Minutes - 15 March 2022 and 26 April 2022

RESOLVED –

(a) That the minutes of the meeting held on 15 March 2022 be approved as an accurate record.

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(b) That the meeting notes of the consultative meeting held on 26 April 2022 be noted.

8 Co-opted Members

The Head of Democratic Services submitted a report which sought the Board's consideration for the appointment of co-opted members in line with the arrangements detailed in the Council's Constitution.

In considering the report, members of the Board were reminded of Healthwatch Leeds' nomination of Dr John Beal as a non-voting co-opted member.

RESOLVED –

That Dr John Beal, representing Healthwatch Leeds, be appointed to the Scrutiny Board as a non-voting co-opted member for 2022/23:

9 Scrutiny Board Terms of Reference

The Head of Democratic Services submitted a report that set out the Board's Terms of Reference for Members' information.

The report also set out details relating to the Health and Care Act 2022. This included some implications for the Council, specifically relating to local authority health scrutiny powers and functions relative to the new Secretary of State intervention powers introduced through the Act.

RESOLVED –

(a) That the Board's terms of reference be noted.

(b) That the likely future impact of the Health and Care Act 2022, as set out in the report and will be reported to the Board in due course, be noted.

10 Local Authority Health Scrutiny

The Head of Democratic Services submitted a report that set out details associated with the discharge of the Board's special responsibility to fulfil the Council's statutory health scrutiny function and scrutinising any matter relating to the planning, provision and operation of local health services.

The report presented:

(1) The Department of Health guidance 'Local Authority Health Scrutiny' (2014) to support local authorities and partners deliver effective health scrutiny.

(2) Draft Terms of Reference for the Health Service Developments Working Group – to provide a forum for health partners to present proposed service changes or developments at an early stage to help determine the level of engagement and/or consultation with the Scrutiny Board.

(3) Details of the West Yorkshire Joint Health Overview and Scrutiny Committee and sought the Boards nomination for two members to serve as the Board's representatives on the Joint Committee for 2022/23.

RESOLVED –

(a) That the content of this report, alongside the associated appendices, information and guidance presented, be noted.

(b) That the re-establishment of the Health Service Developments Working Group, in line with the Terms of Reference as presented at Appendix 2, be agreed.

(c) That Councillor Marshall-Katung and Councillor Harrington be appointed as the Board's representatives to serve on the West Yorkshire Joint Health Overview and Scrutiny Committee (JHOSC) for the municipal year, 2022/23.

(d) That the existing JHOSC arrangements as detailed in the report, and that may be subject to further review and amendments as a result of the local implementation of the Health and Care Act 2022, be noted.

11 Sources of work for the Scrutiny Board

The Head of Democratic Services submitted a report on potential sources of work and areas of priority within the Board's terms of reference. The following information was appended to the report:

- The Best City Ambition
- Leeds Health and Wellbeing Strategy (2016-2021)
- A summary of the Council's 2022/23 budget proposals relevant to the remit of the Scrutiny Board (Adults, Health and Active Lifestyles).

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

- Shona McFarlane, Deputy Director, Social Work and Social Care Service
- Steven Baker, Head of Active Leeds
- Rob Newton, Associate Director of Policy and Partnerships, Leeds Teaching Hospitals NHS Trust
- Joanna Forster Adams, Chief Operating Officer, Leeds and York Partnership NHS Foundation Trust
- Dr Lucy Clement, Liaison Officer, Leeds Local Medical Committee representative

Apologies had been received from Councillor Helen Hayden, Executive Member for Infrastructure and Climate.

NHS Leeds Clinical Commissioning Group and Leeds Community Healthcare NHS Trust had also sent apologies, with no suitably senior representatives available to attend. Board members expressed their disappointment in this regard.

The Chair invited those present to introduce themselves, then to outline key issues and potential areas of work for the Scrutiny Board to undertake during the current municipal year.

In summary, the following key areas were highlighted as potential areas of focus:

- Continued oversight of the Integrated Care System development and progression.
- Impact of the cost of living crisis.
- The health and housing breakthrough project linked to the Best City Ambitions.
- Health inequalities – including a specific focus on gypsy and travellers' health outcomes.
- Implications of the commitment to Leeds becoming a Marmot city.
- Exploring barriers to accessing the Council's Leisure Centres.
- Social Care reform – including fair cost of care reform, charging reforms, and the re-introduction of the Adult Social Care inspection regime
- Introduction of the Liberty Protection Safeguards.
- Health impact of climate change.
- Learning from COVID and the Council's long-term trusted relationship with its communities
- Elective (planned) care recovery within health services – waiting lists and waiting times.
- Non-elective (emergency) care and patient flow.
- LTHTs new hospitals programme.
- Responding to and managing increases and changes in demand for mental health services – for example adolescent eating disorders and primary care referrals.
- Workforce Strategy – including workforce challenges, wellbeing and diversity.

- The role of health estate and investment in estate in providing the right care in the right place for patients
- Health equity in physical and mental health.
- Targeted accessibility to mental health services.
- Using patient experience within services.
- Capacity and access to GP services and the relationship between primary and specialist (secondary) care services.
- Service access criteria and expedite letters.
- The Council's Physical Ambition
- Active travel
- Engagement with the Care Quality Commission as the health and care regulator.
- Focusing on specific areas of influence and outcomes.
- Supporting people to maintain a healthy diet and healthy weight.
- Specific neurodiversity mental health pathways.

The Chair thanked those present for their input and contributions to the discussion.

RESOLVED –

That the contents of the report and the suggested areas of work, as set out above, be noted.

Following consideration of this item, there was a short adjournment at 2:42pm. The meeting recommenced at 2:50pm.

Councillor Iqbal left the meeting following consideration of this item.

12 Performance Update

The Director of Adults and Health, the Director of Public Health and the Director of City Development submitted a joint report that provided a summary of performance information within the remit of the Scrutiny Board, covering Adult Social Care, Public Health and More Active Lifestyles

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
- Shona McFarlane, Deputy Director, Social Work and Social Care Service
- Steven Baker, Head of Active Leeds
- Anna Frearson, Consultant in Public Health – Healthy Living and Health Improvement

- Janice Burberry, Head of Public Health (Children and Families)
- Rob Wood, Intelligence and Policy Manager, Adults and Health

In considering the performance details presented, the Board discussed a number of matters in more detail, across Adult Social Care, Public Health and More Active Lifestyles, including the following:

Adult Social Care

- The not unexpected, negative impact of COVID on many performance areas across Adult Social Care, while recognising comparative and benchmarking data will not be available until October 2022.
- The re-set of services for carers to help encourage uptake.
- Understanding and communicating the social care offer within some communities across Leeds.

Public Health

- Performance data starting to demonstrate the emerging impact of COVID across a range of public health measures, including life expectancy overall and across specific groups.
- General worsening of performance across population health indicators, alongside significant increases in the prevalence of severe mental health within adults, with the increased prevalence of obesity within Reception aged children being the starkest change on record.
- Activities related to healthy weight across all age ranges, the Council's healthy weight declaration and associated action plan.
- The health inequalities gap between least deprived communities and most deprived communities in Leeds and the general disproportionate impact of COVID in more deprived areas.
- Improvements within operational service performance, including the increase in the number of NHS Health Checks completed.

More Active Lifestyles

- Encouraging recovery across Active Leeds, with levels of activity rates near, and in some cases exceeding, pre-COVID levels. Performance levels also compared well against other local authorities locally, regionally and nationally.
- Recovery to pre-COVID activity levels currently slower within deprived communities and groups, also highlighting the inequalities between some of the least deprived communities and most deprived communities in Leeds.
- Levels of active gym memberships and physical activity as part of the social prescribing offer.
- The range of barriers that may impact on people being physical activity.

At the end of the discussion, the Chair thanked those present for their input and contributions to the discussion.

RESOLVED –

That the contents of the report be noted.

13 Work Schedule

The Head of Democratic Services submitted a report that presented a draft work schedule for the municipal year, 2022/23. Reflected in the work schedule were known items of scrutiny activity, such as performance and budget monitoring, as well as other areas of work recommended for progression by the former Scrutiny Board at the end of the previous municipal year, 2021/22.

In presenting the report and draft work schedule for 2022/23, the Principal Scrutiny Adviser reflected on the Board's wide-ranging remit, the number of partner and stakeholder organisations within scope and the earlier contributions and discussion on areas which the Board could focus on during 2022/23 – advising that many areas could be considered under the following broad themes:

- Health Inequalities
- Workforce
- Mental Health

There was general agreement around the identified themes, alongside the evolving partnership arrangements resulting from the future establishment of Integrated Care Boards and associated place-based arrangements.

RESOLVED –

That the Chair liaises with the Principal Scrutiny Adviser to consider how best to prioritise and incorporate identified areas of work into the work schedule, with a view to bringing an updated version to the Board's next meeting for consideration and approval.

14 Date and Time of Next Meeting

Tuesday, 19 July 2022 at 1:30pm (pre-meeting at 1:00pm)

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

TUESDAY, 19TH JULY, 2022

PRESENT: Councillor A Marshall-Katung in the Chair

Councillors C Anderson, Dr John Beal, S Burke, L Farley, J Gibson, N Harrington, C Hart-Brooke, M Iqbal, W Kidger, E Taylor and E Thomson

Co-opted Member Present: Dr John Beal

1 Chairs Opening Remarks

The Chair opened the meeting and thanked all those present for their attendance.

It was noted that while the meeting was being webcast live to enable public access, it was not being held as a public meeting in accordance with the Local Government Act 1972. As such, the meeting was a remote consultative meeting of the Adults, Health and Active Lifestyles Scrutiny Board. Any recommendations arising from the meeting which would be submitted to the next formal meeting of the Board for consideration and agreement.

All members of the Board were invited to introduce themselves.

2 Declaration of Interests

There were no declarations made at the meeting.

3 Minutes - 21 June 2022

Draft minutes from the meeting of the Scrutiny Board (Adults, Health and Active Lifestyles) held on 21 June 2022 were presented for consideration and comment.

The Principal Scrutiny Adviser highlighted the following matters arising for members information:

- Following consideration and discussion around the implementation of the Health and Care Act 2022 and implications for the Board, confirmation that a briefing note, based on the update provided by the Centre for Governance and Scrutiny had been circulated to all members of the Scrutiny Board.
- Further to Minute 9: Terms of reference, confirmation of minor changes that were being made to the Terms of Reference of other Scrutiny Boards, as follows:
    - The functions of the Director of Resources that relate to Civic Enterprise Leeds and Community Infrastructure Levy are to be

removed from the remit of the Environment, Housing and Communities Scrutiny Board.
  - The functions of the Director of Resources that relate to Civic Enterprise Leeds are to be included within the remit of the Strategy and Resources Scrutiny Board.
  - The functions of the Director of Resources that relate to the Community Infrastructure Levy are to be included within the remit of the Infrastructure, Investment and Inclusive Growth Scrutiny Board.

RECOMMENDED

That the draft minutes of the Scrutiny Board held on 21 June 2022 and the update on matters arising outlined above, be noted

4 VISITING POLICIES AND PATIENT ADVOCACY WITHIN LOCAL HEALTH CARE AND CARE HOME SETTINGS ACROSS LEEDS

The Head of Democratic Services submitted a report that introduced a range of information associated with visiting policies and patient advocacy arrangements within local health care and care home settings across Leeds.

Members were asked to consider the details presented in this report and the associated appendices and determine any specific further scrutiny activity.

The following were in attendance:

- Cllr David Jenkins – Deputy Executive Member for Adult and Children's Social Care and Health Partnerships
- Caroline Baria (Deputy Director Integrated Commissioning Adults and Health Directorate)
- Jo Regan (Director of Nursing for Operations - Leeds Teaching Hospitals NHS Trust)
- Rob Newton (Associate Director Policy and Partnerships - Leeds Teaching Hospitals NHS Trust)
- Sara Munro (Chief Executive Leeds and York Partnership Foundation NHS Trust)
- Steph Lawrence (Executive Director of Nursing and Allied Health Professionals - Leeds Community Healthcare NHS Trust)
- Heather McClelland (Chief Nurse - St Gemma’s Hospice)
- Michelle Atkinson (Chief Officer - Leeds Care Association)
- Harriet Wright (Community Project Worker - Healthwatch Leeds)
- Andrew Paterson (Relative Representative)

In introducing the range of information presented, the Deputy Executive Member for Adult and Children's Social Care and Health Partnerships outlined the following points:

- The details presented outline the approaches taken across the health and care sector in Leeds during the course of the pandemic in relation to

visiting arrangements for people who have been in-patients in a health care setting, or residents in a care home setting.

- The arrangements for visiting have been kept under constant review and have been revised and updated as the guidance has changed through the past couple of years.
- Visiting arrangements have been a particularly sensitive matter as health and care providers have sought to balance the huge benefits that visiting brings people and their families in terms of emotional wellbeing, with the risks of spreading the COVID-19 virus.
- Specific considerations and arrangements were put in place, particularly for people nearing the end of life or people with dementia, where contact with family members and loved ones, was critical to their wellbeing.
- The various health and care teams working across Leeds' health and care system have worked together to reduce the risk of transmission of COVID-19, to protect people most at risk due to their health and care needs.
- At the start of pandemic, systems were set up as part of the health and care response, and significant focus had been given to visiting arrangements and patient advocacy during the various stages of the pandemic – particularly after the strict lockdown measures began to ease.

The Deputy Director for Integrated Commissioning confirmed how visiting arrangements within local health care facilities, largely focused on care homes, had evolved during the pandemic. It was noted that local policies and arrangements were under constant review due to various changes to national guidance. The balance between the benefits to patients' well-being arising from having visitors and the need to reduce the transmission of COVID-19 was vital to understand how and why the guidance changed and, in some instances differed, based on patient needs.

Members were advised how technology had been provided to help provide access and contact between patients / residents and their family and external support networks. Technology had also supported other developments, such as video conferencing with GPs.

The health and care system became more integrated for guidance to be discussed and distributed, it was

It was highlighted that during the height of the pandemic, regular bulletins were shared with all Leeds care homes in order to distribute both national and locally tailored guidance. In developing integrated guidance, the value of third sector engagement through the gold, silver and bronze command group meetings had been crucial in helping care providers and care homes control infection rates.

Members were presented with individual experiences from organisations, staff and service user representatives outlining how guidance for visiting rights and

advocacy had been implemented and the effects this had on patients and their carers.

Board members raised and discussed a number of relevant matters, including:

- Covid-19 related deaths within care home settings was one of the most sensitive and difficult part of the pandemic to hear about. It was acknowledged that visiting restrictions implemented were a point of practicality, to help protect vulnerable people.
- How Leeds Health and Care System planned to contribute to the national Covid-19 inquiry, particularly in relation to care homes and the government's response and support. It was noted that the Council had kept a strong record of local action and would be ready for any contribution to the national inquiry if called upon.
- Difficulties and further barriers for some care home residents that resulted from language barriers and levels of cultural awareness. It was suggested that a hierarchy of visiting would have been more useful and appropriate, as some service users should have had more flexibility if support from visitors was essential to their wellbeing.
- Concern that some visiting restrictions were still in place within some care homes. It was suggested that the recognised wellbeing benefits that result from family visiting now largely outweigh the risk of transmitting infection, given the success of the vaccination programme in protecting elderly care home residents.
- The different approaches and levels of resilience between large- and small-scale care home providers.
- Concern around standards and quality of care within care homes. Reassurance was given that the Care Quality Commission (CQC) had restarted their inspections, prioritising previously identified lower performing care homes and matters relating to safeguarding.

The Board also discussed the efforts of care home staff throughout the pandemic and expressed huge thanks and gratitude for the care and devotion shown during such difficult times.

RECOMMENDED
That the details presented in the submitted report and the associated appendices, together with comments raised during the discussion, be noted.

5 Maternal Health Provision in Leeds

The Head of Democratic Services submitted a report that introduced a range of information in relation to maternal health and associated service provision in Leeds.

The following were in attendance to present the information and contribute to the Board's discussion:

- Cllr Salma Arif - Executive Member for Public Health and Active Lifestyles
- Claire Goodman (General Manager, Women's Clinical Service Unit, Leeds Teaching Hospitals NHS Trust)
- Dr. Tom Everett (Lead Clinician, Leeds Teaching Hospitals NHS Trust)
- Emily Griffiths (Associate Director of Pathway Integration, Integrated Care Board)
- Liz Wigley (Senior Pathway Integration Manager (Children and Families team), Integrated Care Board)

Apologies were received on behalf of Rebecca Musgrave (Head of Midwifery, Leeds Teaching Hospitals NHS Trust) who was unable to attend due to service issues.

The Associate Director of Pathway Integration ICB and Senior Pathway Integration Manger ICB introduced the update, which provided:

- An update on the Leeds Maternity Strategy work;
- The current position of the Leeds Fertility IVF service; and,
- The implications of the Ockenden Review findings and how any recommendations are being taken forward across the local maternity system in Leeds.

The update on the Leeds Maternity Strategy work focused on a 'life journey' approach and a plan to join maternity service provision with other health and care services – with the offering assistance outside of hospital, such as use of libraries and community hubs for advice on maternity services.

The Board was advised there was a focus on the following priority actions:

- New perinatal surveillance,
- Robust care pathways,
- Staff training,
- Management of complex pregnancies,
- Risk assessments,
- The care of newborn babies, and,
- Involvement with maternity care partnership.

Members were also updated on the reconfiguration of maternity services and centralisation to Leeds General Infirmary (LGI).

The General Manager for Women's Clinical Service and Lead Clinician provided a general update regarding the Fertility Clinic, including:

- A procurement process to partner with the Trust in order to manage, deliver and enhance fertility clinic services commenced in May 2021.
- The procurement process had been focused on improving the overall patient experience and delivering high quality care and services.
- In February 2022, Care Fertility had been awarded the contract and the Fertility Clinic staff had been transferred across – via a TUPE process.

- Confirmation that across Yorkshire and the Humber, providers are currently commissioned to provide eligible women one cycle of NHS funded fertility treatment.
- Since the new service commenced, patient experience had been rated excellent. Some backlogs in service provision had initially been noted but the issues had now been resolved.

Board members were also provided with details of the Trust's response to the Ockenden Review findings and recommendations.

Board members raised and discussed several relevant areas, including:

- The availability and timeliness of support to mothers experiencing miscarriage – and specifically re-occurring miscarriage.
- The need for ongoing assurance regarding the quality of the new fertility services.
- The promotion of breast feeding and the provision of infant feeding support for new mothers and their family.
- Engaging different communities to build and enhance trust and confidence in the services provided, including opportunities to identify specific priorities associated with the provision of maternity services in different communities.
- The provision of neonatal services as part of the reconfiguration of maternity services in Leeds; and the implications for neonatal transport services.

RECOMMENDED

To note the details presented in this report, the associated appendices and matters discussed at the meeting.

