

SCRUTINY BOARD (ADULTS, HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 21ST MARCH, 2023

PRESENT: Councillor A Marshall-Katung in the Chair

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

Co-opted Member present – Dr J Beal

73 Appeals Against Refusal of Inspection of Documents

There were no appeals.

74 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

75 Late Items

With agreement from the Chair, there was Supplementary Information circulated to Board Members in relation to agenda item 11 – Work Schedule. This was Appendix 2 of the report, which was a summary of a working group held on the 9th of March 2023 regarding the Leeds Mental Health Strategy.

76 Declaration of Interests

No declarations of interests were made at the meeting.

77 Apologies for Absence and Notification of Substitutes

Apologies for absence had been received from Councillors W Kidger and C Hart-Brooke.

78 Minutes - 21st February 2023

RESOLVED - That the minutes of the meeting held on 21st February 2023, be approved as an accurate record.

79 Leeds Committee of the West Yorkshire ICB - Update

The Head of Democratic Services submitted a report which presented further updates provided by the ICB Accountable Officer (Leeds Place).

The following were in attendance for this item:

Draft minutes to be approved at the next formal meeting.

- Cllr Fiona Venner, Executive Member for Adult and Children's Social Care and Health Partnerships
- Cllr Salma Arif, Executive Member for Public Health and Active Lifestyles
- Tim Fielding, Deputy Director of Public Health
- Tony Cooke, Chief Officer Health Partnerships
- Jenny Cooke, Director of Population Health Planning, Leeds ICB
- Gaynor Connor, Director of Primary Care and Same Day Response, Leeds ICB

The Chair explained that since July 2021, the Scrutiny Board has been actively monitoring the ongoing development of the new local Integrated Care System. During the Board's last update in October 2022, it was agreed that this next update would be more focused on the key priority work areas of the ICB in Leeds linked to the Healthy Leeds Plan.

The Chair invited the Director of Population Health Planning and the Director of Primary Care and Same Day Response to provide a brief introduction to the report provided by the ICB Accountable Officer (Leeds Place). In doing so, the following areas were highlighted:

- The refresh of the Healthy Leeds Plan had been undertaken between October 2022 and March 2023 to coincide with the refresh of the Health and Wellbeing Strategy.
- Funding secured through the Core20PLUS5 framework resulted in £3million being allocated to the health inequalities programme in Leeds. This programme is made up of 44 individual projects across the system alongside funding to the eight local care partnerships (LCP) with the highest levels of deprivation.
- The 44 individual projects were selected from a list of over 90 proposed projects in varying states of maturity, from ongoing projects that were coming to the end of their funding to new projects.
- The funding for next year has been secured and discussions are underway to determine how best to deploy this funding.
- The Intermediate Care Redesign Programme aims to deliver a bold and innovative programme to achieve the vision of having a sustainable, person-centred, home-first model of intermediate care across Leeds that is joined up and promotes independence. This 18-month programme has been constructed over three phases and is being led by Dr Phil Wood, the Chief Executive for Leeds Teaching Hospitals Trust (LTHT). The programme is transitioning from Phase 2 to Phase 3 and it was therefore suggested that that Scrutiny Board maintains a watching brief of progress.
- Improving access to General Practice is recognised as a key priority for the ICB due to unprecedented demand for services. Recent data shows delivery of 20,000 appointments on average per day across the 92 practices in Leeds. Currently 43% of all appointments are booked on the same day with a total of 70% being booked within 7 days. Over 71% of all appointments were conducted face to face and just under 50% are with a GP. A further 20,000 enhanced access service appointments (evening

and weekends in PCN based hubs across the city) are also delivered per month. A further 3,300 are also delivered through the Same Day Response Service.

- The Additional Roles Reimbursement Scheme has provided funding to Primary Care Networks to allow practices to collectively employ more staff with different skills to complement the existing workforce. However, this Scheme is set to end in 2024. In Leeds, there is around 300 whole time equivalent staff with the aim of this rising to over 500 by the end of 2024.
- Engagement with Healthwatch Leeds and other organisations has helped increase understanding of service accessibility with optional modules regarding quality and patient outcome co-designed.
- The new GP contract renewal for 2024 will make clear that patients should be offered an assessment of need, or signposted to an appropriate service, at first contact with the practice. Requirement for improved online access to GP records will be provided and telephone systems to become cloud based, including functionality for call queuing or call back to provide a better patient experience when the lines are busy as well as management information and data so that practices have better insight around improving their responsiveness further.
- At the end of March 2023, a nationally produced recovery plan for general practice is also expected.
- As from July 2023, West Yorkshire ICB will take responsibility for the co-commission of pharmacy, dentistry and optometry NHS services.

