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

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Meeting to be held in Civic Hall, Leeds, LS1 1UR on  
Tuesday, 23rd April, 2019 at 1.30 pm

*(A pre-meeting will take place for ALL Members of the Board at 1.00 p.m.)*

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### MEMBERSHIP

#### Councillors

- C Anderson - Adel and Wharfedale;  
J Elliott - Morley South;  
B Flynn - Adel and Wharfedale;  
J Gibson - Weetwood;  
G Harper - Little London and  
Woodhouse;  
N Harrington - Wetherby;  
H Hayden (Chair) - Temple Newsam;  
M Iqbal - Hunslet and Riverside;  
S Lay - Otley and Yeadon;  
D Ragan - Burmantofts and Richmond  
Hill;  
K Wakefield - Kippax and Methley;  
A Wenham - Roundhay;

#### **Co-opted Member (Non-voting)**

Dr J Beal - Healthwatch Leeds

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*Please note: Certain or all items on this agenda may be recorded*

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**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			<p><b>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</b></p> <p>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).</p> <p>(* 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).</p>	
2			<p><b>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>2. To consider whether or not to accept the officers recommendation in respect of the above information.</li> <li>3. If so, to formally pass the following resolution:-</li> </ol> <p><b>RESOLVED</b> – 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:</p> <p><b>No exempt items have been identified.</b></p>	

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### **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 DISCLOSABLE PECUNIARY INTERESTS**

To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.

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### **APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES**

To receive any apologies for absence and notification of substitutes.

6

### **MINUTES - 2 APRIL 2019**

To approve as a correct record the minutes of the meeting held on 2 April 2019. (To follow).

7

### **OVERVIEW OF THE NHS LONG TERM PLAN**

To consider a report from the Director of Adults and Health that provides an overview of the NHS Long Term Plan and some of the initial implications for Leeds and the region.

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### **BEREAVEMENT ARRANGEMENTS AT LEEDS TEACHING HOSPITALS NHS TRUST**

To consider a report from the Head of Governance and Scrutiny Support that summarise work undertaken associated with the bereavement arrangements at Leeds Teaching Hospitals NHS Trust (LTHT). It also introduces the fuller and more formal update from the Trust to help the Scrutiny Board set out its formal position by the end of the municipal year.

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22

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## **CHAIR'S UPDATE**

23 -  
24

To receive an update from the Chair on scrutiny activity since the previous Board meeting, on matters not specifically included elsewhere on the agenda.

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## **WORK SCHEDULE**

25 -  
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To consider a summary of the Scrutiny Board's work schedule for the 2018/19 municipal year and an outline work schedule for the successor Scrutiny Board in 2019/20.

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## **DATE AND TIME OF NEXT MEETING**

## **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.



Report author: Tony Cooke (Chief Officer, Health Partnerships) and Arfan Hussain (Senior Governance & Partnerships Officer, Health Partnerships) Tel: 0113 5350012

**Report of**     **Director of Adults and Health, Leeds City Council**

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

**Date:**       **23 April 2019**

**Subject:**     **Overview of the NHS Long Term Plan**

Are specific electoral wards affected? If yes, name(s) of ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for call-in?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## Summary of main issues

1. The NHS Long Term Plan (LTP) has been published covering a 10 year period from 2018/19 (available via [www.longtermplan.nhs.uk](http://www.longtermplan.nhs.uk)). The LTP has much to commend it and it provides many opportunities to progress issues that are priorities in Leeds such as improving mental health provision, narrowing health inequalities and promoting a 'home first' culture in acute services. The document reflects engagement from local authorities and campaign groups as well as internal lobbying from NHS Providers.
2. The LTP is rooted in the integration agenda and has a strong emphasis on prevention; however it has few references to social care or the social determinants of health (housing, employment, economic growth) that are the bedrock of health and wellbeing. Nonetheless it reflects many of the priorities outlined in our Leeds Health and Wellbeing Strategy and the West Yorkshire and Harrogate Health and Care Partnership (WYH HCP) regional strategy. Whilst no detail is provided in the LTP it heralds a move away from competition and towards co-operation and integration, an approach that has been pioneered in Leeds and driven by strong political leadership.
3. Working together as a joined up health and care system is essential in delivering the vision of the Leeds Health and Wellbeing Strategy. The LTP provides a valuable opportunity to continue to build on the role of the NHS and its contribution in delivering our vision of improving the health of the poorest the fastest.
4. The LTP shows that all regional Integrated Care Systems (ICSs), such as the WYH HCP that Leeds is part of, will have a central role going forward. Leeds continues to play a lead role in the region and continues to influence the development of a

community focused approach to health and care integration. One that promotes investment across the system and that increases the proportion of funding devoted to community, primary care and mental health services. The WYH HCP is required to develop its own local five strategy that incorporates a response to the LTP but also includes the wider factors for health and wellbeing. This will be developed between now and September 2019. This is being co-ordinated by an editorial group that includes staff from across local authorities and NHS organisations.