6 Work Schedule

The Head of Democratic Services submitted a report that presented a draft work schedule for the municipal year, 2022/23. The draft work schedule reflected details of potential work areas highlighted and discussed at the Board's previous meeting. Presented alongside the draft work schedule was a summary of the areas highlighted and a proposed response on how matters were to be taken forward.

In presenting the draft work schedule, the Principal Scrutiny Adviser confirmed that the draft work schedule had been shared with the relevant Executive Board Members, Directors and partners for comment and advise, as appropriate. No comments and/or advice had been received at the time of the meeting.

The report also presented the draft minutes from the Executive Board meeting held on 22 June 2022. Board members were asked to consider and note the draft minutes, insofar as they related to the remit of the Scrutiny Board; and consider any matter where specific scrutiny activity may also be warranted.

RECOMMENDED –

That the draft work schedule be presented to the next formal meeting of the Scrutiny Board for further consideration and approval.

7 Date and time of next meeting

The next meeting was scheduled for Tuesday 20th September 2022 at 1:30pm, with a pre-meeting for all members of the Scrutiny Board at 1:00pm.

(The meeting concluded at 16:00)

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Agenda Item 7

Report author: Steven Courtney

Tel: 0113 3788666

Leeds' Stroke Services – Vision and Prorities

Date: 20 September 2022

Report of: Head of Democratic Services

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

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

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

What is this report about?

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

- Proposals for developing a strategy for stroke services in Leeds were considered by the Scrutiny Board in October 2021; and a further update was identified for inclusion on the 2022/23 draft work schedule for consideration by the successor Board.
- A joint update provided by the Integrated Care Board in Leeds, Leeds Teaching Hospitals NHS Trust and Leeds Community Healthcare is appended to this report for consideration by the Scrutiny Board.
- The update will provide greater awareness among Scrutiny Board members in relation to the overall development of a strategy for stroke services in Leeds, including:
  - General progress since the matter was last considered by the Scrutiny Board in October 2021, including progress against immediate priorities identified.
  - Specific patient and health inequality impacts arising from challenges in implementing and achieving the priorities within current services, including specific risks and mitigating actions.
  - The next steps and timeline – including plans for further engagement and/or consultation; and the associated decision-making arrangements.
- The details provided will assist the Board in determining what, if any, further scrutiny activity is required.

Recommendations

Members are asked to consider the details presented in this report and the associated appendices and determine any specific further scrutiny activity.

Why is the proposal being put forward?

1. Proposals for developing a strategy for stroke services in Leeds were considered by the Scrutiny Board in October 2021. At that meeting it was outlined a draft Stroke Strategy was expected to be available in April / May 2022.

2. In February 2022, Board members were advised of a 6-month delay for the production of the draft strategy (i.e. by the end of October 2022). Challenges arising from the continued COVID response, and specifically the Omicron variant, were identified as the cause of the delay. Some challenges in progressing the 2022/23 priorities were also referenced.

3. Upon receipt of an additional update in July 2022, stating a further 3-month delay was expected before a draft strategy would be available – i.e. January 2023, the Chair requested a general update be provided to the Scrutiny Board, detailing general progress since the matter was last considered by the Scrutiny Board in October 2021.

4. The Chair also requested that the update include and comment on those particularly challenging priorities referenced in the note from February 2022, along with the following details:

   - Patient and health inequality impacts arising from challenges in implementing and achieving the priorities within the existing strategy – including the number of patients impacted.
   - Risks and mitigating actions associated with the challenges in implementing and achieving the immediate priorities identified.
   - The next steps and timeline for developing a strategy for stroke services in Leeds – including plans for further engagement and/or consultation; and decision-making arrangements.
   - Any additional matters not that should be drawn to the attention of the Scrutiny Board.

5. A joint update provided by the Integrated Care Board in Leeds, Leeds Teaching Hospitals NHS Trust and Leeds Community Healthcare is appended to this report for consideration by the Scrutiny Board.

What impact will this proposal have?

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

6. The appended report will provide greater awareness among Scrutiny Board members in relation to the overall progress in developing the vision and priorities for stroke services in Leeds, including impacts, risks and mitigations, decision-making arrangements and next steps.

7. The details provided will assist the Board in determining what, if any, further scrutiny activity is required.

What consultation and engagement has taken place?

8. Any specific consultation and/or engagement activities that have taken place are set out within the update appended to this report. Plans for further engagement and/or consultation will be included as part of the next steps, where appropriate.

What are the resource implications?

9. Any specific resource implications are set out within the update appended to this report.

What are the legal implications?

10. Any specific legal implications are set out within the update appended to this report.

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

11. Any specific risks and risk management arrangements are set out within the update appended to this report.

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

☐ Inclusive Growth ☒ Health and Wellbeing ☐ Climate Emergency

12. The terms of reference of the Scrutiny Board promotes a strategic and outward looking Scrutiny function that focuses on best city objectives. The Scrutiny Board also has special responsibility for discharging the Council's statutory health function, which includes any matters associated with the planning, delivery and operation of local health services.

13. Considering the details provided in the update appended to this report helps the Scrutiny Board to discharge its general and specific responsibilities.

Appendices

14. Appendix 1: Joint report from the Integrated Care Board in Leeds, Leeds Teaching Hospitals NHS Trust and Leeds Community Healthcare

Background papers

15. None.

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Report to Adults, Health and Active Lifestyles Board: 20th September 2022

Title of report:	Leeds Stroke Vision & Priorities
Authors:	Lindsay McFarlane, Head of Pathway Integration, Long-Term Conditions, ICB in Leeds Rob Newton, Associate Director of Policy and Partnerships, Leeds Teaching Hospitals Helen Knight, Head of Service (Clinical) for Neurology & Adult Speech and Language Therapy, Leeds Community Healthcare NHS Trust
Presenters:	Lindsay McFarlane, Head of Pathway Integration, Long-Term Conditions, ICB in Leeds David Wardman, Clinical Lead for Long Term Conditions, ICB in Leeds Helen Knight, Head of Service (Clinical) for Neurology & Adult Speech and Language Therapy, Leeds Community Healthcare NHS Trust Dr Marissa Minns, Consultant and Clinical Lead for Stroke, Leeds Teaching Hospitals NHS Trust Rob Newton, Associate Director Policy and Partnerships, Leeds Teaching Hospitals NHS Trust

BACKGROUND

Colleagues from the Leeds Teaching Hospitals NHS Trust (LTHT) attended a Scrutiny Board Working Group on 26 April 2021 to inform the Board of plans to relocate the inpatient stroke rehabilitation service from Leeds General Infirmary (LGI) to Chapel Allerton Hospital (CAH).

A further update paper was sent to Scrutiny Board members in June 2021 to update on progress against the engagement plan.

Leeds Teaching Hospitals NHS Trust (LTHT), Leeds Community Healthcare (LCH) and NHS Leeds CCG (now ICB in Leeds) were invited back to the Adults, Health and Active Lifestyles Board on the 5 October 2021, to provide a further update on the ward relocation and to discuss the city's ambition for a city-wide strategy for stroke services.

Scrutiny Board members wished to receive a further update on the stroke rehabilitation ward move and be updated on the overall priorities and vision in relation to Stroke services in Leeds, later in 2022, hence this update.

AN UPDATE ON THE LEEDS STROKE VISION (PRIORITIES)

1. Progress made since last presentation to the Scrutiny Board (5th October 2021)

1.1 Inpatient stroke rehabilitation ward move from Leeds Teaching Hospitals

We are pleased to report that since the Scrutiny Board meeting in October last year, the relocation of the inpatient stroke rehabilitation service from Leeds General Infirmary (LGI) to Chapel Allerton Hospital (CAH) has taken place. The move took place in November 2021.

The new unit at CAH has 22 beds alongside an 'independence living assessment flat' which allows assessment and support with practicing independent living. This is an important way of supporting patients to regain their confidence after a stroke and help them to relearn skills to promote independence for everyday living. Space was identified in a previously unused ward at CAH, maximising use of the hospital estate and enabling the co-location of rehabilitation services once re-purposed.

Patient experience during and following the ward move has been positive, with no complaints/issues arising/being reported to the Patient Advice and Liaison (PALS) service. The NHS Friends and Family test has been used to capture patient experience as the new ward becomes fully utilised. Since December 2021, 47 patients discharged from the CAH ward have been sent a Friends and Family survey, with 76% completing the survey. 87.5% of people reported a positive rating. 6.25% gave a negative rating. Some direct quotes include:

"Was welcomed to the ward and made to feel at home. Before being moved from LGI I had been nervous"

"Smashing staff, made me very comfortable and looked after me"

"Everything was brilliant, keep up the hard work"

"Honestly, I can't thank the team on the ward enough. Such amazing people and a great support to both my uncle and myself"

Negative themes predominately relate to there being a lack of TVs and group activities.

Staff have also welcomed the move, with staff consultation on work location changes completed prior to the ward move.

Filming is scheduled during September 2022 to develop a short video for patients on setting expectations/explaining the patient journey to CAH and how the ward looks and feels, when in an acute stroke bed. This was a recommendation discussed at the October meeting and a theme from engagement on the ward move. Unfortunately filming on clinical wards has not been possible until now due to strict infection control policies as a result of Covid.

1.2 The development of a Leeds Vision (Priorities) for Stroke Services

At the October 2021 Scrutiny Board, NHS Leeds CCG (now Leeds ICB), LTHT and LCH all committed to developing a vision for stroke services for the next five years.

Development of the vision was due to commence in October 2021, via the formation of a 'Stroke Vision Task Group' which would meet monthly. Our intention back in October was to publish a first draft of the Stroke Vision by April 2022.

We are pleased to say that the Stroke Task Group is in place and has been meeting monthly since October. The task group includes stakeholder representation from LTHT, LCH, Leeds ICB, West Yorkshire ISDN, Leeds City Council (Public Health), Yorkshire Ambulance Service and primary care. Membership includes a mixture of communications and engagement staff, clinicians (medical, therapists and nurses) and managers. It is recognised that membership needs to be strengthened to include social care and the third sector.

To date a vision, ambition and key principles for joint working have been agreed:

Vision: *Working together to deliver the best outcomes for people at risk of or suffering from a stroke*

Ambition:

We will work with…

- Everyone involved with, or affected by stroke
- Staff across the city

We will strive to …

- Ensure that everyone gets the best possible care, no matter who they are, or where they live in Leeds
- Make the best use of our resources
- Be open to new ways of working

In doing so we will create a service which improves prevention, supports people at risk of stroke and provides the best possible care and recovery to those who have had a stroke

Our Principles:

We will work together with everyone involved with and affected by stroke, including staff, patients, and carers, to continuously improve services
We will focus on improving prevention and supporting people at risk of stroke in their local communities
We will work with patients and their carers to develop personal recovery support which works for them
We will share learning and use best practice
We will ensure that everyone gets the best possible care, no matter who they are, or where they live in Leeds
Our staff are important in delivering the best possible services; we will provide them with opportunities to develop their skills, working together to deliver the best possible services

We will work differently across the system and adopt appropriate new technology and new ways of working wherever possible
We will make sure that we get best value for people living in Leeds within the available resources (staff and money) so that we can commit to delivering the principles and priorities highlighted for stroke within this document
We will make the best use of our resources to enable us to keep improving in the years ahead

Key priorities that were identified back in October 2021, that have been progressed as much as possible via the Stroke Task Group/aligned citywide work in terms of delivery include:

1.2.1 Patient and Public Involvement and Stroke Awareness

An initial insight review of what we already know about people's experiences of stroke in Leeds was undertaken in November 2021 by the CCG's (now ICB in Leeds) engagement team. The review found there to be a lack of information available on how patients and their families and carers experience stroke services in Leeds. In addition, incomplete data in relation to patient demographics, means that it is unclear how different communities, and specifically those most at risk of experiencing health inequalities, are being impacted by stroke.

A comprehensive public engagement is being developed to build a picture of what is working well, and what is not, for people experiencing stroke and their families and carers, and what matters most to them about the treatment and support they receive. The findings of the engagement will provide a foundation to understanding people's (including staff) experiences in Leeds, and the opportunity to highlight any gaps or particular areas to prioritise. This engagement aims to be the beginning of the ongoing and consistent collection of patient and public feedback, helping to shape continuous service improvement.

Work on the public engagement will include:

- Completion of an Equity and Quality Impact Assessment
- Completion and implementation of an Involvement Plan for public engagement
- Ensuring relevant existing organisations, groups and networks are involved and help to inform the approach to public engagement; for example working with stroke survivors and carers to understand their experiences of care services with the West Yorkshire and Harrogate Integrated Stroke Delivery Network (ISDN).
- Delivery of the public engagement, and production of a report based on the findings, highlighting themes and any gaps or priorities.

Timescales based on communications and engagement capacity is currently being determined, however it is envisaged the engagement will be a continuous process running alongside the live vision/priorities.

An initial virtual reference group (VRG) was set up towards the end of 2021 to inform the stroke priorities work. Local third sector and peer-led support groups, networks, organisations and volunteers were invited to take part, and did, through the VRG. Representation includes The Stroke Assoication and Different Strokes. To date this group has shaped the vision, ambition and principles shared within this document. A Leeds ICB

Volunteer has also been aligned to this work to ensure that the patient and carer position is always considered.

In preparation for the wider public engagement work, the role of the VRG is being reviewed to consider how it can best add value to the engagement and to the wider vision for stroke. Established support and peer-led groups and networks across the city, and staff delivering the services, are the ones hearing from people who have had a stroke, and their families and carers. We will work collaboratively to develop effective ways for them people and patients to continue to be involved over the longer term.

1.2.2 Stroke Prevention in Leeds

A key priority in Leeds is our collaborative work on avoiding the occurrence of stroke by focusing efforts on our Cardiovascular Disease (CVD) prevention programme of work.

In Leeds we have established a CVD Steering Group, and a number of workstreams all designed to increase the prevention of CVD and stroke under our Long-Term Conditions population board. The steering group and workstreams include representation from all partners in Leeds, including LTHT, LCH, LYPFT, Primary Care, etc.

CVD Prevention workstreams and their priorities in 22/23 are summarised below:

<u>Anti-coagulation and Thrombosis</u>

In Leeds we are working hard to implement NHS England's Detect, Protect and Perfect programme which is designed to prevent atrial fibrillation (AF) related strokes.

Every year in Leeds about 280 people get admitted to hospital with a stroke, with AF (based on data submitted to The Sentinel Stroke National Audit Programme – (SSNAP) - 2021-2022). More than two thirds of these people, despite being known to have AF before their stroke, are not receiving anticoagulation of any sort.

Stroke caused by AF tends to be severe and is associated with significant mortality and morbidity. Detecting AF through opportunistic pulse checks is essential, with significant education underway with primary care on the importance of AF detection in Leeds. In April 2022, all GP practices were provided with training via Target education sessions.

Once AF is detected, we are prioritising protect and perfect models of delivery in Leeds. Details of this/the toolkit are available at:detect-protect-perfect-london-af-toolkit-062017.pdf (stroke.org.uk). It is anticipated that by increasing our detection of AF (detect), increasing prescribing of anticoagulation (protect) and focusing on improving the quality of prescribing and monitoring of anticoagulation (perfect) we will reduce the number of AF related deaths, strokes and major bleeds.

We are currently piloting AF multi-disciplinary teams (MDTs) to support primary care in ensuring patients are adequately anti-coagulated through the provision of education, expert knowledge and advice and guidance.

Our priority is to evaluate the MDT approach, and expand/provide it permanently in Leeds to support medicines optimisation of anticoagulation.

We also know that many people do not always take their medication as prescribed. It is estimated that between a third and half of people on long term treatment do not take their medicines correctly, contributing in turn to the human and economic burden of chronic, long-term illness. We are conducting a research project in Leeds to establish the scale of poor adherence to anticoagulant treatment, understand barriers to good adherence and develop ways we can overcome these barriers to support people to get the most out of their treatment.

Hypertension

High blood pressure is a major risk factor for stroke. High blood pressure adds to the heart's workload and damages arteries and organs over time. Compared to people whose blood pressure is normal, people with high blood pressure are more likely to have a stroke. Over 50% of people experiencing a stroke in Leeds have a diagnosis of hypertension.

We are working to identify and diagnose hypertension earlier in Leeds, through:

- The roll-out of Blood Pressure Monitoring@Home schemes (2,800 blood pressure monitors issued in 2021/2022 alone in Leeds), to support people in diagnosis and self-management at home.
- Providing opportunistic blood pressure testing/case finding opportunities by working with local employers and the third sector to target hard-to-reach communities, with a focus on health inequalities.

We are working to improve hypertension treatment and ensure that people diagnosed with hypertension are treated to target (are on the correct medication and reviewed regularly). Through our joint working with the Yorkshire and Humber Academic Health Sciences Network (YHAHSN) on the Healthy Hearts Programme we have provided a number of resources in primary care to help identify patients who may benefit from optimisation of hypertension. We have also identified methods to improve their therapy, including clinical searches, simplified treatment guidance, education and training and patient resources.

Cholesterol and lipid Management

High cholesterol is when there is too much of a fatty substance called cholesterol in the blood. It's mainly caused by eating fatty food, not exercising enough, being overweight, smoking and drinking alcohol. It also has a genetic component (familial hypercholesterolaemia). Too much cholesterol can block blood vessels causing heart problems or a stroke.

In Leeds we are working with two Primary Care Networks (PCNs) (Crossgates and West Leeds) to deliver and pilot an MDT and tiered model to the medicines optimisation of lipids to treat cholesterol as below:

- Support tier 1 (practice-based care) to deliver gold standard lipid optimisation for oral therapies, including addressing the initial needs of someone with statin intolerance and ensuring access to lesser-known lipid therapies such as Bempedoic acid.
- Support tier 2 (PCN level care) to review ongoing care for people with statin intolerance and to initiate, where appropriate the injectable therapy, Inclisiran
- Support tier 3 (integrated care) to develop an 'advice and guidance' service for more complex and high-risk patients that need a greater level of expertise and input.

Our priority is to evaluate the MDT approach and expand/provide it permanently in Leeds to support medicines optimisation of cholesterol. The pilots will give us a rich understanding of the barriers to lipid optimisation and to model what interventions and resource might be necessary across the whole city to improve lipid optimisation.

As part of the research project to improve our ability to improve adherence to anticoagulants, we are also looking at adherence to statins, a type of lipid-lowering therapy which, despite well documented benefits, is often associated with poor adherence.

The CVD Steering Group is also working closely with the Leeds City Council's Long Term Conditions team, which is responsible for the NHS Health Check offer in Leeds. Health Checks are designed to help prevent diabetes, heart disease, kidney disease, stroke and dementia.

1.2.3 Improved 6-month review offer to improve patient care and SSNAP performance

One of the national stroke service ambitions is that all stroke survivors are appropriately offered a comprehensive holistic and person-centred review six months after their stroke, and that this is documented on The SSNAP, in line with the 2019/20 Commissioning for Quality and Innovation (CQUIN): Six-month reviews for stroke survivors. Data from six-month reviews should then be used to inform local needs mapping, workforce, and service improvement planning (NHSE 2021).