The following key points were also raised during the Board's consideration of the report:

- In response to a question regarding the provision of community funding, particularly focused on the Chapel Allerton Ward, it was outlined that two-thirds of the £3million funding was allocated to Third Sector organisations, working collaboratively with forums, communities of interest groups and Local Care Partnerships to best allocate funds to tackle health inequalities. The specifics for Chapel Allerton were to be followed up after the meeting.
- The value of informing Ward Members of community and third sector projects in terms of improving awareness and accessibility for the public.
- The variable levels of access experienced across GP surgeries, largely due to them being independent organisations with different systems and practises.
- Expectations for the quality improvement module and GP contract changes, which are to be more patient centred and provide an outcome at the first point of contact, including seeing people on the same day when required and where possible.
- Service recovery was not at full pre-pandemic capacity contributed to by long term condition reviews, routine health check backlogs, an increasing demand for same day services and for mental health and frailty service provision.

- The increase in demand and people's frustration experiencing service access issues equates into staff working under extreme pressure and leading to exhaustion. Threatening behaviour towards GP staff was also noted to be increasing. The Board recognised the importance of having effective communication with the public in terms of helping them to better understand the existing service pressures as well as being offered other pathways to primary care.
- Members discussed the comparative GP access data across West Yorkshire, which was set out within the report. In doing so, it was noted that national GP access data had only recently been made available and that further analysis work is therefore still required.
- Reference was made to the value of social prescribing and Board Members suggested that the successor Scrutiny Board considers this in more detail.
- The intermediate care redesign will be a fundamental shift to strip the complexity for patients and staff trying to navigate the various institutions and layers of the health and care system and will also have positive economic implications across the entire system.
- The importance of ensuring that the various plans and strategies, including the Healthy Leeds Plan and the Health and Wellbeing Plan, are aligned and aim to maximise opportunities while avoiding duplication.
- Patient Participation Groups (PPG) were noted to have not been re-established in some GP practices. It was outlined all GPs are required to have some form of PPG, however some stood down during the pandemic and had struggled to re-emerge. A recent event involving PPGs resolved to refresh the approach of the network through the ICB and offer support where needed.
- Members were assured that the end of the 5-year Additional Roles Reimbursement Scheme will not be abrupt as there will be some guaranteed income once concluded. During the final year of the programme, recruitment will also be maximised as much as possible.
- Same day GP service provision is proposed in all possible cases including supported capacity through 23 hubs and virtual appointments. However, some challenges regarding travel to the designated hubs from outer areas, particularly for less able people, were noted.
- Mitigation for missed appointments, which had unfortunately slightly increased, was discussed and it was noted that best practice initiatives were also being shared through PPG communication.
- It was highlighted that the ratio of GPs per 100,000 of the population had increased in Leeds since 2018 which is largely the opposite case for other areas of the UK.
- Regular zero tolerance and 'leaving a gap' campaigns run in attempt to raise awareness on the repercussions of abusive behaviour towards GP practise staff and there are processes for dealing with abusive patients with the ultimate sanction being removed from the register.

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

Draft minutes to be approved at the next formal meeting.

80 Leeds Health and Wellbeing Strategy Refresh

The Chief Officer for Health Partnerships submitted a report regarding the work undertaken to develop the Leeds Health and Wellbeing Strategy and included the current working draft of the Strategy refresh.

The following were in attendance for this item:

- Cllr Fiona Venner, Executive Member for Adult and Children's Social Care and Health Partnerships
- Cllr Salma Arif, Executive Member for Public Health and Active Lifestyles
- Tim Fielding, Deputy Director of Public Health
- Tony Cooke, Chief Officer Health Partnerships
- Wasim Feroze, Strategy Partnership Development Manager

The Executive Member for Adult and Children's Social Care and Health Partnerships provided the Board with an overview of the ongoing work and discussions of the Health and Wellbeing Board (HWB) and how the Health and Wellbeing strategy guides action within the health and care system.