5. The refresh of the Leeds Health and Care Plan will be the central building block of the work that we will undertake in partnership with the NHS and across health and care partners. The refresh is being developed in partnership and will consider how to deliver the priorities outlined in the LTP, as well as being an opportunity, through the leadership of the Health and Wellbeing Board (HWB), to continue to influence the WYH HCP five year strategy. This exemplified the Leeds approach and the emerging and increasingly strong regional partnership.

## **Recommendations**

Scrutiny Board (Adults, Health and Active Lifestyles) is asked to note:

- Note the contents of the paper providing an overview of the NHS Long Term Plan.
- Note that the Leeds Health and Wellbeing Board will continue to provide strategic leadership for the Leeds Health and Care Plan and as part of its refresh influence the development of the WYH HCP five year strategy.

## 1. Purpose of this report

- 1.1 The purpose of this paper is to provide an overview of the NHS Long Term Plan (LTP) and some of the initial implications for Leeds and the region.

## 2. Background information

- 2.1 The LTP has been published covering a 10 year period from 2018/19. Overall, it is a positive plan reflecting engagement from local authorities and campaign groups as well as internal lobbying from NHS providers.

## 3. Main issues

### Key Points from the NHS Long Term Plan

#### 3.1 *Chapter 1: A new service model for the 21st century*

- 3.1.1 The LTP includes a guarantee that over the next five years investment in primary medical and community services will grow faster than the overall NHS budget, creating a ring-fenced local fund worth at least an additional £4.5bn a year in real terms by 2023/24. It summarises a series of improvements to be delivered in the following five key areas:

1. Boost out-of-hospital care (primary and community services)
2. Redesign and reduce pressure on emergency hospital services
3. Delivering person-centred care
4. Digitally enabled primary and outpatient care
5. A focus on population health and local partnerships through regional health and care partnerships/ ICSs.

#### 3.1.2 This includes:

- Expanded community health teams under the new national standards to provide fast support to people in their own homes as an alternative to hospitalisation, and to ramp up NHS support for people living in care homes. Within five years over 2.5 million more people will benefit from social prescribing, a personal health budget, and new support for managing their own health in partnership with patients' groups and the third sector.
- Improvement in the responsiveness of community health crisis response services to deliver services within two hours of referral in line with NICE guidelines, where clinically judged to be appropriate. In addition, all parts of the country should be delivering re-ablement care within two days of referral to those patients who are judged to need it.
- Improve identification of unpaid carers, and strengthen support for them to address their individual health needs through introducing best-practice Quality Markers for primary care that highlight best practice in carer identification and support.
- NHS and social care to continue to improve performance at getting people home without unnecessary delay when they are ready to leave hospital, reducing risk of harm to patients from physical and cognitive deconditioning complications. The goal over the next two years is to achieve and maintain an average Delayed Transfer of Care (DTC) figure of 4,000 or fewer delays,

and over the next five years to reduce them further. As well as the enhanced primary and community services response, this will be achieved through measures such as placing therapy and social work teams at the beginning of the acute hospital pathway, setting an expectation that patients will have an agreed clinical care plan within 14 hours of admission which includes an expected date of discharge, implementation of the SAFER patient flow bundle and multidisciplinary team reviews on all hospital wards every morning.

- Roll out of NHS Personalised Care model across the country, reaching 2.5 million people by 2023/24 and aiming to double that within a decade.