The Leeds Community Stroke Rehabilitation Team (CSRT) had been offering a six-month review service in conjunction with the Stroke Association to all patients referred to their service for stroke rehabilitation, which equates to approximately 50% of stroke survivors in Leeds. This service offered a home visit (pre pandemic) and telephone review since 2020. The aim of six-month reviews is to identify any immediate risks and needs which require support or signposting to enable patients to return to as near as possible to their previous roles/lives and to reduce the risk of future strokes (secondary prevention). In 2021/22, over 20% of people experiencing a stroke in Leeds had previously had a stroke or Transient Ischemic Attack (TIA). People who have had one stroke are at a very high risk of having a second stroke and we should be doing everything we can to reduce this risk as much as possible.

Our aim is to increase the number of patients offered a six-month review from 50% to 100% in Leeds. To achieve this, the following stepped approach has been agreed:

1. Continuation of stroke association offer whilst undertaking an evaluation of the model/previous models (delivery in-house)
2. Scoping work to map demand for six-month review offer (patients currently not offered reviews, i.e. TIA patients (sometimes called a mini stroke) and patients not referred into LCH rehabilitation
3. Process mapping of potential referral pathway routes for all patients including those currently not captured to inform standard operating procedure
4. Costing and development of a business case for a new model together with confirmation of agreed sourcing strategy
5. Evaluation and flow of review themes to inform local needs mapping, workforce and service improvement planning longer-term (patient feedback essential)

1.2.4 Improving Thrombectomy Access

A key priority of LTHT is to continue to improve access to thrombectomy. Approximately 80 patients within the region have been treated in the last year with Mechanical Thrombectomy (MT), on a Monday to Friday, 08:00 – 16:00 basis. We aim to continue to increase this number in Leeds and regionally and are working towards a service delivery model that will provide 24/7 cover. The Integrated Stroke Delivery Networks (ISDN) and our West Yorkshire ISDN have coordinated and completed work across Thrombolysis and Thrombectomy services, working with neighbouring ISDNs in Humber Coast and Vale, North East and North Cumbia and South Yorkshire and Bassetlaw to support a quality review into thrombectomy delivery. The Quality Reviews are a collaboration between Getting It Right First Time (GIRFT), the National Stroke Programme at NHSE, The Sentinel Stroke National Audit Programme (SSNAP), Specialised Commissioning and the Promoting Effective and Rapid Stroke Care (PEARS) research programme. Leeds has actively contributed to these so that a sustainable system plan can be agreed, including the development of an educational strategy and a stroke workforce strategy covering the West Yorkshire and Harrogate ISDN, and regionally in collaboration with neighbouring ISDNs.

1.2.5 Recovering from / Living with Covid

The Stroke teams continue to recover and manage patient need within the constraints of the continuing pandemic. Engagement with the workforce has been undertaken to inform internal ‘covid strategies. Themes/reflections from engagement include:

- Hospital discharges are more complex with additional risks, however joint working and collaboration between LCH and LTHT has improved, with increased communication between teams. Digital solutions for strengthening this communication are to be explored as part of our priorities.
- As a result of complex discharges, there is a recognition of reduced patient confidence/independence and our system work is essential in addressing this. A system wide workshop is being organised for early October to define and map opportunities for Early Supported Discharge and community stroke services in line with the new NHS England National Stroke Model for Integrated Community Services published February 2022.
- There is growing need and a recognition that offers of mental health support need to be provided to patients, and onward referrals made sooner. Peer support offers require development and will form a key priority. LCH are working to ensure that patients with lower risk presentation have alternative offers of support including referral directly to the Stroke Association, including ‘After Stroke’ Education Groups for patients who benefit from support with self-management.

As above, good progress has been made on elements of the vision/priorities, however, there have been challenges and delays as outlined in section 2. Please also note, that over the course of the 10 months, we have agreed not to refer to this work as a formal strategy, but as a clear vision with agreed system priorities.

2. Challenges faced and impacts/risks to patients / health inequality

Whilst several immediate stroke priorities have been taken forward/are progressing, the work on writing the stroke vision/priorities document for publication and agreeing / progressing future priorities has been delayed due to the impact of Covid.

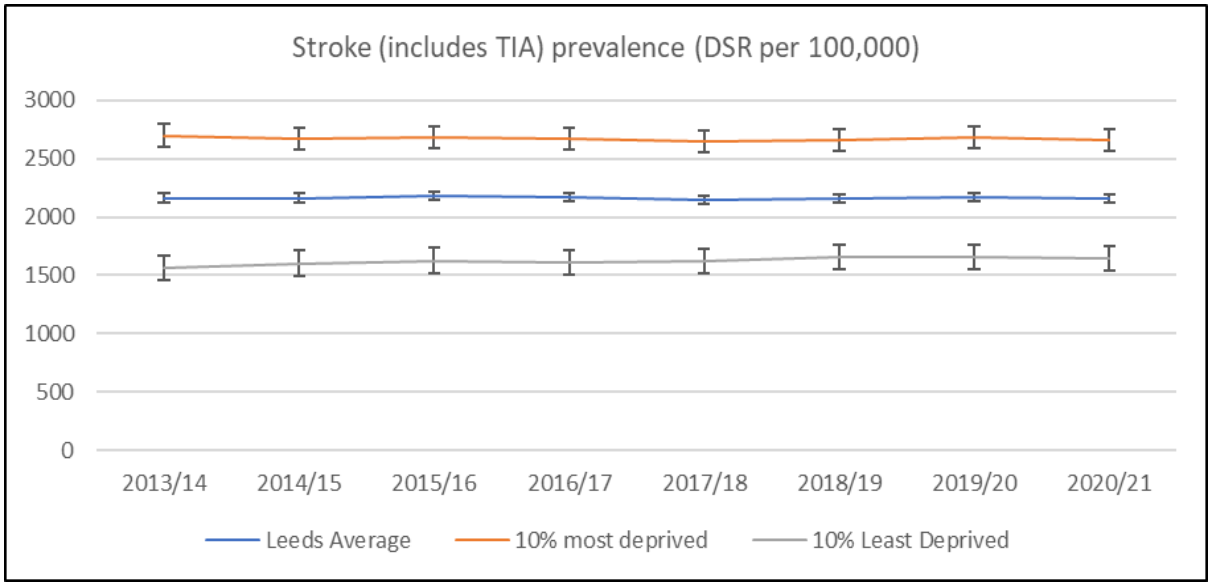
The Omicron Covid 19 variant placed capacity constraints on the stroke teams; with clinical delivery being prioritised and non-essential meetings being stood down. In addition, over the last few months, there have been a number of staff absences due to Covid/Long-Covid, and therefore planned face-to-face workshops/events to progress this work have had to be stood down.

We notified the Scrutiny chair of these delays in February. There have been further challenges as a result of CCG to ICB structure changes (with effect 1st July), and an identified need to align our identified priorities and outcomes for stroke with those being developed by system population boards, in this case the long-term conditions Population Board.

As identified via this update, immediate priorities have continued to be progressed/have been implemented, i.e. the CAH Ward move. Revised timescales for publication of the vision/priorities document are detailed in **section 3**. The delay to publication does not present a great risk for the system/patients/health inequalities as the work and activities are underway despite the challenges as above.

This focused work and commitment as a system to a stroke vision and priorities is allowing us the time to place a spotlight on emerging data and health inequalities, enabling us to understand need and where to focus our efforts. An example of this, can be seen through data analysis work undertaken on stroke prevalence within the city.

<u>Stroke Data with a Health Inequalities Lens</u>



The table above shows the stroke prevalence in Leeds by GP practice registration and Index of Multiple Deprivation (IMD), with the rates of stroke standardised to to take into account age differences between areas. It shows that there are statistically signfiicant higher rates of stroke

in the 10% most deprived GP practice areas of Leeds when compared to both the Leeds average and 10% least deprived. This means that people in the 10% most deprived areas are having more stokes at younger ages than those in the 10% least deprived areas. Further exploration of this is required, with a focus on prevention and awareness within our most deprived areas of Leeds. This data is essential in informing our future priorities, with time needed to digest it and plan in greater detail; a true population health approach.

An immediate priority that has been challenging/delayed in terms of a solution/progressing is how stroke outliers are managed within LTHT.

Due to the current prevalence of stroke and the existing capacity and demand restraints in LTHT, some stroke patients are managed outside of the dedicated stroke bed base on non-stroke wards. This is always after their acute and hyperacute phase, during the rehabilitation phase of their treatment, and will occur whilst patients await a bed for stroke rehabilitation. Pre-pandemic measures to support these patients with appropriate input of therapies included the development of a peripatetic team to review and support therapy teams on non-stroke wards.

During the pandemic, with the associated ward changes in response to changing Covid-19 inpatient demand, the omicron covid variant in early 2022 and the continued system flow crisis across the country, outlier Stroke numbers have always fluctuated between c.15 to 30 patients. Over recent months these have rarely dropped below 30 and have peaked recently at 48 patients.

There is no simple solution to this problem due to the highly complex nature of stroke care and the multiagency nature of managing this condition from index event to recovery. A long-term solution has not yet been agreed but LTHT are exploring plans to co-locate a number of Neuroscience wards together at the LGI, on a single floor allowing for a focussed support offer to Stroke patients across a wider, but more geographically condensed, bed base. This will improve therapy, medical and specialist nursing support to the stroke population in hospital and support reducing the overall length of stay for these patients. It will also allow closer and more effective links to the community-based services and social care services to improve collaborations and in-reach. This work is currently being considered by the LTHT Executive Team / Board.

3. Revised implementation plans/ next steps

The next steps and timeline for developing and publishing our vision/priorities are:

- Continued development via the Stroke Task Group
- A draft of our vision/priorities document to be shared with the Leeds Long Term Conditions Population Board in November 2022 following review and agreement by partners; LTHT, LCH and Leeds City Council. The Population Board includes systemwide membership including Healthwatch.
- The development of an implementation plan, detailing current and future priorities (and ownership) to accompany the vision/priorities document; this will also conclude continuous engagement plans once developed
- Any further revisions/updates to be made in December prior to publication in January 2023

4. Conclusions

4.1. Scrutiny members are asked to acknowledge the positive work and priorities progressed to date despite the challenging climate

4.2. Scrutiny members are asked to note the revised timescales as documented.

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Agenda Item 8

Report author: Steven Courtney

Tel: 0113 3788666

Leeds Community Neurological Rehabilitation Service

Date: 20 September 2022

Report of: Head of Democratic Services

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

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

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

What is this report about?

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

- Proposals for the development of a new service model for community neurological rehabilitation services in Leeds were presented and considered by the Scrutiny Board in October 2021. This included the engagement process and findings to date and a further update was identified for inclusion on the 2022/23 draft work schedule for consideration by the successor Board.
- A joint update provided by the Integrated Care Board in Leeds and Leeds Community Healthcare NHS Trust is appended to this report for consideration by the Scrutiny Board.
- The update will provide greater awareness among Scrutiny Board members in relation to the overall progress in implementing a new service model for community neurological rehabilitation services in Leeds, including:
  - Confirmation of the current service model on offer to patients in Leeds, alongside the outcome of the decision-making processes previous highlighted to the Board.
  - An outline of any delays in implementing a new service model, any associated mitigating actions taken, alongside any specific patient and health inequality impacts arising from the progress to date.
  - An understanding of progress in producing a 'You said; We did' report to reflect the engagement work undertaken.
  - Any additional next steps and/ or other specific matters relating to Leeds community neurological rehabilitation services.
- The details provided will assist the Board in determining what, if any, further scrutiny activity is required.

Recommendations

Members are asked to consider the details presented in this report and the associated appendices and determine any specific further scrutiny activity.

Why is the proposal being put forward?

1. Proposals for the development of a new service model for community neurological rehabilitation services in Leeds were presented and considered by the Scrutiny Board in October 2021. This included the engagement process and findings to date.

2. At that meeting, the Scrutiny Board was advised that options were due to be considered during October, with a final decision on the model to be agreed mutually between Leeds Community Healthcare NHS Trust and NHS Leeds CCG by the end of October 2021. Once agreed, a phased implementation of the new model was expected to begin in November 2021. Full implementation of the model was expected in early 2022, accompanied by a 'You said; We did' report.

3. It was agreed that a further update be presented to the Scrutiny Board within 12 months and a copy of the Board's submitted observations and recommendations is attached at Appendix 1.

4. A joint update provided by the Integrated Care Board in Leeds and Leeds Community Healthcare NHS Trust is appended to this report for consideration by the Scrutiny Board.

5. In requesting a general update since this was last presented to the Scrutiny Board, NHS representatives were requested to confirm the current service model on offer to patients, alongside the outcome of the decision-making processes previous highlighted to the Board. The following details were also requested:

   - A summary of any delays in implementing a new service model and any mitigating actions taken.
   - Details of any patient and health inequality impacts arising from any delays in implementing a new service model of care – including the number of patients impacted.
   - Any risks and mitigating actions associated with the current service model on offer to patients.
   - Any further draft or proposed implementation plans.
   - A position statement in relation to the 'You said, we did' report, including confirmation of the report being available, when this was completed and where / how this has been made available.
   - Any additional next steps not covered by the above, alongside any additional matters that should be drawn to the attention of the Scrutiny Board.

What impact will this proposal have?

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

6. The update appended to this report will provide greater awareness among Scrutiny Board members around the implementation of a revised community neurological rehabilitation service model in Leeds, including:

   a. Confirmation of the current service model on offer to patients in Leeds, alongside the outcome of the decision-making processes previous highlighted to the Board.

b. An outline of any delays in implementing a new service model, any associated mitigating actions taken, alongside any specific patient and health inequality impacts arising from the progress to date.

c. An understanding of progress in producing a 'You said; We did' report to reflect the engagement work undertaken.

d. Any additional next steps and/ or other matters that should be drawn to the attention of the Scrutiny Board.

7. The details provided will assist the Board in determining what, if any, further scrutiny activity is required.

What consultation and engagement has taken place?

8. Any specific consultation and/or engagement activities that have taken place are set out within the update appended to this report. Plans for further engagement and/or consultation will be included as part of the next steps, where appropriate.

What are the resource implications?

9. Any specific resource implications are set out within the update appended to this report.

What are the legal implications?

10. Any specific legal implications are set out within the update appended to this report.

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

11. Any specific risks and risk management arrangements are set out within the update appended to this report.

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

☐ Inclusive Growth ☒ Health and Wellbeing ☐ Climate Emergency

12. The terms of reference of the Scrutiny Board promotes a strategic and outward looking Scrutiny function that focuses on best city objectives. The Scrutiny Board also has special responsibility for discharging the Council's statutory health function, which includes any matters associated with the planning, delivery and operation of local health services.

13. Considering the details provided in the update appended to this report helps the Scrutiny Board to discharge its general and specific responsibilities.

Appendices

14. Appendix 1: Scrutiny Board Statement - Redesign of the Community Neurological Rehabilitation Service in Leeds (October 2021)

15. Appendix 2: Joint report from the Integrated Care Board in Leeds and Leeds Community Healthcare NHS.

Background papers

16. None.

Adults, Health and Active Lifestyles Scrutiny Board
Scrutiny Statement
October 2021

Redesign of the Community Neurological Rehabilitation Service in Leeds

1. Introduction

1.1 In accordance with Part 4 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, a Health Service Development Working Group meeting was held on 26th April 2021 to allow members of the Adults, Health and Active Lifestyles Scrutiny Board to be informed of plans for patient, carer, staff and stakeholder engagement surrounding the development of a new model of delivery for the community neurological rehabilitation service in Leeds.

1.2 The working group requested that an update on progress against the engagement plan and additional referral and activity data be shared with members of the successor Scrutiny Board in early June to help determine any appropriate next steps.

1.3 A further update paper was therefore circulated to Scrutiny Board Members in June and in consideration of this, the Adults, Health and Active Lifestyles Scrutiny Board agreed to utilise its planned meeting on 5th October 2021 to be formally updated on the engagement findings and to also share its views on the identified themes that will help inform the final model of delivery.

1.4 The Scrutiny Board received a briefing paper prepared jointly by NHS Leeds Clinical Commissioning Group and Leeds Community Healthcare NHS Trust. Senior representatives from the Trusts were in attendance to help address questions from Board Members. These included the Clinical Head of Service for Neurology & Adult Speech and Language Therapy; the Service Development Lead (Clinical); and the Head of Pathway Integration – Long Term Conditions. A representative from Leeds Voices was also in attendance.

1.5 As a public meeting, all of the information presented to the Scrutiny Board is accessible via the Council's website, including access to the webcast recording of the meeting[1].

1.6 The timeliness of the Board's meeting allowed for the Board to consider the identified themes and emerging priority areas that will inform the developing model of delivery for the Community Neurological Rehabilitation Service and to share its views prior to a final decision on the model being agreed mutually between Leeds Community Healthcare NHS Trust and NHS Leeds Clinical Commissioning Group at the end of October 2021

1.7 This Statement summarises the key observations and recommendations of the Adults, Health and Active Lifestyles Scrutiny Board for the consideration of the Leeds Community Healthcare NHS Trust and NHS Leeds Clinical Commissioning Group.

2. Key observations

[1] AHAL Scrutiny Board meeting webpage https://democracy.leeds.gov.uk/ieListDocuments.aspx?CId=1090&MId=11621

2.1 The Scrutiny Board acknowledges that prior to the Covid-19 pandemic, there had already been increasing demand on the Community Neurological Rehabilitation Service over the last few years, with subsequent long waits to access the service. The service was therefore already beginning to explore new ways of working to try and address the existing challenges. In having to adapt the service to respond to the pandemic, this had provided a unique opportunity to look at the service offer in detail to understand what patients need to meet their rehabilitation requirements.

2.2 In supporting the rationale to redesign the service, the Scrutiny Board had considered the proposed engagement plan back in April 2021, which was subsequently agreed by the NHS Leeds CCG Patient Advisory Group in June 2021.

2.3 During its meeting on 5th October 2021, the Scrutiny Board was formally updated on the the key themes and emerging priority areas stemming from the engagement with patients, carers and staff, which included the following:

- The Home First offer is supported by staff and stakeholder groups and will remain a key element of the new model.
- From staff, stakeholders and patients/carers feedback - the length of inpatient rehabilitation needs to be tailored to individual patient needs, with the home first approach and a more responsive community offer a reduction of inpatient beds is likely.
- A route for self-referral into the service is essential for those known to the service.
- To deliver a more responsive service in order to provide rehabilitation in the right place at the right time for the patient.
- To be able to deliver the appropriate intensity of rehabilitation at the right time to meet patients goals effectively.
- Clear outline and criteria of what the Community Neurological Rehabilitation Service offers available to all stakeholders.
- Speech and Language Therapy is embedded in the service.
- To accept patients that require only one discipline to meet their specialist rehabilitation needs

2.4 The Scrutiny Board was advised that the above themes will be informing the developing new model of delivery. In welcoming this approach, a number of observations were also made by the Scrutiny Board which are summarised below.