Strategy delivery was noted to be challenging given the current context of the cost-of-living crisis, pandemic recovery and staffing and accessibility issues experienced within the health and care system. It was recognised that plans therefore needed to be aspirational while also remaining realistic. The 'Team Leeds' approach that had been adopted during the pandemic will be incorporated as the strategy develops and is deployed.

The Chief Officer for Health Partnerships and the Strategy Partnership Development Manager presented the report, outlining the following:

- In response to feedback arising from the Scrutiny Board's meeting in October, it was highlighted that greater focus had now been given to the role of carers and that one of the twelve priorities within the Strategy relates to support for carers and enabling people to maintain independent lives.
- The importance of equality, diversity and inclusivity was noted, recognising the needs of diverse communities across the city and to represent those needs across the West Yorkshire partnerships.
- The strategy will be implemented in a two-phase approach and following its formal launch in July 2023, the second phase will involve working with the Leeds Health and Wellbeing Board and partners to agree clear plans under each of the priorities.
- Reference was made to the links with the five breakthrough projects that have been established specifically on promoting mental health in the community; better homes for health and wellbeing; inclusive green jobs; learning outcomes for social mobility and responding to the cost-of-living crisis.

Draft minutes to be approved at the next formal meeting.

- The strategy and plans will run longer term, until 2030, and align with inclusive growth and climate emergency initiatives.

During the Board's discussions on this matter, the following points were also raised:

- In response to a question regarding the effectiveness of the Marmot Approach delivery, the Board was advised that the initial processes had begun and that a report will be brought to the Executive Board in April 2023. A two year work programme is due to commence with the National Marmot Team and so the Scrutiny Board will be kept updated once the approach is launched.
- A suggestion was made for greater detail on post-natal and maternity care to be reflected in the Strategy.
- It was noted that not all Members are fully aware of the health practitioner presence and third sector projects within their respective Wards.
- Health Champion work groups and Community Committees will be utilised to increase awareness of health and wellbeing projects across the City. The HWB had also developed The Allyship programme which connects Board Members with key third sector organisations in the city.
- Actions for enhancing job opportunities, creating an inclusive economic model through tailored support, were outlined as the Lincoln Green project which linked employment opportunities to people living in their local areas, getting younger people back in education or secure jobs, the One Workforce programme, and the Leeds Health and Care Talent pipeline.
- Reversing low life expectancy will be targeted through proportionate universalism, tailoring services and infrastructure to suit the level of need in an area. Cross generational peer support and mentoring was also discussed as an effective method.

RESOLVED – That the contents of the report and the work that has been undertaken across the Partnership as part of the refresh of the Health and Wellbeing Strategy, along with Members comments, be noted.

81 Physical Activity Ambition

The Head of Active Leeds and the Chief Officer Consultant in Public Health submitted a joint update report regarding the development of the Physical Activity Ambition for Leeds.

The following were in attendance for this item:

- Cllr Fiona Venner, Executive Member for Adult and Children's Social Care and Health Partnerships
- Cllr Salma Arif, Executive Member for Public Health and Active Lifestyles
- Tim Fielding, Deputy Director of Public Health
- Tony Cooke, Chief Officer Health Partnerships
- Steve Baker, Head of Active Leeds
- Emma Powell, Project Enabler (Get Set Leeds)

- Katy Bowden, Development Manager Sports and Active Lifestyles

The Executive Member for Public Health and Active Lifestyles provided an overview of the development of the ambition collaboratively with Active Leeds and Public Health, noting data for Leeds as 31% of children and young people, 23% of adults and 36% of those over 65 are inactive. Poorer communities had lower levels of activity, with the inequality gap for activity widening with initiatives to reduce this being Get Let Leeds, Covid-19 Rapid Review, Big Leeds Chat and insight from national campaigns. An aim of the strategy is for Leeds to be a place where 'everyone moves more everyday' and has the opportunity to live an active life with The Leeds Everyone Moving More Leadership Group championing this vision. The report outlined the progress of workstreams since the Board's last update back in March 2022.

The Head of Active Leeds also outlined the following key points:

- Since the last update in March 2022, governance arrangements have now been put in place, including a good leadership team to influence the sphere of work.
- The connotation of the phrase 'physical activity' may discourage certain individuals. Movement in any shape or form is to be encouraged and does not always need to be structured activity.
- Alongside Parks & Countryside, spaces had been established to accommodate many forms of exercise.
- Work had been done with care homes so residents can exercise in creative ways at various levels of ability.
- Targeting health inequalities, in particular people living with mental health issues, was noted as a priority and movement can have positive effects for mental wellbeing.
- In response to the Board's previous feedback, engaging with people from a young age was a key priority to influence ongoing healthy lives, which involves a variety of stakeholders.
- Community work in priority neighbourhoods will allow the development of their own initiatives that work best for a given community.
- Funding had been received from the Department of Transport to influence social prescribing and active travel.

