

## SCRUTINY BOARD (ADULTS, HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 13TH JUNE, 2023

**PRESENT:** Councillor A Scopes in the Chair

Councillors B Anderson, C Anderson,  
L Farley, M France-Mir, J Gibson, C Hart-  
Brooke, M Iqbal, W Kidger, K Ritchie and  
E Taylor

Co-opted Member present – Dr J Beal

### **1 Appeals Against Refusal of Inspection of Documents**

There were no appeals.

### **2 Exempt Information - Possible Exclusion of the Press and Public**

There were no exempt items.

### **3 Late Items**

There were no formal late items, but supplementary information was circulated in relation to Item 11 - Innovation in the Health and Care Sector.

### **4 Declaration of Interests**

No declarations of interests were made at the meeting.

### **5 Apologies for Absence and Notification of Substitutes**

Apologies for absence had been received from Councillor S Firth, with Councillor B Anderson attending as a substitute.

### **6 Minutes - 21st March 2023**

**RESOLVED** - That the minutes of the meeting held on 21<sup>st</sup> March 2023, be approved as an accurate record.

### **7 Co-opted Members**

The Head of Democratic Services submitted a report regarding the appointment of co-opted members to the Scrutiny Board (Adults, Health and Active Lifestyles) in line with the arrangements detailed in the Council's Constitution.

In considering the report, members of the Board were reminded of

Draft minutes to be approved at the meeting  
to be held on Tuesday, 11th July, 2023

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 2023/24.

## **8 Scrutiny Board Terms of Reference**

The Head of Democratic Services submitted a report which presented the Scrutiny Board's terms of reference for Members information.

Appendix 3 of the report particularly helped to give an overview of how each of the council's five individual Scrutiny Boards for the year had been aligned to Officer Delegated Functions and Executive Portfolios.

The Chair outlined the procedure for the Scrutiny Board terms of reference being agreed at the Full Annual Council meeting, which was held on 24<sup>th</sup> May 2023.

**RESOLVED –** That the Scrutiny Board's terms of reference, be noted.

## **9 Local Authority Health Scrutiny**

The Head of Democratic Services submitted a report associated with the discharge of the Boards 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 Scrutiny Board (Adults, Health and Active Lifestyles) had been assigned to fulfil the council's statutory health scrutiny function and so the report presented further information and guidance to assist the Board in undertaking this specific role.

The report presented:

- The Department of Health guidance 'Local Authority Health Scrutiny' (2014) to support local authorities and partners deliver effective health scrutiny.
- 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.
- 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 2023/24.

**RESOLVED –**

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- (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 1, be agreed.
- (c) That Councillor A Scopes (Chair of the Board) and Councillor C Anderson be appointed as the Board's representatives to serve on the West Yorkshire Joint Health Overview and Scrutiny Committee (JHOSC) for the municipal year, 2023/24.

## **10 Sources of work for the Scrutiny Board**

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

The following were in attendance:

- Councillor Fiona Venner - Executive Member for Children's Social Care and Health Partnerships
- Councillor Salma Arif - Executive Member for Adults Social Care, Public Health and Active Lifestyles
- Caroline Baria - Interim Director of Adults and Health
- Victoria Eaton - Director of Public Health
- Tony Cooke - Chief Officer Health Partnerships
- Steve Baker - Head of Active Leeds
- Professor Phil Wood - Chief Executive of Leeds Teaching Hospitals NHS Trust (LTHT)
- Tim Ryley - ICB Accountable Officer (Leeds Place)
- Sam Prince - Executive Director of Operations, Leeds Community Healthcare NHS Trust

The Chair invited those present to introduce themselves and to outline key issues and potential areas of work for the Scrutiny Board to undertake during the current municipal year. It was noted that apologies had been received from Dr Sara Munro, Chief Executive, Leeds and York Partnership NHS Foundation Trust. The Chair explained that having recently met with Dr Munro, he was able to relay her suggestions to the Board in her absence.

The Chair also invited Board Members to raise any questions and share their views on potential areas of work for the Scrutiny Board to undertake this year.

In summary, the following potential areas of work were raised:

- Continuing the work of the former Scrutiny Board towards improving access to local NHS Dental Services.
- Improving access to General Practice.
- Workforce challenges impacting on health and care service delivery in Leeds.
- Intermediate Care Redesign Programme.
- Supporting and safeguarding people who live street-based lives.