Recognising digital technology as a priority area of development.

2.5 The Scrutiny Board acknowledged that there had been varied feedback from patients and carers during the engagement process in relation to the new digital delivery modes that had been expediated as a result of the pandemic (i.e. online consultations). However, the Scrutiny Board also noted that there had been a consensus view from staff within the Leeds Community Healthcare NHS Trust (LCH) about the need to review current IT systems to help avoid duplication and improve how patients are effectively managed across LCH services.

2.6 While acknowledging that there is broader strategic work being undertaken around digital innovation across acute and community health services, the Scrutiny Board felt that the development of digital technology should still be acknowledged as part of the list of themes and priority areas informing the developing new model of delivery for the community neurological rehabilitation service.

Prioritising actions and providing feedback to patients and staff.

2.7 The Scrutiny Board recognised the need to prioritise actions linked to each of the identified themes and to provide feedback on this to patients, carers and staff. The Scrutiny Board welcomed the intention to produce a 'You Said, We Did' report following the implementation of the new delivery model. However, having consulted the view of Leeds Voices, the Scrutiny Board also recognised the merit of producing a more immediate 'You Said, We Heard' report that explains how the Trusts are seeking to prioritise actions in response to the views expressed by patients, carers and staff during the engagement process.

Acknowledging the valuable role of the Third Sector.

2.8 The Scrutiny Board emphasised the importance of maximising all available resources, including Third Sector provision, to ensure that patients are accessing the right person, at the right place, at the right time. Linked to this, it was noted that the Leeds Community Healthcare NHS Trust had been working closely with Voluntary Action Leeds to understand how best to utilise the provision available within that sector. As part of the redesign process, the Scrutiny Board also welcomed the intention to undertake an Equality Impact Assessment to ensure that services are accessible to all.

Ensuring links with the broader vision for stroke services.

2.9 During its meeting on 5th October 2021, the Scrutiny Board was briefed separately on the work being undertaken to develop a vision for stroke services for the next five years, which will also align with the National Stroke Strategy and clinical service strategies produced as part of the West Yorkshire and Harrogate Integrated Care System.

2.10 While acknowledging that the redesign work for the community neurological rehabilitation service is being undertaken within existing financial resources, the Scrutiny Board was separately made aware of some of the workforce pressures outside of this service which are across the stroke pathway, primarily linked to a national shortage of specialist trained staff, that would need to be addressed as part of the broader vision work.

2.11 In recognition that some patients accessing the community neurological rehabilitation service will have come through the stroke pathway, the Scrutiny Board emphasised the need to ensure that the new model of delivery links in with the broader vision for stroke

services. The Scrutiny Board also agreed to revisit the work being undertaken to develop the vision for stroke services early in the New Year.

3. Conclusion

3.1 The Adults, Health and Active Lifestyles Scrutiny Board supports the rationale to redesign and improve the community neurological rehabilitation service in Leeds and welcomes the engagement work undertaken to ensure that the new model of delivery is being informed by patients, carers and staff.

3.2 Reflecting on the Scrutiny Board's key observations, as referenced above, a number of recommendations have been directed to the Leeds Community Healthcare NHS Trust and NHS Leeds Clinical Commissioning Group. These are summarised in the table below.

3.3 The Scrutiny Board acknowledged that once agreed, a phased implementation of the new model is expected to begin in November 2021, with full implementation of the model in early 2022. The Scrutiny Board is keen to maintain a watching brief of progress and has therefore requested that a further update report is brought back to Scrutiny within the next 12 months.

Recommendations:

Recognising digital technology as a priority area of development.	That the development of digital technology is acknowledged as part of the list of themes and priority areas informing the developing new model of delivery for the community neurological rehabilitation service.
Prioritising and communicating actions linked to the identified themes.	That actions linked to each of the identified themes are prioritised clearly and communicated as part of a 'You Said, We Heard' report for the benefit of patients, carers and staff.
Ensuring links with the broader vision for stroke services.	That the new model of delivery for the community neurological rehabilitation service links in with the broader vision for stroke services.

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Report to Adults, Health and Active Lifestyles Board: 20th September 2022

Title of report:	An update on the Community Neurological Rehabilitation services redesign
Authors:	Lindsay McFarlane, Head of Pathway Integration, Long-Term Conditions, ICB in Leeds Helen Knight, Head of Service (Clinical) for Neurology & Adult Speech and Language Therapy, Leeds Community Healthcare NHS Trust
Presenters:	Lindsay McFarlane, Head of Pathway Integration, Long-Term Conditions, ICB in Leeds Helen Knight, Head of Service (Clinical) for Neurology & Adult Speech and Language Therapy, Leeds Community Healthcare NHS Trust David Wardman, Clinical Lead for Long Term Conditions, ICB in Leeds

BACKGROUND

During 2021 colleagues from the Leeds Community Healthcare and NHS Leeds CCG (now the ICB in Leeds) attended/engaged with the Adults, Health and Active Lifestyles Board to inform the Board of its plans for patient, carer, staff and stakeholder engagement as it develops a new model of delivery for community neurological rehabilitation services whilst continuing to deliver its interim model (see **appendix A**). This engagement included:

- Attendance at a Scrutiny Board Working Group on 26 April 2021
- The submission of further referral/activity data and update paper on the planned engagement in June 2021
- Attendance at 5 October 2021, Adults, Health and Active Lifestyles Board to present a further update on the community neurological rehabilitation engagement and redesign themes prior to the model for redesign being agreed.

A report has been requested by the Scrutiny Board in September 2022 to update on the outcome of decision-making processes and the service model agreed.

AN UPDATE ON THE COMMUNITY NEUROLOGICAL REHABILITATION SERVICES REDESIGN

1. Progress made since last presentation to the Scrutiny Board (5 October 2021) and the model agreed

1.1. Following dialogue with the Scrutiny Board last year on our planned engagement for the redesign of community neurological rehabilitation services in Leeds, the very strong themes identified through engagement with patients, carers, staff and stakeholders for inclusion within a new model were concluded at the 5th October 2021 meeting as:

- The Home First offer will form a key element of the new model
- The length of inpatient rehabilitation needs to be tailored to individual patient needs, with the conclusion that with a focus on the home first approach and a more responsive community offer, a reduction of inpatient beds is likely
- A route for self-referral into the service is essential for those known to the service
- A more responsive service is required in order to provide rehabilitation in the right place at the right time for the patient
- A need to deliver the appropriate intensity of rehabilitation at the right time to meet patients goals effectively
- Speech and Language Therapy needs to be embedded in the service
- The offer should also accept patients that require only one discipline to meet their specialist rehabilitation needs

In October 2021, we confirmed to the Scrutiny Board that the redesign needs to be undertaken within existing financial resources and therefore a selection of options were to be considered as the final service model was to be developed and agreed to incorporate the above key themes.

We are pleased to confirm that immediate progress was made, in concluding the patient and carer engagement, and presenting four key options (**appendix B**) to the Executive teams of Leeds Community Healthcare and NHS Leeds CCG (in October 2021, with a preferred option supported (known as option 3a). The recommendation was in turn supported at the city's Leeds Long Term Conditions Population Board on 12 October 2021.

An Equity and Quality Impact Assessment (EQIA) was completed on the final model during November and December 2021, with the options and preferred model presented to the NHS Leeds CCG Governing Body in January 2022. The model and phasing as outlined below was agreed by the NHS Leeds Governing Body.

1.2 The model/ambition

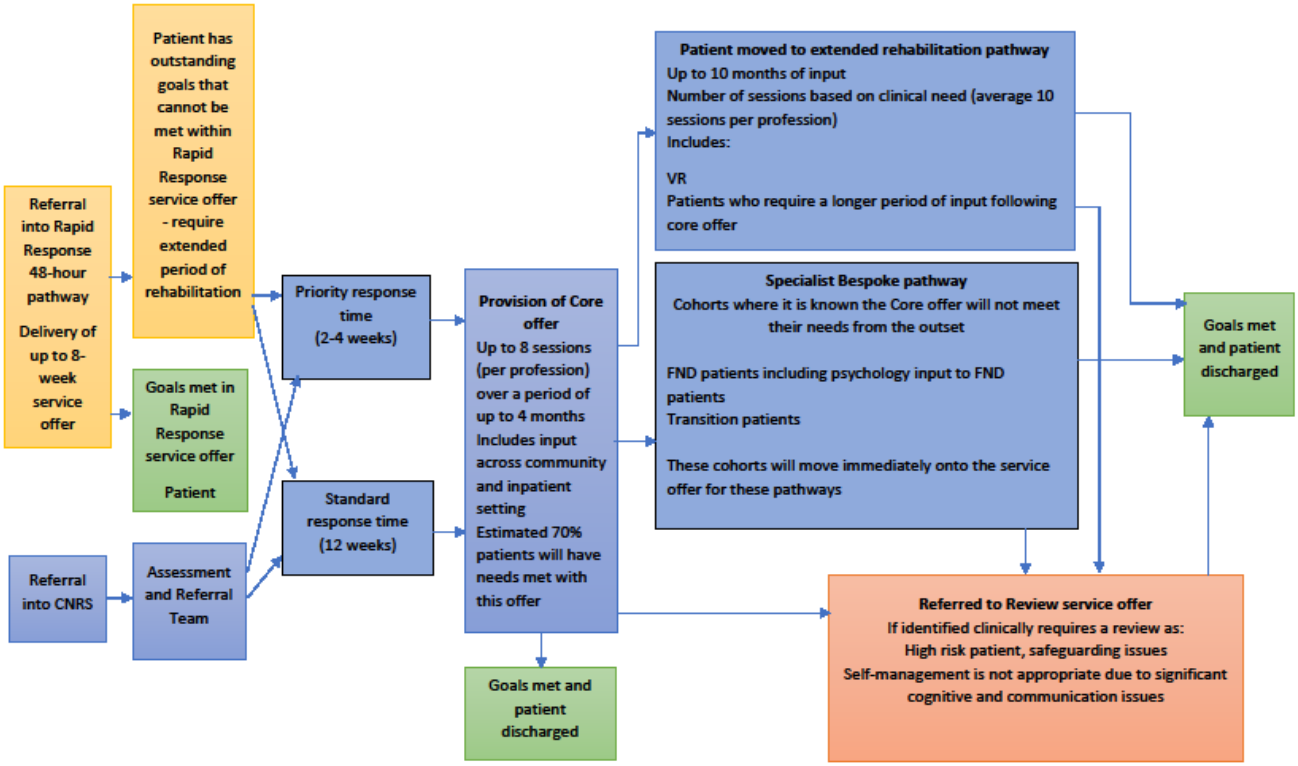
An ambition has been defined for the new service model for community neurological services in order to address the key themes from staff, stakeholder, patient and carer engagement, data analysis, demand and capacity work:

- To provide high quality and timely neurological rehabilitation to Leeds patients
- To ensure timely equitable access for all that need community neurological rehabilitation
- To work collaboratively with partners in Leeds

This ambition will be delivered by implementation of the model as outlined within **Figure 1** and includes six key elements that will form the service offer in the long-term.

1) An Assessment and Referral function
2) A Rapid 48-hour response pathway
3) A core 'home first' service offer
4) An extended rehabilitation service offer
5) Bespoke specialty pathways
6) Inpatient rehabilitation

Figure 1. High level view of the ambition for a CNRS service offer



N.B. it is estimated that 70% of patients will have their needs met by a core offer with 30% patients requiring an extended pathway or bespoke specialist pathways.

Due to the complexity and identification of unmet need identified as part of the redesign assessment, a phased approach to the redesign was also agreed by the CCGs Governing Body:

- Pre-Phase 1- 2022/23 (preparation work required to facilitate implementation of phase 1 including recruitment and skill mixing and ongoing work to clear the waiting list backlog)
- Phase 1 (22/23); with subsequent agreement that implementation will now be by April 2023, due to the delays outlined in section 2. Due to system uncertainty regarding additional financial resource, phase 1 is to be delivered within the current funding envelope of £2.8 million. Phase 1 therefore excludes an offer of extended rehabilitation and bespoke pathways and expansion of the rapid response offer to include all neurological conditions, as these developments exceed the financial envelope. It is anticipated that these elements will be funded as we release current fixed estates costs into future phases. The impacts/risks of these exclusions were assessed within the completed EQIA.
- Phase 2 aspiration (within 2023/24): Provide an enhanced assessment and referral function, expand the rapid response offer and deliver 100% 'home first' core offer, in addition to elements included in phase 1.
- Phase 3 aspiration (within 2024/25): Phase 3 aspiration (2024/25): Provide extended rehabilitation and bespoke pathway in addition to elements included in phase 1 & 2.

The model and option selected for phase 1 of the service redesign allows for the provision of a rapid assessment and referral function (within 48 hours), a core offer to patients (up to six sessions per profession for 4 months), a rapid response offer and the opportunity to test and pilot the provision of one bed, over seven days a week in a different inpatient setting with the service providing therapy and rehabilitation nursing input via an in-reach model.

As we discussed previously with the Scrutiny Board, it was envisaged that fewer inpatient beds would be needed and at the time of agreeing the model with data analysis suggesting one bed might be needed, instead of the original five that was previously offered.

On this basis, the decision was therefore made to signal the intention to withdraw the LCH inpatient beds from the estates at St Mary's permanently with an estates review commencing to explore the longer-term estates options for neurological rehabilitation outpatients and community stroke services (which are also based at St Mary's). This work therefore aligns with the city-wide stroke priorities.

The rationale for not keeping the beds at St Marys, relates to the clinical governance risks and costs associated with treating just one patient onsite at any one time.

Growth in referral activity (15%) across the service has been factored into the model. A significant benefit of the model is that all patients referred will be seen within 2-4 weeks if urgent and within 12 weeks if routine (waits have historically been +38 weeks) and will reduce variation in practice whilst enhancing patient self-management and personalisation.

Please note that pre-phase 1 implementation has commenced; therefore, the interim model as outlined in **appendix a** currently remains in place.

2. Challenges faced and impacts/risks

A number of workstreams/project groups have been established by LCH to mobilise the redesign (move to phase 1 of our redesign). Unfortunately, progress has been delayed by several months due to the Omicron variant of COVID earlier this year and capacity constraints within the team. Workstreams with key updates are outlined below:

Comms and engagement: Following approval of the redesign in January 2022, communications and engagement began with staff within the service to inform the case for change (HR process) whilst also forming a Staff Health and Wellbeing workstream to monitor this and offer the right support as and when staff require this during the change.

In addition, a 'You Said, We Heard' resource was prepared for patients; please see **section 3**. Current patients of the service have been kept up to date with service changes throughout with the services website reflecting the current service offer. Current patients and any patient entering the service have also received a letter regarding the current service offer and what to expect.

Case for change:

The case for change (HR consultation process) has been commenced to facilitate the release of resource to ensure appropriate skills mix of staff for phase 1 (i.e., inpatient staffing resource aligned to increasing physio, OT and psychology workforce to support the Home First model). The case for change has been supported by LCH Staffside and HR. During the case for change consultations, feedback from staff has indicated that we need to further review service data and learning from the past year as we plan the proposed inpatient offer with an aim to ensure that resources are utilised effectively to maximise the service offer within phase 1. Further discussions are therefore planned regarding the long-term planning/phasing of the provision of the inpatient bed with the Long-Term Conditions Population Board. Full recruitment and skills mixing will therefore not go ahead until October when the case for change process and outcome is agreed.

Backlog trajectory: Backlog trajectories have been challenging to work through due to data inaccuracy. A significant piece of work has been undertaken to validate LCH waiting lists. All trajectories are beginning to demonstrate a reduction in waiting times now or in the next couple of months, with all waiting lists estimated to align with our new model aspirations of patients being seen within 2-4 weeks if urgent and within 12 weeks if routine (waits have historically been +38 weeks) by early 2023. It was previously agreed that we cannot proceed to phase 1, until waiting lists are reduced and in line with our new ambition for waiting times.

Estates: The service specification for the inpatient bed is being developed with exploration regarding opportunities in the city for the provision of the community neurological rehabilitation inpatient bed. System-wide estates colleagues are also involved in mapping work to consider the future longer term estates options for outpatient CNRS and stroke services (phase 2 onwards).

Performance and data: Significant BI resource to date has been allocated in backlog trajectory work. The next priority for BI and LCH Clinical Systems teams is to ensure accurate clean data is collected to support continued service reporting in line with the new

model/evidence agreed outcomes. Data will also inform and guide future development through the phased approach.

Systems and Processes: Before commencing with phase 1 go live, dedicated resource is needed to revise referral processes and forms and develop patient-initiated follow-up routes/re-referral and self-management tools. Self-management tools and opportunities are currently being mapped by the service with consideration of digital innovation and opportunities to work with the third sector as encouraged by the Scrutiny Board last time we met.

As identified good progress is being made across all work streams, with waiting times improving and the team progressing as much work as possible within existing resource. It is envisaged that phase 1 will formally commence in quarter 4 of 22/23 based on progress as identified above.

In terms of **mitigation**, regular updates have been provided to the Leeds Long Term Conditions Population Board, which includes representation from all system partners, to keep all updated. In addition, we continue to provide patients with the 'interim' model, which is well received.

We do not believe there are patient / health inequality impacts caused by the delay to implementing this new service model. All patients are receiving an offer of care currently, with our personalised home first approach in many ways enhancing access to services, i.e., delivery of care close to home, reduced travelling for patients and the opportunity to identify risks in people's homes, etc.

3. Engagement with people, patients and carers

As identified above, staff engagement has progressed via the Case for Change and formal HR Consultation on the new model. Staff have been engaged with at all stages.

As we have not yet implemented the model and we are not in the position to complete a 'You Said, We Did' report, we have completed a 'You Said, We Heard' report. This is included in **appendix C**. This is available at LCH Neurological Rehabilitation Service (leedscommunityhealthcare.nhs.uk) and has also been shared with the participants of the original engagement via Voluntary Action Leeds (VAL) and has also been shared with patients direct via the service. We continue to keep other stakeholders updated on the service redesign via the Long-Term Conditions Population Board and our governance routes via the West Yorkshire Integrated Care System.

4. Revised implementation plans/ next steps

Our revised implementation plan/next steps are:

- Discussions are planned regarding case for change staff consultation reflections to further review service data and learning from the past year as we plan the proposed inpatient offer with an aim to ensure that resources are utilised effectively to maximise the service offer within phase 1. Further discussions are therefore planned regarding

the long-term planning/phasing of the provision of the inpatient bed with the Long-Term Conditions Population Board during September and October 2022.