During the Board's discussions on this matter, the following points were also raised:

- The Get Set Leeds initiative was noted to be positive and was confirmed to have a wide community reach and value as events were free and did not require a structured, competitive nature.
- It was confirmed to Members there are 73 public exercise circuits and multi-use game facilities, including 29 outdoor gyms within parks and green spaces in Leeds. The importance of accessibility and safety traveling to and in these spaces was stressed.

- Wetherby Leisure Centre had recently been updated to be more energy efficient, however it was highlighted that the changing rooms and disability access were noted to be below standard, which led to some dissatisfaction among the community. Officers confirmed the changing rooms were on a priority list for improvement and plans for the gym equipment to be renewed and further exercise classes targeted for older people were ongoing.
- While it was noted that the report had largely focused on the physical and mental health of young people being a priority, it was highlighted that the offer is universal in terms of improving physical and mental health for all ages and abilities.
- Further engagement with vulnerable people, such as those living through domestic violence, could be implemented through safe hours at various facilities.
- With 40% of councils at risk of closing their leisure centres, Leeds still invests in their facilities which was positive when framed against the national picture and funding constraints.
- Rehabilitation work with MacMillan for cancer patients, commissioned through the West Yorkshire ICB, was noted as a big area for health programmes.

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

82 2022/23 End of Year Scrutiny Board Statement

The Head of Democratic Services submitted a report which presented the 2022/23 end of year statement for the Scrutiny Board (Adults, Health and Active Lifestyles) for the Board's consideration and approval.

The Chair explained that the 2022/23 end of year statement provided details of the Board's full work programme for the 22/23 municipal year, including links to the associated agenda packs, minutes and webcast recordings, as well as including a statement from the Chair that reflects on the key priorities for the Scrutiny Board over the last year.

RESOLVED –

- a.) That the contents of the report be noted.
- b.) That the publication of the 2022/23 end of year statement for the Scrutiny Board, be approved.

83 Work Schedule

The Principal Scrutiny Advisor introduced the report and reminded Members that the Board had agreed to hold a working group meeting to consider the current position surrounding the delivery of the Leeds Mental Health Strategy with a view to also identifying key areas that would potentially benefit from more focused scrutiny work to be taken forward into the new municipal year. This working group had been arranged for Thursday 9th March 2023.

A summary of the main issues and key conclusions arising from this working group meeting had been circulated and Members were asked to consider the contents of this summary note and endorse the key conclusions, including the two proposed recommendations for the successor Scrutiny Board to continue closely monitoring general progress with the Strategy, as well as undertaking a more focused piece of work that aims to assist in the successful delivery of the new Community Mental Health Transformation Programme.

The Principal Scrutiny Advisor explained that as this was expected to be the Board's final formal public meeting for the municipal year, a draft work schedule for the new municipal year had been set out in Appendix 1 of the report for Members' consideration. This included preliminary future meeting dates and reflected known items of scrutiny activity, such as performance and budget monitoring, as well as other identified areas of work that the Board had already recommended for the successor Scrutiny Board to pursue in the new municipal year.

Reflecting on the Board's earlier discussions, it was noted that the Board was also recommending that the successor Board schedules a focused item on social prescribing.

In conclusion, the Chair thanked all Board Members, Executive Members, officers and partners for their valuable contributions and support to the work of the Scrutiny Board throughout the year.

RESOLVED –

- a.) That the contents of the work schedule of the successor Scrutiny Board for 2023/2024 be noted.
- b.) That the successor Scrutiny Board is recommended to schedule a focused item on social prescribing as part of its work schedule.
- c.) That the Board endorses the content of the working group summary note relating to the Leeds Mental Health Strategy, including the key conclusions and recommendations.

84 Date and Time of Next Meeting

RESOLVED – To note the next meeting of the Adults, Health and Active Lifestyles Scrutiny Board is provisionally scheduled for Tuesday, 13th June 2023 at 1:30pm (pre-meeting for all Board Members at 1.00 pm)