### 3.2 *Chapter 2: More NHS action on prevention and health inequalities*

- 3.2.1 To address the growing demand for healthcare created by a growing and ageing population, the LTP sets out an aim to target the top five causes of premature death in England:
- 3.2.2 Smoking: Commitment to offering all people admitted to hospital NHS-funded tobacco treatment services by 2023/24, with an adapted model for expectant mothers and their partners. A universal smoking cessation offer will be introduced for long-term users of specialist mental health and learning disability services.
- 3.2.3 Obesity: The government has pledged to halve childhood obesity. The existing national diabetes prevention programme, which has benefited over 100,000 people, will be doubled over the next five years, with a new digital option. All trusts will be required to deliver against the standards set out by the next version of hospital food standards, including substantial restrictions on high fat, salt and sugar food. There is an ambition to work with professional bodies to improve the quality of nutrition training within medical courses.
- 3.2.4 Alcohol: Over five years, hospitals with the highest rates of alcohol-dependence related admissions will be supported to establish Alcohol Care Teams (ACTs) using the health inequalities funding supplement from their CCGs and in collaboration with local authorities and drug and alcohol services.
- 3.2.5 Air pollution: Ensuring 90% of the NHS fleet will use low emissions engines by 2028, and heating from coal and oil fuel sources in NHS buildings will be fully phased out.
- 3.2.6 Antimicrobial resistance: Further progress on reductions in antimicrobial prescribing in primary care, and the health service will continue to support the delivery of the government's five year action plan on antimicrobial resistance, supporting system-wide improvement, surveillance, infection prevention and control, and antimicrobial stewardship, with resources for clinical expertise and senior leadership.
- 3.2.7 The LTP outlines some actions to tackle health inequalities including:
- Targeting a higher share of funding towards areas with high levels of health inequality than would be ordinarily allocated.
  - The NHS will set out specific and measurable goals for narrowing inequalities through the service improvements. All local health systems will be expected to set out in 2019 how they will reduce health inequalities by 2023/24 and 2028/29.



- The NHS will accelerate the Learning Disabilities mortality review programme and do more to keep people with learning disabilities and autism to stay well with proactive care in the community.
- An investment of £30m to meet the needs of rough sleepers, ensuring that areas most affected by rough sleeping have access to specialist homelessness mental health support.
- Identifying and supporting unpaid carers who are twice as likely to experience poor health, including quality marks for carer-friendly GP practices.
- Rolling out specialist clinics for people with serious gambling problems. Positively, Leeds has already secured funding to have the second 'problem gambling' clinic in England.

### 3.3 *Chapter 3: Further progress on care quality and outcomes*

The LTP outlines further progress on care quality and outcomes focusing on the following areas:

A strong start in life for children and young people

#### 3.3.1 Maternity and neonatal services

- Accelerate action to achieve 50% reductions in stillbirth, maternal mortality, neonatal mortality and serious brain injury by 2025.
- By March 2021, most women to receive continuity of the person caring for them during pregnancy, during birth and postnatally, following the launch of continuity of carer teams.
- The Saving Babies Lives Care Bundle will be rolled out across every maternity unit in England.
- Increased access to evidence-based care for women with moderate to severe perinatal mental health difficulties and a personality disorder diagnosis to benefit an additional 24,000 women per year by 2023/24.

#### 3.3.2 Children and young people's mental health services

- Over the coming decade 100% of children and young people who need specialist mental health care will be able to access it.
- Funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending.
- By 2023/24, at least an additional 345,000 children and young people aged 0-25 will be able to access support via NHS funded mental health services and school/college-based Mental Health Support Teams.
- Current service models will be extended to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults.

### 3.3.3 Learning disability and autism

- Tackle the causes of morbidity and preventable deaths in people with a learning disability and for autistic people.
- Uptake of the existing annual health check in primary care for people aged over 14 years with a learning disability will be improved, so at least 75% of those eligible have a health check each year.
- Stop the overmedication of people with a learning disability, autism or both.
- By March 2023/24, inpatient provision will have reduced to less than half of 2015 levels.

### 3.3.4 Children and young people with cancer

- Improve outcomes for children and young people with cancer, simplifying pathways and transitions between services and ensuring every patient has access to specialist expertise.
- From 2019, whole genome sequencing will be offered to all children with cancer, to enable more comprehensive and precise diagnosis, and access to more personalised treatments.
- From September 2019, all boys aged 12 and 13 to be offered vaccination against HPV-related diseases.
- Over the next five years NHSE will increase its contribution by match-funding clinical commissioning groups (CCGs) who commit to increase their investment in local children's palliative and end of life care services (this should more than double the NHS support, up to a total of £25m a year by 2023/24).

## Better care for major health conditions

### 3.3.5 Cancer

- From 2019 a roll out new Rapid Diagnostic Centres across the country. In 2020 a new faster diagnosis standard for cancer will begin to be introduced so that patients receive a definitive diagnosis or ruling out of cancer within 28 days.
- By 2020 HPV primary screening for cervical cancer will be in place across England.
- By 2021, where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support.
- By 2022 the lung health check model will be extended.
- By 2023, stratified, follow-up pathways for people who are worried their cancer may have recurred. These will be in place for all clinically appropriate cancers.
- By 2028, the NHS will diagnose 75% of cancers at stage 1 or 2.