- Phased implementation of the new model is expected from during quarter 4, 2022/23, with full details of the model to be made available on the services website following full approval.
- A 'You Said, We Did' report will published at this point outlining the new service model and ongoing satisfaction from the service.

5. Conclusions

5.1. Scrutiny members are asked to acknowledge the positive work and priorities progressed to date despite the challenging climate.

5.2. Scrutiny members are asked to note the revised timescales as documented.

Appendices

Appendix A: Community Neurological Rehabilitation Service Offer Details

Service Offer Within Leeds (prior to COVID-19)	Service Offer in Leeds (as of 1st September 2020) – Interim Offer
• Immediate Occupational Therapy intervention to facilitate earlier discharges from hospitals (patients who have sustained a Traumatic Brain Injury or Neuro Oncology condition) • Multi-disciplinary rehabilitation in a community setting i.e. care homes, leisure centre, community facilities – work place, educational facilities or healthcare settings • Regional inpatient 5 bed unit, based at St. Mary's hospital, provision of multidisciplinary rehabilitation through planned short-stay admissions for those with complex neuro conditions. • Day-unit service for individuals who require more intensive multidisciplinary input than that provided in community settings. • Consultant-led clinics for assessment and management of spasticity. • Out of area referrals accepted (a small number per annum).	• Home First offer • Implementation of new prioritisation criteria • Up to 6 sessions of each profession (as required) over 3 months (extended in cases of risk/safety issues in patient episodes – on an individual basis) • Inpatient unit at St. Mary's not currently open to admissions • Priority patients / those waiting over a year are being prioritised • Pilot of new triaging role • *Spasticity and Review clinics* restarted at St. Mary's Hospital – currently led by medics and only linking with therapists when an urgent/priority therapy need is identified. • All new patients have face-to-face appointments • For review and follow up appointments alternatives to face to face are considered (e.g. phone calls, video calls or face-to-face if required) • *Therapy Clinic* slots available at St. Mary's Hospital where therapists are able to provide interventions that cannot be provided at home e.g. where environment that is not conducive to rehabilitation, or if a patient requires specific equipment. Clinic use is being reviewed as part of service review. • Out of area referrals redirected back to the referrer to explore alternative local services provided within the patients area or advise referral to Leeds Teaching Hospitals NHS Trust.

The Community Neurological Rehabilitation Service (CNRS) delivered by Leeds Community Healthcare NHS Trust has historically the following elements of service provision.

- *Community Neurological Rehabilitation Team (CNRT)* which aims to provide rehabilitation in a community setting. This can include within the home, leisure or community facilities, work place, educational facilities or healthcare

settings. Within this remit, the team offers rehabilitation in order to optimise function, participation, quality of life and enhance independence.

- *Community Neurological Rehabilitation Centre (CNRC)* which is a regional inpatient unit that provides multidisciplinary rehabilitation through planned long-stay admissions (2 week blocks of rehabilitation) for individuals with complex needs due to a neurological condition who are medically stable. Additionally, the inpatient unit also offers a day service for those who require a more intensive input than what is available from the community facilities.

- *Community Neurological Discharge Team (CNDT)* within CNRS. This team has been running since January 2019 providing immediate occupational therapy input on discharge from hospital for patients that have experienced a traumatic brain injury. The team works alongside therapists and medics in Leeds Teaching Hospitals NHS Trust (LTHT) supporting and facilitating earlier discharge from hospital for this cohort of patients. They provide 8 weeks of intervention once the patient leaves hospital supporting the individual to reintegrate into society, return to work, provide rehabilitation and providing advice and support as the patient transitions to home life.

Appendix B: The Options

Option 1: Provide no inpatient beds (exit St Marys), provide a 'home first' core offer for 100% of patients, provide assessment and referral function as-is and continue to provide the as is rapid response function (Community Neurological Discharge Team which is OT only and only provides input to Traumatic Brain Injury patients).

Option 2: Provide 1-5 inpatient beds at St Marys, provide a 'home first' core offer however resources only allow delivery for 50-70% of patients, provide assessment and referral function as-is and cease the as is rapid response function.

Option 3a: Provide 1 inpatient bed, bought in from another provider, with the service providing therapy and nursing rehabilitation into the bed, provide a 'home first' core offer for 100% of patients (however resource means that this will be a limited offer), provide assessment and referral function as-is and continue to provide rapid response function.

Option 3b: Provide 2 inpatient beds, bought in from another provider, with the service providing therapy and nursing rehabilitation, provide a 'home first' core offer 100% of patients (however this will be a significantly limited offer due to the resource available), provide assessment and referral function as-is and no rapid response function.

When considering the development of the options, value for money and cost effectiveness were considered. The options outlined how the service can deliver an efficient and effective service whilst trying to ensure it is accessible to all and is responsive to patients' needs. The options also considered the engagement feedback from patients, carers and stakeholders.

Appendix C: Community Neurological Rehabilitation Redesign, You Said, We Heard

Leeds Health & Care Partnership

	You said	What we are doing	How can you help? (How can patients, carers, members of the public help)
Information	People want better communication whilst waiting to access the service, including length of expected waits and details of the service offer and what people/carers can expect	We will look to improve our communication with people on the waiting list and ensure we use a variety of formats to do that We will provide details of the current service offer, and set expectations regarding elements to be delivered at home / in other community settings	Make sure that the service has your correct contact details and that you have told us the best time and preferred way to get in touch.
	Following discharge, people didn't like the word 'final review' and would like the option of support post discharge	We will not use the word 'final review'. We will ensure that patients and carers are sign posted to voluntary third sector organisations and peer support groups once therapy/treatment has finished for further information and support. Digital tools will also be provided which will help with future self-management	Let us know what a "good discharge" would look like to you. We are always keen to hear feedback as your views and experiences can help shape the service. In addition, any ideas on which support groups/organisations you would find useful are always welcome.

Accessibility	If inpatient rehabilitation is needed people prefer to be seen in local hospital and community settings rather than big general city hospitals	A location/offer for in-patient stays for rehabilitation has not been identified yet, but we will not be looking at a big general city hospital, for provision of this	
	People need to be given a range of options of how to access the service	We want to make the referral process as easy as possible. The referral form will be reviewed to ensure it is accessible and easy to use for health care professionals and that they are aware of the service. For re-referral we will provide you with clear information on how to come back to the service if you need to following discharge.	Talk to the service about the re-referral process once you are discharged and the range of options available. Make sure you keep hold of the information to contact the service if you need to

Quality of service	Carers, friends, and families want to be more involved and would value more flexible visiting times for inpatient stays (if inpatient rehabilitation is needed)	We will look at doing some more engagement around this area to identify specifically what carers, friends and families value about being more involved and how we can improve inpatient stay experience when this is needed.	Help us identify what being involved looks like to you to help shape this.
Equality of access	People from diverse communities need more assurance about what to expect before they arrive for their in-patient stay and / or enter the service	A detailed communication plan around the new service model will be drawn up which will include a variety of forums/formats/languages to ensure it is accessible to all. We will also look at the idea of filming a video of what to expect which can be sent to patients.	Get involved and tell us what you think of our communication plan and help shape what the video could include.

Agenda Item 9

Report author: Steven Courtney

Tel: 0113 3788666

Elective Care Hub – Proposals and Draft Response

Date: 20 September 2022

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

- In August 2022, Leeds Teaching Hospitals NHS Trust provided a briefing note for the Scrutiny Board on proposed changes to endoscopy services at Wharfedale Hospital and how these related to more significant proposals to develop an elective (planned) care hub at Wharfdale. The briefing note is attached.
- Leeds Teaching Hospitals NHS Trust subsequently issued a public statement highlighting its proposals to develop an elective (planned) care hub Wharfedale Hospital and invited views from members of the public and other interested stakeholders.
- The deadline for the submission of responses is 22 September 2022.
- This report provides an opportunity for the Scrutiny Board to agree and submit any specific comments in relation to the Trust's proposals by the 22 September 2022 deadline.

Recommendations

Members are asked to consider the details presented in this report, the associated appendices and agree any specific comments in relation to the Trust's proposals, to be submitted by the 22 September 2022 deadline.

What is this report about?

1 In August 2022, Leeds Teaching Hospitals NHS Trust provided a briefing note for the Scrutiny Board on proposed changes to endoscopy services at Wharfedale Hospital and how these related to more significant proposals to develop an elective (planned) care hub at Wharfdale. The briefing note is attached.

2 Leeds Teaching Hospitals NHS Trust subsequently issued a public statement highlighting its proposals to develop an elective (planned) care hub Wharfedale Hospital and invited views from members of the public and other interested stakeholders.

3 The Trust's release is available here with more details and the option to share specific feedback available here: Proposed Elective Care Hub and impact on the Endoscopy Unit (leedsth.nhs.uk). The closing date for public feedback is Thursday 22 September.

What impact will this proposal have?

4 The details presented in this report and the associated appendices will assist the Scrutiny Board in examining in more detail a specific aspect of health and care services in Leeds, identified by the former Board in 2021/22.

5 This report also assists the Scrutiny Board in its discharge of its health scrutiny functions, a special responsibility delegated to the Scrutiny Board by Council.

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 Board promotes a strategic and outward looking Scrutiny function that focuses on best city objectives. The Scrutiny Board also has special responsibility for discharging the Council's statutory health function, which includes any matters associated with the planning, delivery and operation of local health services.

7 Considering the details within this report and its appendices helps the Scrutiny Board fulfil is responsibilities to discharge its general and specific responsibilities.

What consultation and engagement has taken place?

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

8 The details presented in this report do note form part of any formal public consultation. Nonetheless, in considering the information presented, the Scrutiny Board may wish to consider the levels of involvement and engagement to date.

What are the resource implications?

9 There are no specific resource implications associated with providing these details to the Scrutiny Board. Any proposed recommendations identified by the Scrutiny Board may have resource implications that require a full assessment.

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

10 There is a requirement on the Council's Scrutiny Officer to annually report to Council on how the authority has carried out its overview and scrutiny functions, as set out in Article 6 of the Council's Constitution.

11 Presenting the details within this report and its appendices, supports delivery of the Scrutiny Board's annual work schedule for 2022/23 and will assist in presenting the Scrutiny Annual Report for 2022/23 to Council.

What are the legal implications?

12 There are no specific legal implications associated with report, however any proposed recommendations identified by the Scrutiny Board may have legal implications that require a full assessment.

13 In addition, and more generally, under current legislation, NHS bodies must consult with the appropriate local authorities where there are any proposed substantial developments or variations in the provisions of health services (substantial service reconfiguration) in the area(s) of a local authority under consideration.

14 As such, in considering the information presented in this report and outlined at the meeting, the Scrutiny Board may wish to consider the levels of involvement, engagement and consultation undertaken by the appropriate health and care bodies

Options, timescales and measuring success

What other options were considered?

15 The details in this report and its appendices have been provided as part of the arrangements to keep the Scrutiny Board notified of proposed service changes and developments across Leeds, in line with the framework outlined in the attached briefing note. No other options have been considered.

How will success be measured?

16 The Scrutiny Board is recommended to consider the details presented in this report, the associated appendices and discussed at the meeting, and agree any specific comments in relation to the Trust's proposals, to be submitted by the 22 September 2022 deadline.

17 There is also a requirement on the Council's Scrutiny Officer to annually report to Council on how the authority has carried out its overview and scrutiny functions, as set out in Article 6 of the Council's Constitution.

What is the timetable and who will be responsible for implementation?

18 The details in this report the associated appendices and discussed at the meeting, present factual information in relation to proposed changes to endoscopy services at Wharfedale Hospital and how these related to more significant proposals to develop an elective (planned) care hub at Wharfdale. As such, there are no associated implementation requirements at this stage.

19 Any further activities and/or proposed recommendations identified by the Scrutiny Board may require a full assessment prior to implementation.

Appendices

- Appendix 1 – LTHT briefing note on Endoscopy Services at Wharfedale Hospital, including how proposed changes related to more significant proposals to develop an elective (planned) care hub at Wharfdale.

Background papers

- None

Leeds Teaching Hospitals
Briefing Note on Endoscopy Services at Wharfedale Hospital

Background

The Endoscopy service at Wharfedale Hospital is a relatively small – but well thought of – service that cares for a relatively small number of patients (who aren't all exclusively from Otley area post code). As a diagnostic service, patients do not attend the Endoscopy service at Wharfedale Hospital on an ongoing or regular basis.

The Endoscopy service is and will continue to be provided at LTHT's other main hospital sites LGI and SJUH. The locations of the main sites have good road / bus and train connectivity and are therefore accessible for patients requiring the endoscopy service.

LTHT's Planned Care Programme

As part of the Planned Care Programme to support both elective care recovery and a sustainable long-term solution for elective care the proposal is the development at Wharfedale hospital of two new theatres, a recovery area and making an existing ward 24 x 7 (initially 24 x 5.5 days), forming an elective care hub. The developments at Wharfedale will require changes to existing services with some decants required, which will be delivered either through service reconfigurations, utilisation of their existing estate at other locations or re-provision of their estate.

The proposed development of Wharfedale Hospital outlined above, demonstrates the Trusts vision of maintaining Wharfedale Hospital as an important and integral part of its hospital estate and delivering patient care.

Summary of Proposed Change

This main change is the impact on the endoscopy service as noted below:

- The estate area occupied by endoscopy will be required to build the new theatres
- To enable the work to start the estate needs to be available from January 2023. The endoscopy services provided at Wharfedale Hospital will need to cease at this time
- Patient activity will be maintained by the utilisation of existing service / estate provision at SJUH/LGI.
- Staff within the endoscopy unit will be directly affected and will be encouraged to relocate to continue to work within the service at another location (SJUH/LGI). 17 staff members (12.8 WTE) are affected.
- Where staff may have other individual preferences / requirements LTHT will support staff with redeployment opportunities within Wharfedale Hospital or other suitable locations.

The Endoscopy service will continue to be provided at LTHT's other main hospital sites, LGI and SJUH and no redundancies are expected as part of this change.

Staff involvement and engagement

Since communicating with the teams across Wharfedale Hospital regarding this proposal and the potential requirement for staff to consider other working arrangements, e.g. moving to SJUH or LGI, some staff members within the endoscopy team have chosen to seek alternative employment.

The number of substantive staff remaining at Wharfedale does not allow for safe staffing of the two endoscopy suites and the decision was made in discussion with the team for the staff members to work at LGI whilst this is the case.

In addition, staff have been keen for the formal staff consultation process to start as soon as possible despite the precise timescale of the elective care hub work currently being unconfirmed.

Formal staff consultation started on Monday 8 August and closes on Friday 16 September. Two options are being put to staff:

- **Option 1** - Run the endoscopy service at Wharfedale in the lead up to development works
- **Option 2** - In anticipation of the closure and due to difficulty staffing the Wharfedale unit, transition the endoscopy services to the SJUH/LGI footprint

The Trust's **preferred option is Option 2.**

The decision to start formal staff consultation has primarily been driven to eliminate uncertainty around the service closure and possible changing dates of building work which could consequently leave staff members in a state of 'limbo'.

Public and stakeholder engagement

The Trust has identified the need for urgent public engagement and, in consultation with the Leeds Office of the Integrated Care Board (ICB), the Trust is proposing relatively low level / routine activity to provide information about the change to endoscopy in the context of the Planned Care Programme, the £10m investment in Wharfedale Hospital and the overall, wider benefits.

As part of this engagement activity the Trust is building in an opportunity for feedback on any issues/thoughts, however given the details outlined above the Trust is not seeking views on whether or not the unit should close and activity transfer to the Trusts other main sites.

The engagement will involve face-to face information stands at Wharfedale Hospital, stakeholder briefings, a media release, social media posts and website information.

Scrutiny Board involvement

Based on the assessment framework for Scrutiny Board involvement (below), **the Trust is advising the Board of the proposals for the endoscopy service, outlined in this briefing note**.

Assessment framework for proposed service changes / reconfigurations.

DEGREE OF PROPOSED SERVICE CHANGE / VARIATION	SCRUTINY INVOLVEMENT
Category 4 – Substantial or Major variation or development Introduction of a new service, proposed service reconfiguration – changing how/where and when large scale services are delivered.	**CONSULT (RED)**
Category 3 – Significant variation or development Change in demand for specific services or modernisation of services, changing provider of existing service, pathway redesign impacting on a wide range of people	**ENGAGE (ORANGE)**
Category 2 – minor change Proposals made based on routine patient/ service user feedback or activity, proposal to extend or reduce opening hours	**ADVISE (YELLOW)**
Category 1 – ongoing operational change Identified need for modernisation with no / minimal impact on how, where and when patients access services. Changes to support / administration services and other non-patient facing parts of a pathway.	**INFORM (GREEN)**

Paul Widdowfield, Head of Communications
Leeds Teaching Hospitals NHS Trust

August 2022

Agenda Item 10

Report author: Steven Courtney

Tel: 0113 3788666

Local Authority Health Scrutiny – additional guidance

Date: 20 September 2022

Report of: Head of Democratic Services

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

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

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

What is this report about?

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

- At its meeting in June 2022, the Scrutiny Board was made aware of some of the specific health scrutiny implications arising from the Health and Care Act 2022, and likely impact on the future work of the Scrutiny Board.
- It was also outlined that further guidance around the implementation of the Health and Care Act 2022, and the associated working arrangements, was expected and a commitment given to keep the Board updated with further developments as they progressed.
- In late July 2022, the Department of Health and Social Care (DHSC) published a range of guidance notes, including guidance on health scrutiny principles.
- In advance of the statutory guidance on the Secretary of State's new powers in relation to service reconfigurations, the guidance sets out expectations on how integrated care boards (ICBs), integrated care partnerships (ICPs) and local authority health overview and scrutiny committee (HOSC) arrangements will work together to ensure that new statutory system-level bodies are locally accountable to their communities. This report highlights some of the main features from that guidance.
- This report also identifies a range of other, additional guidance issued at that time of publishing details on health scrutiny principles:

Recommendations

The Scrutiny Board (Adults, Health and Active Lifestyles) is recommended to:

(1) Note the content of this report, the guidance on health scrutiny principles and its main features, in particular:

a. The confirmed, and continuing role of local authority health scrutiny as part of the changing landscape of Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs).
b. The benefits of effective and proactive local authority health scrutiny arrangements.
c. The guiding principles to help ensure the delivery of the benefits of effective and proactive local authority health scrutiny arrangements.

d. Confirmation that the design of new models of integrated care and support being introduced through the Health and Care Act 2022 will inevitably lead to changes in how and where services are provided.
e. The need to ensure balance between maintaining oversight of the effectiveness of ICB-level plans and strategies (currently undertaken through the West Yorkshire Joint Health Overview and Scrutiny Committee) and local place-based scrutiny activity.
f. The timeliness for reviewing the terms of reference for the discretionary West Yorkshire Joint Health Overview and Scrutiny Committee, subject to the necessary decision-making arrangements of the constituent local authorities, and any supporting processes and protocols.

