

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

TUESDAY, 12TH SEPTEMBER, 2023

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

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

Co-opted Member present – Dr J Beal.

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

There were no appeals.

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

There were no exempt items.

### **29 Late Items**

There were no late items.

### **30 Declaration of Interests**

No declarations of interest were made at the meeting.

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

All Board Members were present at the meeting.

Apologies had been received from Councillor Arif as the Executive Member for Adults Social Care, Public Health and Active Lifestyles and also from Caroline Baria, Interim Director of Adults and Health.

### **32 Minutes - 11 July 2023**

**RESOLVED** – That the minutes of the meeting held on 11<sup>th</sup> July 2023, be approved as an accurate record.

### **33 Matters Arising**

*Minute no 21 – Matters arising from the meeting held on 13<sup>th</sup> June 2023.*  
Members were advised that the requested briefing paper from the Drug and Alcohol Team regarding the issue of cannabis use, particularly amongst young people, will be made available in October.

The Chair also highlighted that the Children and Families Scrutiny Board had arranged to hold a working group meeting on the issue of vaping amongst children and young people on 27th September at 2.30 pm. It was noted that Councillor Scopes and Councillor Anderson had volunteered to attend this meeting to represent the Adults, Health and Active Lifestyles Scrutiny Board.

*Minute 22 – Leeds Mental Health Strategy 2020-2025*

It was noted that Members had now received information on the evaluation framework linked to the Community Mental Health Grant allocations.

The Principal Scrutiny Adviser highlighted that while Members had also requested further information surrounding neurodiversity assessments for children, it was now proposed that this matter be considered as part of a working group approach, with arrangements to be confirmed in due course.

*Minute 23 – Healthy Leeds Plan Refresh*

Linked to the Healthy Leeds Plan, it was noted that Members had been sent details of the existing Outcome Frameworks associated with each of the Population Boards. It was also highlighted that these are currently under review and that updated versions were expected to be available in November.

## **34 Access to General Practice in Leeds**

The Head of Democratic Services submitted a report which presented a briefing paper from the Leeds Health and Care Partnership on access to General Practice in Leeds.

The following were in attendance:

- Councillor Fiona Venner, Executive Member for Children’s Social Care and Health Partnerships
- Councillor David Jenkins, Deputy Executive Member
- Victoria Eaton, Director of Public Health
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- Gaynor Connor, Director of Primary Care and Same Day Response, Leeds Health & Care Partnership
- Dr George Winder, Chair of the Leeds GP Confederation and Clinical Director of Seacroft Primary Care Network
- Dr Mo Sattar, Clinical Director of Chapeltown Primary Care Network
- Andrea Mann, Clinical Director of Cross Gates Primary Care Network
- Dr Sarah McSorley, Vice Chair of Leeds Local Medical Committee

The Chair invited the Executive Member for Children’s Social Care and Health Partnerships to provide some introductory comments and then invited the Director of Primary Care and Same Day Response, along with representatives from the GP Confederation and Leeds Local Medical Committee, to give a brief overview of the key points set out within the appended briefing paper.

In summary, the following key points were highlighted:

- Leeds has 90 practices that collaborate in an operating model of 19 Primary Care Networks (PCNs) and Local Care Partnerships (LCPs).
- Levels of appointments are now back to pre-pandemic levels and continue to grow, with 417,704 appointments carried out in June 2023, which is an increase of 28,000 appointments when compared to June 2022.
- For Leeds, it was reported that the overall experience of the GP practice was slightly better than the national and West Yorkshire average at 73%. However, it was acknowledged that the consensus view from both patients and staff is that more work still needs to be done to reduce the barriers some patients face when accessing services.
- Patients particularly value quality and continuity of care and so the balance between increasing access, using the range of professional expertise in a practice and maintaining continuity of care is one that continues to be developed.
- The reception team has a vital role to play in triaging patient calls. Care navigation is a process done by care coordinators, appropriately trained reception or other practice staff, to signpost to the most appropriate clinician or elsewhere outside of the practice.
- The impact of secondary care waiting times and changes in outpatient arrangements to more remote consultations have contributed to an increasing workload and appointment requests in general practice as people seek assurance, advice or information as they wait for hospital care.
- Core general practice is funded through a national GP contract. There is no specific standard within the contract which determines what workforce a practice should have in place other than it is sufficient and safe to deliver a core service as outlined in the contract.
- Within the national GP contract there has been a 2% staff pay uplift to practice funding in each of the last 5 years, which has impacted on the ability to recruit and retain staff.
- One of the key objectives for general practice nationally includes the recruitment of 26,000 Additional Roles Reimbursement Scheme (ARRS) roles by the end of March 2024.
- In Leeds, much of the growth of the workforce can be accounted for through the ARRS workforce with approximately 417 FTE in post and a further 490 FTE by April 2024.
- It was noted that a summary of the number and type of ARRS roles was set out within the paper. It was also highlighted that many of these staff can be new to primary care and as such would require support, training and supervision from GPs, which then impacts on their capacity demands.