- Exploring how people's voices are heard in the health and care system.
- Monitoring progress with the Marmot programme.
- Monitoring the Department for Transport pilot on active travel and active workplaces.
- Progress with the Community Health and Wellbeing Programme in terms of transforming how domiciliary (home care) services are delivered and improved.
- Reviewing the Leeds Offer for unpaid carers.
- Exploring the impact of the cost-of-living crisis for patients accessing services.
- The Leeds ICB operating model review.
- Latest Public Health Annual Report.
- Showcasing and learning from the Health and Wellbeing Board's Allyship Programme.
- Understanding and addressing suicide rates in Leeds.
- Exploring the extent and health impacts of cannabis use, particularly amongst young people. It was suggested that this matter be raised with the Drug and Alcohol Board in the first instance, with a view to providing an initial briefing paper for Board Members on the current position.
- Tackling delays in children neurodiversity assessments.
- Monitoring delivery of the Leeds Mental Health Strategy, including a focus around the Community Mental Health Transformation Programme.
- Maximising local NHS and local authority funding and considering cost sharing provisions.

Another area of interest raised by Board Members related to the use of vapes (or e cigarettes) particularly amongst children and young people. The Chair explained that this issue had also been raised by the Children and Families Scrutiny Board and the Director of Public Health confirmed that a briefing paper on this matter was expected to be considered by the Children and Families Scrutiny Board as part of its July meeting. It was therefore agreed that, once available, this briefing paper would also be circulated to Members of the Adults, Health and Active Lifestyles Scrutiny Board for information.

The Chair thanked everyone for their contributions to the discussion.

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

## **11 Innovation in the health and care sector**

The Head of Democratic Services submitted a report which presented information provided by the Leeds Academic Health Partnership on how innovation in the health and care sector helps to achieve the Leeds Best City Ambition to become a healthier and more economically prosperous city for all its citizens.

The following were in attendance:

- Councillor Fiona Venner - Executive Member for Children's Social Care and Health Partnerships
- Councillor Salma Arif - Executive Member for Adults Social Care, Public Health and Active Lifestyles
- Caroline Baria - Interim Director of Adults and Health
- Victoria Eaton - Director of Public Health
- Tony Cooke - Chief Officer Health Partnerships
- Steve Baker - Head of Active Leeds
- Professor Phil Wood - Chief Executive of Leeds Teaching Hospitals NHS Trust
- Tim Ryley - ICB Accountable Officer (Leeds Place)
- Sam Prince - Executive Director of Operations, Leeds Community Healthcare NHS Trust
- Dr Luan Linden-Phillips - Innovation Adoption Specialist, Leeds Academic Health Partnership (LAHP)

The Executive Member for Children's Social Care and Health Partnerships gave a brief overview of some of the positive work that had been progressed collaboratively through the LAHP in terms of developing solutions to challenges or creating more efficient measures within the health and care system. In terms of making the city more receptive to the needs of innovators, specific reference was also made to the establishment of the LTHT Innovation Pop Up.

The Chief Officer for Health Partnerships and the Innovation Adoption Specialist at the LAHP then gave a brief introduction to the report and highlighted the following key points:

- The LAHP recognises that innovation, research and evidence are central to all three pillars of the Best City Ambition.
- Previous projects have included the establishment of the Leeds Health and Care Academy to transform the learning and development for the 57,000 people who work in health and care. The Academy now trains over a thousand unique learners each year and has generated over 200 jobs as part of the targeted employment programme in estates like Lincoln Green and opened up wider access routes into health and care for residents of the most deprived areas in Leeds.
- Leeds has a thriving and diverse research and innovation ecosystem. New early diagnostic technology has been developed, such as PinPoint which uses blood biomarkers and artificial intelligence (AI) to determine a patient's risk of cancer and optimise urgent cancer referral pathways. Pinpoint received incubation support from the Leeds Centre for Personalised Medicine and Health, a previous project of the LAHP.
- DigiBete was highlighted as another patient-led innovation which involves a multi-lingual video platform and app to help support children, young people and families self-manage their type I diabetes through age-appropriate shared videos and educational resources.

- Funding from LAHP had been done under a fair share agreement to bring together a multitude of partners to look at opportunities to develop much needed innovations for patients and staff.
- The LAHP is currently supporting around 10 significant multi-partner research and innovation bid opportunities, each with potential funding in the range of £1 million to £7 million.
- Aligning the universities with city health and care strategies brings diverse perspectives around common goals to maximise opportunities in research and innovation. In the University of Leeds' latest strategy, reducing health inequalities and the social impact of research is explicitly at its heart.
- The LAHP maintains and connects into strong networks across Leeds and West Yorkshire to identify key innovations, utilise assets and maximise growth of technology to support the health and care system.
- Solutions to information governance challenges for data-driven technologies were noted to be ongoing to address the current need for multiple individual data protection impact assessments.
- In the arena of social care, innovation will be data driven, engaging with population health boards to ensure patient needs are identified and articulated.