(2) Request that further details and local implications associated with the other Department of Health and Social Care guidance, highlighted in this report, be incorporated into the update on the local Integrated Care Board, currently scheduled for the Board's October meeting.

Why is the proposal being put forward?

1. The Scrutiny Board (Adults, Health and Active Lifestyles) has been assigned to fulfil the council's statutory health scrutiny function and this report builds on previously provided information and guidance to assist the Board in undertaking this specific role.

2. At its meeting in June 2022, the Scrutiny Board was made aware of some of the specific health scrutiny implications arising from the Health and Care Act 2022, and likely impact on the future work of the Scrutiny Board.

3. It was also outlined that further guidance around the implementation of the Health and Care Act 2022, and the associated working arrangements, was expected and a commitment given to keep the Board updated with further developments as they progressed.

4. In late July 2022, the Department of Health and Social Care (DHSC) published a range of guidance notes, including guidance on health scrutiny principles. This report highlights some of the main features from that guidance.

5. This report also identifies a range of other, additional guidance issued at that time of publishing details on health scrutiny principles

Health Overview and Scrutiny Principles

6. On 29 July 2022, the Department of Health and Social Care (DHSC) published a range of guidance notes, including guidance on health scrutiny principles, that in advance of the statutory guidance on the Secretary of State's new powers in relation to service reconfigurations, sets out expectations on how integrated care boards (ICBs), integrated care partnerships (ICPs) and local authority health overview and scrutiny committee (HOSC) arrangements will work together to ensure that new statutory system-level bodies are locally accountable to their communities.

7. The guidance is aimed at a broad range of key stakeholders, specifically highlighting that, '*Leaders from across health and social care should use these principles to understand the importance of oversight and scrutiny in creating better outcomes for patients and service users and ensure that they are accountable to local communities.*'

8. The new guidance references the 'Local Authority Health Scrutiny' (June 2014) guidance and confirms this guidance will continue to apply, although the formal statutory route for local authorities to report to the Secretary of State (power of referral) will be removed when the new reconfiguration provisions in the Health and Care Act 2022 take effect. The 2014 guidance was presented to the Board at its meeting in June 2022, alongside notification that the 'power of referral' would cease once the operating arrangements for the Secretary of State's intervention powers had been established and formalised, with the accompanying guidance.

9. Other powers of the Health Overview and Scrutiny Committees (HOSCs) are largely unaffected by the Health and Care Act 2022. The guidance emphasises this and summarises the powers – which are reflected in the Scrutiny Board's Terms of Reference that were presented and confirmed to the Board in June 2022.

Benefits of proactive and constructive scrutiny

10. The guidance confirms the ongoing role of health scrutiny (alongside health and wellbeing boards (HWBs) and the local Healthwatch) within the new landscape of ICBs and ICPs,

and re-emphasises the following benefits of proactive and constructive scrutiny for all stakeholders:

- Delivering better outcomes for local people and communities; the people who represent them, and the commissioners and providers of local health and care services.
- Offering opportunities for local people and their elected representatives to contribute to and comment on the local priorities for improving health and care services and outcomes.
- Providing a voice to local people and communities on the quality, safety, accessibility and effectiveness of local health and care services.
- Assuring locally elected members and the public that health and care services are safe and effective, address local health priorities and reduce health inequalities.
- Helping health and care providers and commissioners gain insight into the health needs and concerns of particular groups and communities – including those seldom heard.
- Enabling health and care providers and commissioners to more effectively develop new services and care pathways to address local health priorities.

Framework for being effective, focused and adding value

11. To help ensure scrutiny work is effective, focused and adds value, the guidance recommends that, as well as being informed by other partners in the local health and care system, individual HOSCs develop a framework based on the assessment of risks, effects and impacts. For example:

    - Risks, effects and impacts to individual populations
    - Risks, effects and impacts to the whole local population
    - Support and input from local health colleagues

12. Currently in Leeds, all Scrutiny Boards determine and manage their own work schedule for the municipal year. Work schedules are largely informed by initial discussions with key partners at the beginning of each municipal year – including relevant Executive Members, Directors and local NHS bodies (commissioners and providers). There is also ongoing dialogue with Healthwatch Leeds – which is also represented on the Scrutiny Board through a non-voting co-opted member appointment.

13. Nonetheless, work schedules are not fixed and can be adapted and changed (in-year) to reflect any new and emerging issues that may be identified, while also reflecting any timetabling issues that might occur from time to time.

Implications of the Health and Care Act 2022

14. Perhaps for the first time, the guidance very clearly states the design of new models of integrated care and support being introduced through the Health and Care Act 2022 will inevitably lead to changes in how and where services are provided.

15. Alongside this, the guidance highlights the invaluable role of HOSCs in scrutinising the impact and effectiveness of integration on local health services and outcomes – during the initial transition and implementation of ICBs and ICPs, and beyond.

16. The Scrutiny Board will play a valuable role in improving the evidence base for decisions about integration and in holding to account all partners about the level of local ambition to improve health and integrate services in ways that benefit service users and the wider public. The Scrutiny Board will continue to have a role in ensuring the views of local people are fully reflected in the consideration of any proposals.

Five key principles

17. The guidance also sets out five key principles, aimed at ensuring the benefits of effective scrutiny are realised. The principles are outlined below:

- Outcome Focused – exploring and considering the complexities of health and wellbeing and help to evaluate the planning, delivery and reconfiguration of health and care services.
- Balanced – striking a balance between being future focused and reactive to emerging issues and concerns.
- Inclusive – the primary aim of health scrutiny is to strengthen the voice of local people and provide local accountability. Ensuring local people's needs and experiences are considered as an integral part of the commissioning and delivery of health services, and that those services are effective and safe.
- Collaborative – ensuring details of the future decisions and issues to be scrutinised are informed by communities, providers and planners of health and care services. Working collaboratively with all local partners and stakeholders and other local authorities on cross-boundary matters (on a discretionary and mandatory basis, as required).
- Evidence Informed – ensuring evidence is sound and robust, while also ensuring no voice is left unheard or evidence overlooked.

18. It should be noted that these principles are provided for all stakeholders and not solely aimed at Health Overview and Scrutiny Committees. The principles need to be embedded in the overall approach to health scrutiny, which requires the collaboration and cooperation of all partners and stakeholders.

Joint Health Scrutiny

19. The guidance highlights that under the new structure of ICBs and ICPs, there will be a need for scrutiny of health services and outcomes at a local place-based level, as well as more strategic scrutiny of health services and system-level outcomes. Both levels of scrutiny are important; and as such an appropriate balance between both levels of scrutiny should be maintained. Establishing joint health overview and scrutiny committees (JHOSCs) where appropriate and necessary will continue to be a necessary feature of the new arrangements.

20. It is likely that both discretionary and mandatory JHOSC arrangements will need to operate from time-to-time. Such arrangements may also include the involvement of local authorities on the boundaries of ICBs – primarily due to patient flow – i.e. how and where patients access services.

21. Across West Yorkshire, there are recent examples where JHOSC arrangements have been established on both a discretionary and mandatory basis.

Discretionary arrangements

22. In November 2014, the chairs of the five West Yorkshire Councils health overview and scrutiny committees agreed to pursue establishing a discretionary joint health overview and scrutiny committee and in November 2015, Leeds City Council agreed to join other West Yorkshire authorities in making joint arrangements and approving terms of reference for a discretionary West Yorkshire Joint Health Overview and Scrutiny Committee (JHOSC). This discretionary joint committee continues to meet periodically, and the original terms of reference remain in place. These details were presented to the Scrutiny Board at its meeting in June 2022.

23. While the comments on the ongoing role of place-based Health Overview and Scrutiny Committees, the new guidance also notes the likelihood for an increasing level of collaboration through discretionary JHOSCs, to oversee and maintain oversight of the effectiveness of ICB-level plans and strategies. The guidance sets out an evolving landscape and highlights the need for joint protocols for identifying priorities and developing forward plans.

24. Given the formalisation of ICBs and ICPs through the Health and Care Act 2022, it is perhaps timely to consider reviewing and, where appropriate, revising the terms of reference for the discretionary West Yorkshire Joint Health Overview and Scrutiny Committee, subject to the necessary decision-making arrangements of the constituent local authorities.

25. It would also seem timely to consider current working arrangements and the need for any joint protocols – as suggested by the new guidance – to help ensure an appropriate and proportionate balance between maintaining oversight of the effectiveness of ICB-level plans and strategies and local place-based scrutiny activity.

Mandatory arrangements

26. Under Regulation 30 of the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, local authorities must appoint a joint health overview and scrutiny committee where a relevant NHS body or health service provider consults more than one local authority health scrutiny function about substantial reconfiguration proposals.

27. In late 2019, a mandatory North and West Yorkshire Joint Health Overview and Scrutiny Committee (JHOSC) was established to consider proposed changes to vascular services across West Yorkshire. Due to patient flow, the proposed changes also impacted on some residents across North Yorkshire – hence the involvement of North Yorkshire County Council in the mandatory arrangements.

28. The guidance recognises the significant effort and time that may be necessary to establish mandatory JHOSC arrangements, and therefore identifies the need for NHS commissioners and provides to actively engage and involve all local authorities likely to be impacted by any substantial reconfiguration proposals that are under consideration.

29. Early engagement is likely to be beneficial to all parties and will help to identify the likely timescales necessary to establish any mandatory arrangements.

30. In the event of any future substantial reconfiguration proposals where those impacts are likely to be contained within the boundaries of the West Yorkshire ICB, consideration should be given to what extent provision to act as a mandatory JHOSC can be incorporated into the terms of reference of the West Yorkshire discretionary JHOSC.

31. If permissible, such arrangements are likely to reduce the time and resources required to establish such mandatory arrangements on and ad-hoc basis.

Other guidance

32. In addition to issuing the guidance on health overview and scrutiny committee principles, the Department of Health and Social Care also published the following range of guidance

associated with the implementation of the Health and Care Act 2022 and the associated working arrangements:

- Guidance on the preparation of integrated care strategies - GOV.UK (www.gov.uk)
- Health and wellbeing boards: draft guidance for engagement - GOV.UK (www.gov.uk)
- Adult social care principles for integrated care partnerships - GOV.UK (www.gov.uk)
- Expected ways of working between integrated care providers and adult social care providers - GOV.UK (www.gov.uk)

33. It is recommended that the Board requests further details, including local implications associated with the above additional guidance, is incorporated into the update on the local Integrated Care Board, currently scheduled for the Board's October meeting.

What impact will this proposal have?

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

34. This report presents information and guidance to assist the Scrutiny Board (Adults, Health and Active Lifestyles) in undertaking its specific health scrutiny role.

What consultation and engagement has taken place?

35. This report sets out recently published guidance that relates to the implementation of the Health and Care Act 2022, specifically in relation to the discharge of local authority health scrutiny functions. In presenting these details, it provides an opportunity for members of the Scrutiny Board to express a view on the guidance and its application locally.

What are the resource implications?

36. This report has no specific resource implications.

What are the legal implications?

37. The Scrutiny Board (Adults, Health and Active Lifestyles) has been allocated special responsibility to fulfil the council's statutory health scrutiny function and this report presents further information and guidance to assist the Board in undertaking this specific role.

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

38. This report sets out recently published guidance that relates to the implementation of the Health and Care Act 2022, specifically in relation to the discharge of local authority health scrutiny functions. In presenting and seeking members views on these details, it mitigates the risks of local health overview and scrutiny arrangements not being aligned to the latest guidance.

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

☐ Inclusive Growth ☒ Health and Wellbeing ☐ Climate Emergency

39. Health scrutiny remains an integral part of the Leeds' evolving local health and care system, shaped by the introduction of the Health and Care Act 2022 and the establishment of Integrated Care Boards (ICBs) and Integrated Care Partnerships (ICPs).

40. As part of Leeds' local health and care system, the Scrutiny Board and its activities should remain outcome focused and consider cross-cutting issues, including general health improvement, wellbeing and how well health inequalities are being addressed, as well as specific treatment services, in line with the new guidance presented and detailed in this report.

Appendices

41. None.

Background papers

42. None.

Agenda Item 11

Report author: Steven Courtney

Tel: 0113 37 88666

Work Schedule

Date: 20 September 2022

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. Rather, the work schedule 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 timetabling 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 reflect the requirement ' *to review how and to what effect consideration has been given to the impact of a service or policy on all equality areas, as set out in the Council's Equality and Diversity Scheme*'.

- The latest iteration of the Board's work schedule for 2022/23 is appended to this report for the Board's consideration.

Recommendations

Members are requested to:

(1) Consider and comment on the latest iteration of the Scrutiny Board's work schedule for the 2022/23 municipal year.
(2) Note the update provided regarding the timing of the Board's consideration of matters associated with access to dental services.
(3) Specifically consider and agree the outline scope for matters scheduled for the Board's meeting in November 2022.
(4) Agree to the proposed approach for scoping the Board's proposed enquiry around mental health.
(5) Note the update provided in relation to the recently published guidance arising from the Health and Care Act 2022.
(6) Note the Executive Board minutes from the meeting held on 27 July 2022, insofar as they relate to the remit of the Scrutiny Board; and consider any matter where specific scrutiny activity may also be warranted.

What is this report about?

1 At the Scrutiny Board's initial meeting on 21 June 2022, Members were presented with a draft work schedule for the current municipal year, which reflected known items of scrutiny activity, such as performance and budget monitoring, as well as other areas of work recommended by the former Scrutiny Board to be pursued during the 2022/23 municipal year.

2 Other potential areas of interest were also raised during the initial meeting, with an analysis of those matters, alongside additional potential matters highlighted from other sources, presented to the Consultative Board meeting in July 2022. This analysis is now presented at Appendix 1.

3 An updated version of the Board's work schedule for 2022/23 is also set out in Appendix 2 for the Board's consideration. There will be an opportunity to discuss these details in greater depth during the meeting.

4 Feedback on the Boards draft work schedule was sought ahead of July's Consultative Committee meeting – with no comments or advice received. No additional advice and/or comments have been received.

5 The Executive Board minutes from the meeting held on 27 July 2022 are also attached at Appendix 3. 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

6 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.

7 The above working principals have been taken into account when undertaking the analysis of potential work areas, which in turn is reflected in the draft work schedule appended to this report.

8 It should be noted that in order to deliver the work schedule, the Board may need to take a flexible approach and undertake activities outside the formal schedule of meetings – such as working groups and site visits, where necessary and appropriate.

9 These approaches are reflected in the draft work schedule appended to this report. However, it should be noted that the work schedule remains a live document and this flexible approach may require further refinement, which may include additional formal meetings of the Scrutiny Board.

Developments to the work schedule

Dentistry

10 Provision of dentistry and access to dental services in Leeds remains a specific priority for the Board. This includes following up on the Boards previous recommendations and responding to the growing level of public concern around accessing NHS dental services. This includes access to orthodontic services for children, that have recently been subject to re-procurement by NHS England. Concerns regarding these services, including access, have been highlighted and drawn to the attention of the Scrutiny Board by Healthwatch Leeds.

11 In April 2023, responsibility for commissioning dental services is due to transfer from NHS England to respective Integrated Care Boards across England. For Leeds, this means that from April 2023, it is expected that dental services will be commissioned by the West Yorkshire Integrated Care Board.

12 Representatives from NHS England and West Yorkshire Integrated Care Board were invited to attend the September meeting of the Scrutiny Board to discuss dental provision, access to services and the other matters identified above. However, partly due to the availability of key representatives, but also the significant time that Board members are likely to need to sufficiently consider the information and responses provided, alternative dates for an additional, formal meeting of the Board are being actively explored at the time of writing this report. Any further details will be shared with members of the Board as soon as possible, and an update will be provided at the meeting.

Preparations for November's Board meeting

13 As outlined in the work schedule appended to this report, the Board's November meeting is dedicated to considering two 'whole system' matters – associated with waiting lists / times and workforce strategy. In order to continue with preparations for that meeting and to help confirm the information to be presented and considered by the Board, the following draft scope is presented for the Boards consideration and agreement:

<u>Workforce Strategy</u>

- A summary of the overall workforce challenges– including workforce diversity and staff wellbeing – plans to address those challenges, and what success looks like.
- An outline of the impact of COVID on workforce challenges – highlighting where challenges have been exacerbated and/or where any new challenges have emerged as a result of COVID – plans to address those challenges, and what success looks like.
- Any examples of progress/ success – and how these have impacted services and patient care.
- Any examples where progress is not progressing as planned – and the approach to identifying and implementing mitigating actions.
- Clarity about the relationship and interdependencies within the Leeds health and care system; but also within the West Yorkshire ICB, neighbouring ICBs and nationally.
- Details of any actions that are needed to happen outside of the Leeds health and care system that are critical to the success of our plans.
- The role of the Leeds Academic Health Partnership in developing plans and monitoring progress and performance.

<u>Waiting lists/ times</u>

- Confirmation of the waiting list / waiting times across Leeds Teaching Hospitals NHS Trust (LTHT), Leeds Community Healthcare NHS Trust (LCH) and Leeds and York Partnerships NHS Foundation Trust (LYPFT) – including details of 52+ week waits and 104+ week waits.
- Analysis of capacity issues associated with backlogs created during COVID and from higher referrals rates
- Impacts on primary care and social care
- How system working is impacting on addressing waiting lists/ times across Leeds

- Recent progress in addressing waiting lists/ times across the Leeds health and care system.
- Plans for addressing waiting lists/ times in the short, medium and longer term across LTHT, LCH and LYPFT, including risks and mitigations across those plans
- Governance arrangements for monitoring and reporting progress.

Mental Health Inquiry

14 The Scrutiny Board has previously considered a range of different aspects of mental health service provision.

15 During 2019/20, this included Improving Access to Psychological Therapies (IAPT) provision, mental health services for adults and older people in Wetherby; and the development of the Leeds Mental Wellbeing Service (delivered by Leeds Community Health NHS Trust (LCH)).

16 Previously, the Board has also considered provision of Children's Mental Health Services (CAMHS) and access to autism assessments and services.

17 At the Scrutiny Board's initial meeting of 2022/23, held in June, responding to people's mental health needs was one of the themes identified by the Board – with the following areas specifically highlighted as potential areas of inquiry:
- Responding to and managing increases and changes in demand for mental health services – specifically adolescent eating disorders and primary care referrals
- Specific neurodiversity mental health pathways
- Children's Mental Health – specifically in relation to Autism and ADHD

18 To provide some overall context, it should be noted that the **Leeds Mental Health Strategy (2020-2025)** was approved by the Health and Wellbeing Board in February 2020. The strategy is an all-age strategy that covers how partners across Leeds Health and Care system plan to improve mental health and wellbeing from conception through to end of life. It also makes clear the connection and contribution other policy areas, such as housing or community safety, make towards people having good mental health. The Leeds Mental Health Strategy (2020-2025) has eight priorities and when considered by the Health and Wellbeing Board in February 2020, it was presented alongside a draft mental health delivery plan.