The following areas were also discussed during the Board's consideration of the briefing paper:

- *Accessing appointments within two weeks* – it was noted that patients being able to access an appointment within two weeks is a national measure. It was reported that currently 80% of patients in Leeds have an appointment booked within 14 days or less and that the remaining 20%

were generally associated with pre-planned future appointments. It was agreed that the latest appointment data, which is tracked by practice and PCN, would be provided to Board Members.

- *The use of comparative data* – while acknowledging the value of collating data to be able to compare Leeds performance against other West Yorkshire places, the Board was advised that work was ongoing in terms of ensuring the accuracy of the data and looking at ways of also trying to compare “like with like”.
- *Primary care estates* – it was noted that there is limited capital available for primary care estate improvements and limited revenue budget. Members were informed that GP practices receive funding once a patient has registered. As such, responding pro-actively to increases in population growth can be challenging. However, the ICB continues to seek opportunities for improvement in this area. It was noted that there are good examples of practices working together to share estates as well as exploring opportunities to build further resilience by working closely with local community hubs and libraries. The Board also discussed potential opportunities to increase capacity quickly using temporary accommodation options, such as portacabins.
- *Links between planning and health provision* – it was highlighted that links between planning and health provision can be challenging but have improved. It was noted that discussions regarding the East Leeds Extension have been a particular recent focus, with the ICB undertaking an options appraisal on the appropriate response to the increased population attributed to the East Leeds Extension, which has identified a particular impact on 3 PCNs across the city.
- *Digital tools* – it was acknowledged that increasing the use of digital tools to support patient access is a key feature within the access recovery plan. Linked to this, importance was placed on improving public communications particularly around the use of PATCHS, a technology developed to book a GP appointment recently implemented across West Yorkshire. It was noted that the ICB is also continuing to engage with the council and other partners on programmes such as 100% Digital Leeds to address issues around digital exclusion. However, it was recognised that a non-digital option should also be kept available for those who either express this as a preference or who are without access to digital tools and technologies.
- *Helping people to understand and embrace the new model of general practice* – it was acknowledged that the vision of modern general practice is not as well known to most patients. Many will therefore still prefer and expect the traditional model of seeing a familiar GP rather than being seen directly by another professional in the general practice team. Importance was placed on working with the public to better understand and manage their expectations linked to the new model of general practice.

- *Recruitment and retention challenges* – the Board discussed some of the key challenges faced by GP practices and particularly the role of practice managers in terms of recruiting and retaining staff, which were reflective of the challenges nationally too. This included GPs themselves in terms of striving for a better work/life balance when often faced with demanding workloads. Linked to the new model of general practice, it was highlighted that trained reception or other practice staff were particularly hard to retain given their difficult role in trying to signpost patients appropriately and having to also deal with complaints and abusive behaviour from patients when their expectations are not being met.
- *Self-referral pathways* – it was noted that one of the main national objectives is to expand self-referral pathways to enable patients to access services directly and prevent the need for contacting the practice. Linked to this, the Board discussed some of the potential pitfalls of this approach and that many patients will need support to determine the most appropriate referral pathway for them.
- *Telephony systems* – it was reported that 54% of Leeds practices are already on cloud-based telephony with a further 12 practices identified as part of the next transition.
- *Continuing to improve access and experience of general practice* – it was highlighted that the national and local media would often paint a negative picture of general practice despite more appointments being made than ever before, alongside an increasing number of ways to access those appointments. However, there was also a consensus view that the system does still require much improvement, which includes the need to address staff burnout. It was reported that the ICB continues to seek and hear the views of people using general practice services in order to use this insight to help shape approaches and plans in improving the access and experience of general practice in the city.

The Chair thanked everyone for their valuable contribution to the Board's discussion.

**RESOLVED** - That the report, along with Members comments and information requests, be noted.

### 35 **Director of Public Health Annual Report 2022**

The Director of Public Health submitted a report which presented the 2022 Director of Public Health Annual Report – 'In Our Shoes'.

The following were in attendance:

- Councillor Fiona Venner, Executive Member for Children's Social Care and Health Partnerships
- Councillor David Jenkins, Deputy Executive Member
- Councillor Dan Cohen, Chair of Children and Families Scrutiny Board

- Victoria Eaton, Director of Public Health
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- Kathryn Ingold, Chief Officer / Consultant in Public Health
- Farrah Khan, Chief Officer Family Help, Children and Families Directorate
- Hannah Lamplugh, Strategy and Influence Lead, Children and Families Directorate
- Emily Carr, Associate Director Pathway Integration, Leeds Health & Care Partnership

The Chair invited the Deputy Executive Member to provide some introductory comments and then invited the Director of Public Health to introduce the report.