In response to questions from Members and subsequent discussion, the following was outlined:

- The key impact and progress of innovation in the system was noted as connecting data sources, creating infrastructure for the flow of information, efficient diagnosis of illness and management of co-morbidities.
- The LAHP was open to bring innovators into discussions for projects the LAHP is working on and where those innovations are deemed beneficial to the system. The region has a healthy digital sector and expertise that can be tapped into.
- Some issues were noted by Members with PATCHS, a technology developed to book a GP appointment recently implemented across West Yorkshire, due to a lack of public facing communication of its adoption.
- Whilst the digitalisation of services had clear net benefits, it was noted that use and accessibility is not equal across the population, particularly those with disabilities or living in poverty, and non-digital options should be clearly communicated to the public.
- Face to face appointments and home visits were noted to still be an essential service.
- Through the work outlined in the Leeds Digital Strategy and programmes such as 100% Digital Leeds, people will be supported in and out of hospital, giving them more control over their own health and wellbeing whilst also focusing on inclusivity.
- Research agendas will have a focus on inequality and include sound communication of new technology and how to make it accessible.
- Whilst much innovation needs to be inclusive, it was noted that not all technology, such as diagnostics and analytics, is patient facing and instead supports work efficiency for institutions. The Integrated Digital Service was assisting in the adoption of digitalisation, and it is engaging with lead service providers to determine how it will be best introduced. The

LAHP's role is to support innovation and adoption, but it is the responsibility of those who deliver services how best to introduce innovation.

- Leeds was increasingly securing its position as a leading city in health and care, with a strong emphasis on reducing inequality, which ties into the ongoing Marmot City work.
- Leeds and West Yorkshire was noted to be well connected with health technology corridors connecting with Nordic countries and Israel to access cutting edge innovation and export developments from Leeds.
- It was acknowledged that the focus on innovation in social care could and should be stronger, however, conversations and pathways were coming to fruition but lacked parity of funding to other health sectors. Progress is being made, for example in remote monitoring for patients, which was noted to be translating from health to social care settings.
- Developing appropriate data connectivity infrastructure posed some concerns for Members, however, it was highlighted that this programme of work is being managed by the Leeds Integrated Digital Service and engagement events across the network are in place to develop ideas and streamline the approach around the use of new technology.
- The use of AI can raise ethical issues and the trust of patients will need to be built. Ethical approval is an integral part of research in the development of new technologies and adoption of new patient facing technology requires engagement with patients. It is of vital importance to gain and sustain people's trust in how organisations safeguard and use their personal data. It was recognised that health and care staff are facing significant challenges and that the benefits of innovation will need to be demonstrated in practice to encourage adoption. The process for staff engagement and training for new innovative technology will be explored with the Leeds Health and Care Academy
- With changes to commissioning and government policy making, some systems have appeared fragmented, so pulling together digital processes and technology will allow greater efficiency in health and social care provision. Partnership working within Leeds was already well established and data widely shared with new innovation to support current integration models.
- Adult social care is looking at how technology and innovation can be incorporated into transformation and service development. The various service providers were noted to be of different scales and adoption of technology was behind the health sector, however, adoption of technologies and integration across health and care was increasing.

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

## 12 Performance Update

The joint report submitted by the Director of Adults and Health, the Director of Public Health and the Director of City Development provided an overview of outcomes and service performance related to the Council and city priorities within the remit of the Adults Health and Active Lifestyles Scrutiny Board.

The following were in attendance:

- Councillor Fiona Venner - Executive Member for Children's Social Care and Health Partnerships
- Councillor Salma Arif - Executive Member for Adults Social Care, Public Health and Active Lifestyles
- Caroline Baria - Interim Director of Adults and Health
- Victoria Eaton - Director of Public Health
- Tim Fielding - Deputy Director of Public Health
- Tony Cooke - Chief Officer Health Partnerships
- Steve Baker - Head of Active Leeds
- Rob Wood – Intelligence and Policy Manager, Adults and Health
- Shona McFarlane – Deputy Director of 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 Active Lifestyles, including the following:

#### Public Health

- Commentaries of the health inequality data had not been included in the report as publication from the Office for National Statistics data had been delayed until Autumn 2023.
- Life expectancy data for men and women remained stable, public health services continued to perform well, including access to NHS public health checks. Indicators will remain under review in line with the Marmot City work to support the strategic aims for Leeds, where 'people who are the poorest improve their health the fastest.'
- The report covered a broad scope and a previous submission of this data had been reviewed to be clearer in content. The key indicators to provide an overview of long-term public health and service delivery measures and inequalities will be brought back to the Board every 6 months, supplemented with practical short-term actions.
- Data regarding vaping was noted to be emerging and although not included in this report, it was highlighted that analysis of this data will be conducted and can be brought back to the Board as part of future update reports.
- The Chair made reference to the data indicating a rise in obesity levels for younger people and highlighted his intention to bring this to the attention of the Chair of the Children's and Families Scrutiny Board.
- Members noted that for data sets that show a significant change on previous data, it would be of use to have greater analysis of causation and correlation to understand the trends.
- Processes for shorter term funding bids for obesity reduction initiatives raised some concern as funding levels often do not meet the scale of certain projects. Positives were noted for longer term projects for tackling childhood obesity issues and successes in Local Care Partnerships can be learnt from and become more integrated within Public Health and NHS work.



### Adult Social Care

- The report provided an overview of the latest figures and measures of adult social care and activity levels, including adult social care outcomes framework and relevant figures for the Best City Ambition, Better Lives Strategy and Care Quality Commission (CQC) assessment framework.
- The gathering and reporting process for data collection was noted to be in a period of revision in order to provide performance measures in line with the national changes to the CQC framework for 2023/24. This was outlined as a positive to the service for better analysis of topics such as the success of third sector commissioning and data will be live to provide better performance indicators to better inform strategies.
- Demand for adult social care services had risen, however, funding was below that of pre-pandemic level, with a fall in workforce capacity. During 2022/23 Adults Social Care had provided long term care to more than 10,500 people.
- Data for Leeds when compared to key national measures was noted to be positive, with 11 out of 16 measures improving from the previous year, including increased levels of service users and carers noting better support.
- In response to a question regarding the Tele Care installation figures, at page 126 of the report, an increase was expected for the municipal year, with changes to marketing and service delivery to provide a broader range of options to service users.
- The sustained trend in increased safeguarding concern figures was perceived to be due to an increase in referrals, with awareness campaigns likely influencing this, as well as increased West Yorkshire Police and the Ambulance Service involvement.
- Safeguarding referrals do not always require a section 42 enquiry but referrals will be signposted to appropriate bodies for the required care and support. Safeguarding inquiry levels had remained similar to the previous year.
- Relative to population demographics, data showed fewer safeguarding referrals from culturally diverse communities. Voluntary Access Leeds had been commissioned to understand whether this was due to access or communication issues and the efforts had led to some increase in reporting from these communities.

### Active Lifestyles

- The inactivity rate of the population had significantly fallen, since its sharp rise during the Covid-19 pandemic and there are now more people active than that recorded in the original survey of 2016.
- The figures noted a better activity result than the national and regional averages, however, greater levels of inactivity were recorded in areas with higher deprivation rates.
- The Physical Activity Ambition and Get Set Leeds initiatives were working to increase activity levels in areas of deprivation; the Get Set Leeds programme had secured funding for two further years through Sports England.

- Data had been gathered from Sports England, which is reported annually and consists of surveys from 2000 people in Leeds and categorises three scaled levels of activity.
- There was revision to the process for gathering data outlined, to increase the scope of participation and gather more social or demographic information with the Council, in liaison with Sports England.
- Positives for the department were noted as, increased numbers of people taking swimming classes and gym memberships at leisure centres and longer-term funding secured to test service initiatives and understand the needs of different communities.
- Long waiting lists, particularly for swimming lessons at leisure centres, were noted, although funding, space and workforce capacity issues may impact this, there were 1500 more children signed up than pre-pandemic levels.
- Healthy holiday activities were planned over the summer, providing free swimming lessons for children, including equipment provision.
- 90% of schools in Leeds were somewhat engaged with leisure centre swimming.
- Interim targets for the service were outlined as a 1% reduction every year for inactivity rates; this was to be reviewed with reference to the Health and Wellbeing strategy.

The Board extended their thanks to Executive Members and Officers for their ongoing work.

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

### 13 **Work Schedule**

The Head of Democratic Services submitted a report that presented a draft work schedule for the municipal year, 2023/24. 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, 2022/23.

With regard to the other potential areas of work identified during the Board's discussions, the Chair explained that he would work with the Principal Scrutiny Adviser to consider how best to prioritise and incorporate these into the work schedule with a view to bringing an updated version to the Board's next meeting for consideration and approval.

**RESOLVED** – That the Chair works with the Principal Scrutiny Adviser to consider how best to prioritise and incorporate the other 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**

Draft minutes to be approved at the meeting  
to be held on Tuesday, 11th July, 2023

**RESOLVED** – To note the next meeting of the Adults, Health and Active Lifestyles Scrutiny Board is scheduled for Tuesday, 11<sup>th</sup> July 2023 at 1:30pm (pre-meeting for all Board Members at 1.00 pm)