19 Earlier in 2022, an update to the Leeds Mental Health Strategy (2020-2025) saw the addition of three further workstreams, the first of which focuses on COVID-19 recovery – in recognition of the pandemic having significantly worsened mental health and wellbeing for many people. Details of the mental health strategy priorities and workstreams are available on the Leeds Health and Care Partnership website here.

20 In addition, the Future in Mind Strategy (2021-2026) is a Leeds plan that explains how different organisations and people are working together to improve mental health and emotional health for young people.

21 The details outlined above demonstrate the significant breadth of mental health as a specific topic for consideration by the Scrutiny Board. As such, it is proposed to hold an initial workshop to help enable the Board to explore the overall position of mental health service provision in Leeds, understand how those services are performing and what plans/ actions for improvement are currently in place. The aim of this workshop being to identify and scope specific areas of inquiry for the Board, while avoiding unnecessary duplication across other plans that might already be in place.

What impact will this proposal have?

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

23 Article 6 of the Council's Constitution includes a requirement for the Council's Scrutiny Officer to annually report to Council on how the authority has carried out and discharged its overview and scrutiny functions, The Boards work schedule will contribute to and support this requirement.

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

☒ Health and Wellbeing ☒ Inclusive Growth ☒ Zero Carbon

24 The terms of reference of the Scrutiny Boards promote a strategic and outward looking Scrutiny function that focuses on the Best City Ambition.

What consultation and engagement has taken place?

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

25 The Vision for Scrutiny states that Scrutiny Boards should seek the advice of the Scrutiny officer, the relevant Director(s) and Executive Member(s) about available resources prior to agreeing items of work. Relevant Directors and Executive Members were actively engaged in the initial meeting of the Board when considering sources of work and priorities for the Scrutiny Board for the current municipal year.

What are the resource implications?

26 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.

27 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.

28 Consequently, when establishing their work programmes Scrutiny Boards should:

- Seek the advice of the Scrutiny officer, relevant Directors and Executive Members about available resources;
- Avoid duplication by having a full appreciation of any existing forums already having oversight of, or monitoring a particular issue;
- Ensure any Scrutiny undertaken has clarity and focus of purpose and will add value and can be delivered within an agreed time frame.

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

29 There are no direct risk management implications associated with this report**.**

What are the legal implications?

30 There are no specific legal implications associated with this report.

Appendices

- Appendix 1 – Analysis of potential work areas
- Appendix 2 – Latest work schedule of the Adults, Health and Active Lifestyles Scrutiny Board for the current municipal year, 2022/23.

- Appendix 3 – Draft minutes of the Executive Board meeting held on 27 July 2022.

Background papers

- None.

APPENDIX 1

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)
POTENTIAL WORK SOURCES FOR 2022/23 – ANALYSIS

Potential work sources	Comments / suggested approach
1) Continued oversight of the Integrated Care System development and progression.	Included in the previous draft work schedule with updates in October 2022 and March 2023[1].
2) Impact of the cost of living crisis.	Suggested activity / area of consideration for the West Yorkshire Joint Health Overview and Scrutiny Committee.
3) The health and housing breakthrough project linked to the Best City Ambitions.	Work being undertaken elsewhere. Progress to be included as part of performance reporting arrangements – next report January 2023
4) Health inequalities – including a specific focus on gypsy and travellers' health outcomes	Work being undertaken elsewhere. Progress to be included as part of performance reporting arrangements – next report January 2023
5) Implications of the commitment to Leeds becoming a Marmot city.	Consider in October 2022.
6) Exploring barriers to accessing the Council's Leisure Centres.	Consider outcomes of the work undertaken: Timing to be discussed with Head of Active Leeds
7) Social Care reform – fair cost of care reform.	Board briefing session/ consultative meeting: Timing to be discussed with Director of Adults & Health
8) Social Care reform – charging reforms.	Board briefing session/ consultative meeting: Timing to be discussed with Director of Adults & Health
9) Social Care reform – re-introduction of the Adult Social Care inspection regime	Board briefing session/ consultative meeting: Timing to be discussed with Director of Adults & Health
10) Introduction of the Liberty Protection Safeguards.	Included in the previous draft work schedule. Rescheduled to Feb 2023 to reflect Director advice.
11) Health impact of climate change.	*Plan for consideration in 2023/24.*
12) Learning from COVID and the Council's long-term trusted relationship with its communities	Consider in March 2023.
13) Elective (planned) care recovery within health services – waiting lists and waiting times	Report on waiting lists and waiting times to include whole system impacts across primary, secondary and tertiary care. To include ambulance response and waiting times. Provisionally scheduled for November 2022.[2]
14) Non-elective (emergency) care and patient flow	Included in (13) above.

[1] *National Audit Office (NAO) will report in Autumn 2022 on the progress made in establishing Integrated Care Systems across England, which may be helpful for the Board to consider. Details available here*

[2] *National Audit Office (NAO) report on national arrangements due in Autumn 2022, which may be helpful for the Board to consider. Details available here*

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)
POTENTIAL WORK SOURCES FOR 2022/23 – ANALYSIS

Potential work sources	Comments / suggested approach
15) LTHTs new hospitals programme	Receive updates as and when required. May include additional working group / consultative meeting(s).
16) Responding to and managing increases and changes in demand for mental health services – for example adolescent eating disorders and primary care referrals.	Inquiry area: Scope and terms of reference to be considered in September 2022.[3]
17) Workforce Strategy – including workforce challenges, wellbeing and diversity	Separate report item, to be considered in Nov. 2022 to coincide with the waiting lists item detailed at (13) above.
18) The role of health estate and investment in estate in providing the right care in the right place for patients	*Not a specific priority for the Board during the current year.*
19) Health equity in physical and mental health	Consider inclusion within the mental health inquiry area – detailed in (16) above
20) Targeted accessibility to mental health services	Consider inclusion within the mental health inquiry area – detailed in (16) above
21) Using patient experience within services	Incorporate how the patient / service user voice is informing the development of services when reporting developments to the Scrutiny Board.
22) Capacity and access to GP services and the relationship between primary and specialist (secondary) care services	Include as part of the waiting lists/ times whole system report – detailed in (13) above. Include as a specific/ targeted aspect within the mental health inquiry area – detailed in (16) above.
23) Service access criteria and expedite letters	Working group consideration of existing practice and impacts across primary and secondary care. Suggested timing September 2022.
24) The Council's Physical Ambition	Include with (6) above and how overcoming barriers can help achieve the Council's Physical Ambition.
25) Active travel	*Not a specific priority for the Board during the current year.*
26) Engagement with the Care Quality Commission as the health and care regulator	Consider as part of Social Care reform – re-introduction of the Adult Social Care inspection regime (ref.(9) above)
27) Focusing on specific areas of influence and outcomes	Reflected in general work schedule approach.
28) Supporting people to maintain a healthy diet and healthy weight	Consider outcome of partnership discussions following 2022/23 budget decisions in December 2022 (working group)

[3] *National Audit Office (NAO) will report on whether the government has achieved value for money in its efforts to date to expand and improve NHS-funded mental health services in Spring 2023. This may be helpful for the Board to consider. Details available here*

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)
POTENTIAL WORK SOURCES FOR 2022/23 – ANALYSIS

Potential work sources	Comments / suggested approach
29) Specific neurodiversity mental health pathways	Consider inclusion within the mental health inquiry area – detailed in (16) above
30) Primary Care Access	Include as part of the waiting lists/ times whole system report – detailed in (13) above.
31) Children's Mental Health – specifically in relation to Autism and ADHD	Consider inclusion within the mental health inquiry area – detailed in (16) above
32) Intermediate Care transformation	Included in the previous draft work schedule with workshop provisionally identified for October 2022.
33) Development of Urgent Treatment Centres (post pandemic)	Health Service Developments Working Group. Timing to be determined.
34) Scrutiny into waiting lists – whilst LCH does not have the high profile waits acute trusts have, LCH does have capacity issues associated with backlogs created during COVID and from higher referrals rates	Included in (13) above.
35) New developments in community services particularly around the Enhanced Community Response (including a 2hr target to respond to people in crisis in their own home), the Virtual wards and the remote monitoring clinical hub	Health Service Developments Working Group. Timing to be determined.
36) LCH's newly launched Children's Strategy	Briefing session for the Board as part of a Health Service Developments Working Group. Timing to be determined.
37) A whole system consideration of the impact of fuel and cost of living increases on health – people being unable to stay warm, to eat well etc	Included in (2) above.
38) Consultation on refreshed Leeds Health and Wellbeing Strategy to be launched in April 2023.	Link to Marmot City ambitions identified in (5) above. Consider in October 2022.
39) Innovation in health and care in Leeds	Report in March 2023.

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APPENDIX 1

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)
Work Schedule for 2022/2023 Municipal Year

June 2022	July 2022	August 2022
Meeting Agenda for 21/06/22 at 1.30 pm. Council and democracy (leeds.gov.uk)	**Meeting Agenda for 19/07/22 at 1.30 pm.** Council and democracy (leeds.gov.uk)	**No Scrutiny Board meeting scheduled**
Scrutiny Board Terms of Reference and Sources of Work (DB) Performance Update (PM)	**CONSULTATIVE MEETING** Maternal health provision in Leeds (PSR) Review of visiting policies and patient advocacy within local healthcare settings and care homes (PSR)	
Working Group Meetings		
Site Visits / Other		

DRAFT

Scrutiny Work Items Key:

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

APPENDIX 1

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)
Work Schedule for 2022/2023 Municipal Year

September 2022	October 2022	November 2022
Meeting Agenda for 20/09/22 at 1.30 pm. Council and democracy (leeds.gov.uk)	**Meeting Agenda for 18/10/22 at 1.30 pm.** Council and democracy (leeds.gov.uk)	**Meeting Agenda for 22/11/22 at 1.30 pm.** Council and democracy (leeds.gov.uk)
Access to local NHS dental services – update (PSR) Leeds Stroke Vision and Priorities - update (PDS) Community neurological rehabilitation service – update (PSR)	Update on the local Integrated Care System (PSR) Implications of the commitment to Leeds becoming a Marmot city (PSR) Consultation on refreshed Leeds Health and Wellbeing Strategy to be launched in April 2023 (C)	Whole system impacts report on waiting lists and waiting times (PSR).[1] Whole system report on workforce strategy – including workforce challenges, wellbeing and diversity (PSR)
Working Group Meetings		
	Intermediate Care Transformation (PSR) – *date to be confirmed*	
Site Visits / Other		

DRAFT

[1] *National Audit Office (NAO) report on national arrangements due in Autumn 2022, which may be helpful for the Board to consider. Details available here*

Scrutiny Work Items Key:

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

APPENDIX 1

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)
Work Schedule for 2022/2023 Municipal Year

December 2022	January 2023	February 2023
No Scrutiny Board meeting scheduled	**Meeting Agenda for 17/01/023 at 1.30 pm.** Council and democracy (leeds.gov.uk)	**Meeting Agenda for 21/02/23 at 1.30 pm.** Council and democracy (leeds.gov.uk)
	Performance report (PM) Financial Health Monitoring (PSR) 2023/24 Initial Budget Proposals (PDS) Best City Ambition – Update (PDS)	Arrangements surrounding the implementation of Liberty Protection Safeguards (PDS) Leeds Safeguarding Adults Board Progress Report (PSR)
Working Group Meetings		
Options/ proposals for supporting people to maintain a healthy diet and healthy weight (PSR) – *date to be confirmed*		
Site Visits / Other		

DRAFT

Scrutiny Work Items Key:

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

APPENDIX 1

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)
Work Schedule for 2022/2023 Municipal Year

March 2023	April 2023	Matters to be scheduled
Meeting Agenda for 21/03/23 at 1.30 pm. Council and democracy (leeds.gov.uk)	**No Scrutiny Board meeting scheduled**	
Update on the local Integrated Care System (PSR) Learning from COVID, with a specific focus on the Council's long-term trusted relationship with communities (PSR) Innovation in health and care in Leeds (PSR)		Exploring barriers to accessing the Council's Leisure Centres and achieving the Council's Physical Ambition. (PSR) Social Care reform – fair cost of care reform (PDS) Social Care reform – charging reforms (PDS) Social Care reform – re-introduction of the Adult Social Care inspection regime (PDS) LTHTs new hospitals programme updates (DB)
Working Group Meetings		
		Service access criteria and expedite letters (PSR) – *timing to be confirmed* Provision of non-invasive post-mortems (PSR) – *timing to be confirmed* Mental Health Inquiry – scoping discussion *(PSR) – timing to be confirmed*
Site Visits/Other		

DRAFT

Scrutiny Work Items Key:

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

EXECUTIVE BOARD

WEDNESDAY, 27TH JULY, 2022

PRESENT: Councillor J Lewis in the Chair

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

APOLOGIES: Councillor A Carter

SUBSTITUE MEMBER: Councillor A Lamb

15 Substitute Member

Under the provisions of Executive and Decision Making Procedure Rule 3.2.6, Councillors A Lamb was invited to attend the meeting on behalf of Councillor A Carter, who had submitted his apologies for absence from the meeting.

16 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.

17 Late Items

Late Item of Business – 'Children and Families Social Care Workforce in Leeds'

With the agreement of the Chair, a late item of business was admitted to the agenda entitled, 'Children and Families Social Care Workforce in Leeds' to be considered within the 'Adults and Children Social Care and Health Partnerships' portfolio. Given the significance of this matter, it was deemed appropriate for the Board to receive an update at this meeting. This report was coming to Executive Board as a late item of business to ensure that Board Members received detailed information on this issue as requested, and as undertaken by the Executive Member for Adult and Children Social Care and Health Partnerships at the recent meeting of full Council. (Minute No. 34 refers).

18 Declaration of Interests

In relation to Agenda Item 6, 'Refreshing Leeds' Cultural Investment Programme', Cllr Pryor declared a disclosable pecuniary interest in this item, and as such, Councillor Pryor did not participate in the consideration of that item, and left the meeting room for the duration of that consideration. (Minute No. 20 refers).

19 Minutes

RESOLVED – That the minutes of the previous meeting held on 22nd June 2022 be approved as a correct record.

ECONOMY, CULTURE AND EDUCATION

20 Refreshing Leeds' Cultural Investment Programme

Further to Minute No. 9, 23 June 2021, the Director of City Development submitted a report that sought approval for a one-year cultural grants programme for 2023/24 whilst a comprehensive review and refresh of the Council's current cultural funding programmes, arts@leeds and Leeds Inspired, was undertaken, prior to a revised funding programme being launched for the period 2024-27.

By way of introduction to the report, the Board received information on the key reasons as to why the proposal for a one year programme was being put forward. It was noted that the one year programme would operate within the existing budget envelope and that organisations would be required to apply for grants. However in doing so, it was emphasised that there would be an extensive application window and that organisations would be supported through this process.

Responding to an enquiry, Members received further information regarding the guidance and supportive measures which were currently available to organisations, with it being noted that consideration was being given to the ways in which cultural organisations could be signposted and supported in accessing other funding streams, where appropriate.

In response to a Member's enquiry, the Board received further information and assurance regarding the role which would be played by the Leeds 2023 Neighbourhood Hosts, with it being noted that the Hosts were currently being recruited for each Ward, which was a process being undertaken by the Leeds 2023 organisation.

Also, in response to a specific enquiry officers undertook to provide the Member in question with details of the current financial position regarding the funding of the Leeds 2023 initiative.

RESOLVED –

(a) That the delivery of a one-year arts@leeds programme for 2023/24, which supports the transition towards a refreshed cultural funding programme, be approved;

(b) That the necessary authority be delegated to Director City Development in order to enable the Director to approve funding decisions for the one year programme, 2023/24;

(c) That the development of a refreshed three-year Culture Investment Programme for 2024-27, be approved, with the development and adoption of the Cultural Investment Programme being subject to open consultation and engagement with the sector prior to Executive Board approval being sought in 2023.

(Further to the declaration of interest as detailed at Minute No. 18, Councillor Pryor took no part in the consideration of, or voting upon this matter and left the meeting room for the duration of this item)

21 Outcome of consultation to permanently increase learning places at Leeds City Academy from September 2023

The Director of Children and Families submitted a report on a proposal to increase learning places at Leeds City Academy, brought forward by The White Rose Academies Trustees working in partnership with Leeds City Council. The report detailed the outcomes of the associated consultation undertaken and which sought agreement to related Authority to Spend proposals.

In considering the report, a Member highlighted and welcomed the popularity of the school, which had led to the submitted proposals of expansion.

RESOLVED –

(a) That the outcome of the consultation undertaken on the proposal to permanently expand Leeds City Academy from a capacity of 750 to 1050 students by increasing the admission number in year 7 from 150 to 210 with effect from September 2023, be noted; and that it also be noted that The White Rose Academies Trust Board, as the decision maker, have considered the outcome of that consultation and approved the proposal to expand Leeds City Academy;

(b) That approval for authority to spend (ATS) up to £8.9m to deliver the proposed permanent expansion at Leeds City Academy, be granted, with final approval of expenditure being confirmed by the Director of Children and Families (in consultation with the Director of Resources and Director of City Development) following receipt of further detailed design work and planning applications;

(c) That it be noted that The White Rose Academies Trust intends to self-deliver the build scheme and that the proposal has been brought forward in time for places to be delivered for 2023.

<u>PUBLIC HEALTH AND ACTIVE LIFESTYLES</u>

22 Living with Covid - What does 'Living with Covid' mean for Leeds?

The Director of Public Health submitted a report outlining what ‘Living with Covid-19’ meant for Leeds, and which sought the Board’s support for continuing to promote safer behaviour messaging and the Covid vaccination programme in communities. The report also highlighted the robust and resilient plans and systems in place to protect the highest risk settings and groups from the impact of Covid, and the structures that were in place to respond to any change in circumstances.

Members received an introduction to the report which provided an overview of the key points, with it being noted that work continued on the preparation and management of winter pressures in this area.

Responding to a Member's comments regarding the Council's post-pandemic ways of working and the need to ensure that customer facing roles continued, it was highlighted that many services across the Council continued to be delivered in person. Further to this, the Board was assured that work continued in liaison with Scrutiny on this matter, with a view to submitting a related report to a future Executive Board.

Emphasis was placed upon the need to ensure that the impact of the pandemic on young people remained a priority. In response, assurance was provided that this was the case and it was noted that this would be further addressed in the subsequent agenda item (*Leeds – A Mentally Healthy City: Update Report*). Further to this, assurance was provided that a key principle to the approach taken remained the need to strike the correct balance between minimising the risk from the virus and infection whilst at the same time looking to preserve an individual's overall wellbeing.

Tribute was paid to the Director of Public Health and her team for the work which had been undertaken throughout the pandemic to the present day. Emphasis was placed upon the importance of the work undertaken by the Leeds Health Protection Board together with the guiding principles of that work, and how that had been used as a platform for the wider actions taken in response to the pandemic across the city.