The Board was informed that the “In Our Shoes” report was publicly launched on 20th July at the Health and Wellbeing Board meeting. Progress against the recommendations reflected in this report will be shared in the next Director of Public Health Annual Report.

It was also highlighted that the report was submitted to the Association of Directors of Public Health (ADPH) as part of the annual report competition and celebration. The top four reports that stood out as overall good examples included Leeds, with the panel paying tribute to Leeds for giving a powerful snapshot of the inequity of outcomes for children and young people in the city.

The Director of Public Health then gave a brief presentation during the meeting to highlight key aspects from the 2022 annual report. This included a short film sharing individual stories of children and young people in Leeds, which had been produced to accompany the annual report ([link to film](#)).

The following areas were also discussed during the Board’s consideration of the report:

- *Selecting the theme of the annual report* - the Chair of the Children and Families Scrutiny Board particularly welcomed the decision to focus the 2022 annual report on children and young people and supported the findings and recommendations.
- *Access to healthcare services* – the Board acknowledged the recommendation directed to the Leeds Office of the West Yorkshire NHS Integrated Care Board to ensure health care services are accessible to all children and young people. Members particularly welcomed the focus on 3 key service areas which included dental services; mental health services; and speech, language and communication.
- *Children’s mental health* – importance was placed on continuing to work in partnership to improve and protect children’s mental health through the delivery of the Leeds Children and Young People’s Plan and the Future in Mind strategy. It was noted that these remain a key feature of the Children and Families Scrutiny Board work programme.
- *Neurodiversity*– particular reference was made to the support needs of children with neurodiversity either with or without formal diagnoses and the

role of the new Neurodiversity Hub as a one-stop shop for neurodivergence information and support for all children, young people and families in Leeds.

- *Exploring incentives to increase the uptake of existing programmes* – the Board suggested that the Council explores possible opportunities to offer financial incentives to increase the uptake of existing programmes that support families to make changes to better health.
- *Links to becoming a Marmot city* – it was noted that particular importance had been placed on ensuring that children are central to the delivery of work to become a Marmot city in terms of improving housing; planning; mitigating the impacts of poverty; children getting a fair start in life; and ensuring the Thriving Strategy is implemented.
- *Reducing suicide* – with regard to the recommendations stemming from the earlier 2017-18 annual report, the Board requested an update on the work being undertaken to reduce suicide in 30–50 year old men.

**RESOLVED** - That the report, along with Members comments and information requests, be noted.

### **36 Formal Response to Scrutiny Statement**

The Head of Democratic Services submitted a report which presented the formal response of the Leeds Health and Care Partnership Executive Group (PEG) to the Scrutiny Board's Statement in relation to the Leeds Tier 3 Specialist Weight Management Service.

The Chair reminded Members of the key conclusions and recommendations stemming from the Board's working group meeting on 28<sup>th</sup> June 2023, which was then captured in the form of a Statement agreed by the Board during its July meeting.

Members noted that the response of the Leeds PEG had addressed the issues set out within the Board's Statement. The Chair highlighted that it would be helpful for Members to better understand how NHS funding is allocated and the expectations surrounding the governance and management of such funding. It was therefore proposed that a briefing session be arranged for Members.

#### **RESOLVED –**

- (a) That the formal response of the Leeds Health and Care Partnership Executive Group (PEG) to the Scrutiny Board's Statement in relation to the Leeds Tier 3 Specialist Weight Management Service be noted.
- (b) That a briefing session be arranged for Members to better understand how NHS funding is allocated and the expectations surrounding the governance and management of such funding.

### **37 Work Schedule**

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

The Chair explained that the Communities Team has requested nominations from all five Scrutiny Boards for representatives to sit on the Member Working Group as part of the Community Committee review. Members agreed that Councillor Kidger and Councillor France-Mir would be the nominated representatives of the Scrutiny Board (Adults, Health and Active Lifestyles).

**RESOLVED –**

- (a) That the Scrutiny Board's work schedule for the 2023/24 municipal year be noted.
- (b) That Councillor Kidger and Councillor France-Mir be the nominated representatives of the Scrutiny Board (Adults, Health and Active Lifestyles) to sit on the Member Working Group as part of the Community Committee review.

**38 Date and Time of Next Meeting**

**RESOLVED –** To note the next meeting of the Adults, Health and Active Lifestyles Scrutiny Board is scheduled for Tuesday, 10<sup>th</sup> October 2023 at 1:30pm (pre meeting for all Board Members at 1:00pm)