RESOLVED –

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

(b) That the proposed approach for the Leeds system going forward, as set out in section 11 of the submitted report, be approved, which looks to ensure that people are supported as we move into 'Living with Covid'.

23 Leeds - A Mentally Healthy City: Update report

The Director of Public Health submitted a report which provided an update on the current position regarding mental health in Leeds and the provision in place to support good mental health across the city. In addition, the report outlined the actions being taken to further develop a partnership approach in this area, in line with the 'Best City Ambition' and which aimed to ensure that Leeds was a Mentally Healthy City which created conditions for positive mental health in all our communities.

In introducing the submitted report, the Board received an overview of the current position in Leeds, how that position had been affected by the Covid pandemic, and the actions being taken to address the challenges faced. Members received further information on the Children and Young People's Mental Health Strategy: 'Future in Mind', and it was noted that the 'All Age Leeds Mental Health Strategy' was currently scheduled to be relaunched on 10th October 2022, which was World Mental Health Day.

Responding to a Member's enquiry, the Board was provided with further information on how the relaunch of the 'All Age Leeds Mental Health Strategy' would be promoted.

The importance of further liaison taking place with partners across the city to continue the development of self-support networks in Leeds was highlighted as an area to focus upon and promote moving forward.

RESOLVED –

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

(b) That the current and future challenges around promoting good mental health in the city, be recognised, together with the fact that Leeds City Council has invested in programmes of work in the city that promote good mental health and prevent mental ill health;

(c) That the mental health work being undertaken across Leeds be promoted, with support being provided for the continued creation of conditions for positive mental health in local communities.

INFRASTRUCTURE AND CLIMATE

24 Climate Adaptation and Resilience Plan

The Director of Resources submitted a report which presented a range of actions being taken across the Council, and with partners, to better understand and deliver on the city's ambition to strengthen resilience against the impacts of climate change locally, and in doing so, which sought the Board's approval for the development of a Climate Adaptation and Resilience Plan, based upon the approach outlined. The report also sought agreement to enhanced city-wide engagement in Leeds on the Council's activity to support both climate mitigation and adaptation.

By way of introduction to the report, the Board received an overview of the key challenges faced as a result of climate change, and the range of actions being taken to adapt to the current position and become more resilient. However, it was highlighted that at the same time, work continued on progressing towards a position of net zero emissions.

Regarding Climate Emergency Advisory Committee (CEAC), a Member noted the recent change in Chair of that committee. In response to a Member's comments encouraging Executive Member attendance at CEAC meetings, it was noted that the Executive Member for Infrastructure and Climate was a member of CEAC and a regular attendee. Further to this, clarification was sought as to whether this comment related to other Executive Members.

In response to a Member's enquiry, the Board received further information regarding the range of key areas which were intended to be included within the proposed programme of engagement over the coming 12 months.

RESOLVED –

(a) That the development of a Climate Adaptation and Resilience Plan, based upon the approach as outlined within the submitted report, be approved;

(b) That a programme of enhanced citywide engagement in Leeds over the next 12 months on the Council's activity to support both climate mitigation and adaptation, be supported.

COMMUNITIES

25 Understanding and addressing the cost of living crisis

The Director of Communities, Housing and Environment submitted a report providing an overview of the current position regarding the cost of living crisis and which highlighted measures being undertaken nationally to address such issues. The report also focussed upon the local approach being undertaken from a welfare and financial inclusion perspective, highlighting the key actions and programmes.

In introducing the report, the Executive Member highlighted the current position in Leeds with regard to the cost of living crisis and provided an overview of the key actions being taken and proposed to address the challenges faced.

Members discussed the role of Government in such matters. Also, the Board considered the importance of reflecting on the experience gained from the supportive approach taken during the pandemic and how that could be utilised when looking to support communities throughout the cost of living crisis.

Responding to a Member's enquiry, the Board further considered the role of the Council in this area and received details on how the supportive approach taken by the Council continued to adapt to current circumstances, and the ways in which this approach would continue to evolve, with officers undertaking to provide further detail to the Member in question, if required. In discussing the proposed key areas of focus moving forward, specific reference was made to the establishment of a cross-cutting welfare group, with further detail being provided on the intended work programme, timeframe and reporting mechanisms for that group.

In conclusion, Opposition Groups were invited to become involved in the welfare group and the associated work that it would undertake.

RESOLVED –

(a) That the contents of the submitted report, be noted, and that the approach being adopted, as outlined within the report, be endorsed;

(b) That the next steps, as set out fully in paragraphs 94-99 of the submitted report, be endorsed, which will accelerate progress towards the mission set out in the Best City Ambition through:-

- Ensuring the three pillars of the Best City Ambition strongly and consistently reflect the challenges of tackling poverty and inequality.
- Transitioning to a new performance framework for the Best City Ambition to reinforce and embed linkages between the three pillars in tackling poverty and inequality.
- Establishing a breakthrough priority with the aim of: "working together across sectors to harness the capacity and capability in the city, its communities and those with lived experience to develop a city solution to welfare provision and addressing the cost-of-living crisis – with a specific focus on food, fuel, housing and digital inclusion".

(c) That it be noted that the Chief Officer for Community Hubs, Welfare and Business Support will be responsible for overseeing and implementing the actions and recommendations as detailed above and included within the submitted report.

LEADER'S PORTFOLIO

26 Review of Protocol for the Roles of Members and Officers in Decision Making

The City Solicitor submitted a report setting out proposed amendments to the Council's Protocol for the Roles of Members and Officers in Decision Making, following a review which had been undertaken as an action arising from the Annual Governance Statement approved in 2021. The purpose of the proposed amendments was to ensure that the protocol remained up to date and fit for purpose.

RESOLVED –

(a) That the amended Protocol for the Roles of Members and Officers in Decision Making, as presented at Appendix A to the submitted report, be approved;

(b) That the authority to make future amendments to the Protocol be delegated to the City Solicitor, in consultation with the Leader of Council, Opposition Members of Executive Board and the Chief Officer Financial Services; with it being noted that the Monitoring Officer will amend Article 15 of the Council's Constitution to reflect this resolution.

27 Annual Corporate Risk Management Report

The Director of Resources submitted a report which provided the Board with an update on the most significant risks currently featured on the Council's corporate risk register. In addition, the report provided summary assurances which described the key controls in place to manage those risks and also provided information on further actions planned in this area.

RESOLVED – That the Annual Risk Management Report together with the assurances provided on the most significant corporate risks, as presented

within the submitted report and appendix, be noted, in line with the Council's Risk Management Policy and Strategy and the Board's overarching responsibility for their management.

28 Annual Corporate Performance Report 2021/22

The Director of Resources submitted a report presenting the Annual Corporate Performance Report for 2021/22 which reviewed the progress made in delivering the Council's ambitions, outcomes and priorities, as set out in the Best Council Plan (BCP) during the 2021/22 financial year. The report also noted that for performance reporting purposes, 2022 would be a transitional year given that there would be a shift from existing reporting frameworks based on the Best Council Plan towards a revised approach to support the Best City Ambition.

Responding to a Member's specific enquiry, the Board received further detail on the work currently being undertaken on the refresh of the target and performance framework as the Council transitioned from the Best Council Plan to the Best City Ambition.

In response to an enquiry, the Board noted that some of the performance data compiled could be broken down to Ward level, and that the Member in question could be provided with further information on this, if required. In addition, Members discussed the range of priorities that the Council had, and the ways in which the Council's day to day decision making and establishment of wider policies linked to such priorities.

RESOLVED – That the Annual Performance Report, be received, and that the progress made during 2021/22 in delivering the ambitions and priorities set out in the Best Council Plan, as detailed within the submitted report and appendix, be noted.

RESOURCES

29 Financial Health Monitoring 2022/23 – Quarter 1 Update

The Chief Officer (Financial Services) submitted a report providing an update on the financial health of the Authority in respect of both the General Fund revenue budget and the Housing Revenue Account, as at Quarter 1 of the 2022/23 financial year.

In presenting the report, the Executive Member highlighted the key points within it. The Board also received details of the final pay offer from the National Employers which had recently been announced, and it was noted that work was being undertaken to identify the potential financial impact of this upon the Council. An undertaking was provided that the Board would be kept updated on such matters and that the intention was to submit a report on this, together with the impact of other inflationary pressures, to the September 2022 Board.

Responding to a specific enquiry, it was reiterated that an update report would be brought to Executive Board 6 months after the implementation of the

amendments made to aspects of the Council's non-residential Adult Social Care charging policy.

A Member requested that as part of the monthly financial health update report to Executive Board, further detail was provided within those reports to the current position regarding the 'Business As Usual' savings proposals.

Responding to a Member's comments, the Board received an update on the work being undertaken to manage the identified budget pressures referenced in the report within the Children and Families directorate, with specific reference to the 'Little Owls' nurseries and the provision of semi-independent living placements for 16 – 17 year olds.

In conclusion, the Executive Member for Resources highlighted the cross-directorate approach that continued to be taken when looking to manage and overcome the significant financial challenges that continued to be faced.

RESOLVED –

(a) That it be noted that at Quarter 1 the Authority is forecasting an overspend of £1.8m for 2022/23, which is comprised of directorate pressures of £2.3m, netted down by a strategic saving of £0.5m;

(b) That it be noted that directorates will be required to present action plans to mitigate the £2.3m pressures, in line with the Revenue Principles agreed by Executive Board in 2019, which are scheduled to be received at the September 2022 Executive Board;

(c) That it be noted that the position as detailed within the submitted report does not reflect the potential effects of the 2022/23 pay award negotiations, other inflationary rises or the wider impact of rising cost of living pressures on the Council's financial position, above that which has already been included within the 2022/23 Budget; with it being noted that any pressures arising from emerging issues will be reported to a future Executive Board. Furthermore, it be noted that proposals will need to be identified by directorates in order to absorb such pressures, which will be included in the action plans as referenced in resolution (b) above.

30 Capital Programme 2022/23 - 2026/27 Quarter 1 Update

The Chief Officer Financial Services submitted a report setting out the Council's updated Capital Programme for 2022-2027, which was split between the General Fund and Housing Revenue Account (HRA), with a forecast of resources available over that period. The report also included a specific update on the 2022/23 programme and sought agreement to several injections into the Capital Programme, as detailed.

Responding to a Member's enquiry, the Board received details on the proportion of the Capital Programme that was funded via borrowing, and with regard to a related enquiry regarding the impact upon Minimum Revenue

Provision (MRP), officers undertook to provide this further information to the Member in question.

In response to a specific enquiry, the Board received clarification and further detail regarding the 'City Development Public Realm' entry within the 'Major Programmes & Other Directorate Schemes' section of the report.

RESOLVED –

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

- £2,000.0k of European Regional Development Fund (ERDF) Grant for the 'Fitting The Future' Housing Leeds scheme;
- £150.0k of additional Transforming Cities Fund (TCF) Grant from WYCA for the Public Bike Hire Scheme; and
- £100.0k of Department for Education Grant for Sustainable Drainage at two Schools in Otley.

(b) That it be noted that the above resolution to inject funding of £2,250.0k into the Capital Programme will be implemented by the Chief Officer Financial Services;

(c) That the latest position on the General Fund and HRA Capital Programme, as at Quarter 1 of 2022/23, as detailed within the submitted report, be noted.

ADULTS AND CHILDREN SOCIAL CARE AND HEALTH PARTNERSHIPS

31 Leeds City Council Fostering Service: Annual Fostering Report, April 2021 to March 2022

The Director of Children and Families submitted a report presenting an overview of the work of the Fostering Service during 2021/22, and which invited the Board to adopt the 2021/22 Fostering Service Annual Report, as appended, together with the priorities set out for the forthcoming year.

In presenting the report, the Executive Member highlighted the key points detailed within the Fostering Service Annual Report, with it being noted that attracting more foster carers remained a key priority moving forward.

Members welcomed the contents of the report, and highlighted the valuable role played by foster carers across the city.

Responding to an enquiry, the Board received further detail on the processes in place and the range of data that was available to identify the reasons why foster carers had left the Council, and how that data could be used when looking to recruit more foster carers.

RESOLVED –

(a) That the 2021/22 Fostering Service Annual Report, as appended to the submitted report, be adopted, together with the service priorities for

next year; with it being noted that this resolution will be implemented during 2022-23;

(b) That the Fostering Service's plans to increase the range of carers and placements available, be noted and supported, with it being noted that this resolution will be implemented during 2022-23;

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

32 Adults & Health Service Review 6 - Care Delivery: Care Homes, Implementation

Further to Minute No. 25, 23 June 2021, the Director of Adults and Health submitted a report providing an update on the implementation of the decommissioning of services at Home Lea House residential long stay care home, in Rothwell, and Richmond House Short Stay Residential Care Home, in Farsley.

Responding to a Member's enquiry, the Board received an update on the expected timeframe of the current refurbishment of Dolphin Manor and the management of that process in terms of the residents living there.

Regarding the site of the former Richmond House in Farsley, it was requested that officers continue to work with local Ward Councillors on the development of proposals. Also, responding to an enquiry, officers undertook to investigate whether it would be feasible for the site to be used for extra care housing, considering that an adjacent facility was used for the same purpose, and provide the findings to the relevant Members.

RESOLVED –

(a) That the successful transfer of all customers to alternative services where that was their preference, be noted;

(b) That it be noted that the closure of both care homes has been achieved without any compulsory redundancies, with staff having made a successful transition to their new posts within the Council where they have chosen to remain in employment, a process which has been supported through the Council's Managing Staff Reductions policy;

(c) That the achievement of financial savings of £165k in 2021/22, and £1.531m per annum from 2022/23 following the closure of the two care homes, be noted;

(d) That it be noted that work is ongoing in relation to the future use of the sites.

(As detailed within section 34 of the submitted report, this report was not eligible for Call In on the grounds that the Council's Executive and Decision Making Procedure Rule 5.1.2 states that 'The power to Call In decisions does not extend to decisions which have been the subject of a previous Call In').

33 Leeds Health and Care Partnership Memorandum of Understanding

The Director of Adults and Health submitted a report which recommended to Executive Board the approval and formal signup to the Leeds Health and Care Partnership (LHCP) Memorandum of Understanding (MoU). The MoU formally presented the approach towards working together that the Leeds Health and Care Partnership was taking to achieve the agreed vision for Leeds to be "*a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest*".

In presenting the report, the Executive Member highlighted the reference to 'Scrutiny' in the diagrams at section 14 of the submitted report, with a recommendation that the Memorandum of Understanding document, as presented at Appendix 1 be amended to incorporate appropriate reference to Scrutiny, in line with the illustration within those diagrams.

Responding to a Member's comment that aspects of the approach were complex, the Board received further information on the reasons for this approach, with assurance being provided that the Council would continue to work collaboratively with partners in this area, look to maximise the benefits of this model for the people of Leeds and West Yorkshire, and that the approach taken would be made as comprehensible as possible.

RESOLVED –

(a) That subject to the comments above regarding the inclusion of appropriate reference in the Memorandum of Understanding document to 'Scrutiny' being taken into consideration, the Board approves and signs up to the Leeds Health and Care Partnership Memorandum of Understanding, as presented within the submitted report and appendices;

(b) That the draft Leeds Integrated Care Board (ICB) Committee Terms of Reference (which were approved by the West Yorkshire Integrated Care Board on 1 July 2022), be noted;

(c) That it be noted that the Leeds Health and Wellbeing Strategy, which sets out the strategic priorities in relation to the Health and Wellbeing Pillar of the new City Ambition, is due to be refreshed later in the year.

34 Late Item of Business: Children and Families Social Care Workforce in Leeds

The Director of Children and Families submitted a report providing an overview of the national and regional context together with the current position in Leeds regarding Children's Social Work Services. The report also outlined the actions being taken by Children and Families to ensure that the service was able to continue to support vulnerable children and young people to enjoy good outcomes.

In presenting the report, the Executive Member highlighted that this was a report that she had undertaken to submit to Executive Board at the recent meeting of full Council. Further to this, the Executive Member provided a

detailed summary of the key points within the report in terms of the challenges being faced in this area both on a national and local level, together with the range of actions being taken to address them. The Executive Member emphasised the crucial role played by all those involved in the outstanding delivery of children and families social work across the city which it was acknowledged was being undertaken in very challenging circumstances.

In considering the report, Councillor Lamb brought to the Board's attention that he was attending Executive Board in a non-voting capacity, whilst also being Chair of the Children and Families Scrutiny Board. Given the timing of this report's submission, he advised that he was not aware that the Board would be considering this item when agreeing to attend the Executive Board meeting, however, he emphasised that in approaching this matter he would endeavour to keep both of his respective roles in mind.

Officers responded to several questions which were put by Members. In summary, the answers provided were as follows:-

- With regard to a number of enquiries around caseload levels, assurances were provided that cases would remain open whilst it was felt that a child or family continued to require support or protection;
- Regarding the level of vacancies reported, it was noted that the vacancies existed in teams across the service;
- With regard to the approach taken towards co-working, it was confirmed that this practice continued, with the benefits of that approach being highlighted;
- Responding to an enquiry, further to the details within the report, Members received an update on the current position with regard to the grievance submitted by a group of social workers;
- The Board received an update regarding the work which was being undertaken regionally and nationally, in terms of collaborative working with other Authorities and also as part of Leeds' role to help shape the service going forward.

From a national perspective, emphasis was placed upon the need for Local Government funding structures to be reviewed, and specifically regarding Local Authority delivered children and families social care, it was highlighted that in terms of the resourcing of such services there needed to be a parity of esteem with that delivered by the NHS.

In response to a Member's comments regarding the lateness of the report, those comments were acknowledged, and the Executive Member highlighted that it had been deemed appropriate to submit the report to this meeting, following the undertaking at the recent full Council meeting and in order to demonstrate that the concerns raised were being taken seriously and to formally provide assurances in response to them.

Emphasis was placed upon the integral and highly valued role played by social workers in the safeguarding of children and young people across the city which was being undertaken under very challenging circumstances. Further to this, assurances were provided that the Council would continue to

listen to and work through the concerns that had been raised, both in the short and longer term.

Members discussed the importance of an open approach being taken when considering such important matters, which it was noted was the key factor to submitting this report to the Board as a late item of business.

In conclusion, the Executive Member reiterated the Council's appreciation for the integral role played by all those involved in the delivery of children and families social work across the city and the outstanding service that was being provided in very challenging circumstances. In addition, the Executive Member reiterated the importance of championing the services provided by children and families social care in Leeds and promoting the service as a positive place to work.

RESOLVED – That the assurances regarding the Children and Families Social Care Workforce in Leeds, as outlined within the submitted report, be noted.

DATE OF PUBLICATION: FRIDAY, 29TH JULY 2022

LAST DATE FOR CALL IN OF ELIGIBLE DECISIONS: 5.00 P.M., FRIDAY, 5TH AUGUST 2022