### 3.3.6 Cardiovascular disease

- Help prevent up to 150,000 heart attacks, strokes and dementia cases over the next 10 years.
- Work with partners to improve community first response and build defibrillator networks.
- By 2028 the proportion of patients accessing cardiac rehabilitation will be amongst the best in Europe, with up to 85% of those eligible accessing care.

### 3.3.7 Stroke care

- In 2019 pilot a new credentialing programme for hospital consultants to be trained to offer mechanical thrombectomy.
- By 2020 begin improved post-hospital stroke rehabilitation models, with full roll-out over the 10 years.
- By 2022 deliver a ten-fold increase in the proportion of patients who receive a thrombectomy after a stroke so that each year 1,600 more people will be independent after their stroke.
- By 2025 have amongst the best performance in Europe for delivering thrombolysis to all patients who could benefit.

### 3.3.8 Diabetes

- Provide structured education and digital self-management support tools.
- Ensure patients with type 1 diabetes benefit from life changing flash glucose monitors from April 2019.
- By 2020/21, all pregnant women with type 1 diabetes will be offered continuous glucose monitoring, helping to improve neonatal outcomes.
- Double the fund of the NHS Diabetes Prevention Programme over the next five years.

### 3.3.9 Respiratory disease

- Do more to detect and diagnose respiratory problems earlier, support the right use of medication, expand pulmonary rehab and improve the response to pneumonia, particularly over winter.

### 3.3.10 Adult mental health services

- New and integrated models of primary and community mental health care will give 370,000 adults and older adults with severe mental illnesses greater choice and control over their care and support them to live well in their communities by 2023/24.
- By 2023/24 an additional 380,000 people per year will be able to access NICE-approved IAPT (Improving Access to Psychological Therapies) services.

- By 2023/24, NHS 111 will be the single, universal point of access for people experiencing mental health crisis. We will also increase alternative forms of provision for those in crisis, including non-medical alternatives to A&E and alternatives to inpatient admission in acute mental health pathways.
- Families and staff who are bereaved by suicide will also have access to post crisis support.
- By 2023/24, the NHS will introduce mental health transport vehicles, introduce mental health nurses in ambulance control rooms and build mental health competency of ambulance staff to ensure that ambulance staff are trained and equipped to respond effectively to people experiencing a mental health crisis.
- Mental health liaison services will be available in all acute hospital A&E departments and 70% will be at 'core 24' standards in 2023/24, expanding to 100% thereafter.

### 3.3.11 Short waits for planned care

- The local NHS is being allocated sufficient funds over the next five years to grow the amount of planned surgery year-on-year, to cut long waits, and reduce the waiting list.

### 3.3.12 Research and innovation to drive future outcomes improvement

- It will become easier to share innovation between organisations, innovation accelerated through a new Medtech funding mandate, and UK-led innovations that are proven as 'ready for spread', will be rolled out through Healthcare UK.
- NHS will play a key role in genomics with the new NHS Genomic Medicine Service will sequence 500,000 whole genomes by 2023/24. During 2019, seriously ill children who are likely to have a rare genetic disorder, children with cancer, and adults suffering from certain rare conditions or specific cancers, will begin to be offered whole genome sequencing.
- Aim to increase the number of people registering to participate in health research to one million by 2023/24. Furthermore, to expand the NHS infrastructure for real world testing, there will be an expansion of the current NHSE 'test beds' through regional Test Bed Clusters from 2020/21.

## 3.4 *Chapter 4: NHS staff will get the backing they need*

While some tangible goals and new programmes have been outlined in the LTP, most of the requisite detail has been delayed until the publication of "the comprehensive workforce implementation plan" later in 2019.

## 3.5 *Chapter 5: Digitally-enabled care will go mainstream across the NHS*

The LTP includes:

- Introducing controls to ensure new systems procured by the NHS comply with new agreed standards.

- By 2020, five geographies (to be confirmed) will deliver a longitudinal health and care record linking NHS and local authority organisations. Three more areas will follow in 2021.
- By 2020/21, every patient will have access to their care plan on the NHS app, as well as communications from their carer professionals.
- There will be 100% compliance with mandated cyber security standards by 2021.
- In 2021/22, every local NHS organisation will have a chief clinical information officer (CCIO) or chief information officer (CIO) on their board.
- By 2024 there will be universal coverage of regional local health and care records.

3.5.1 In Leeds, we are already ahead in many areas including having CCIOs/CIOs. Our city digital ambitions are supported by our Leeds City Digital Partnership Team and we have a proven track record of developing and adopting innovation and embracing the opportunities available in this digital age. Leeds is uniquely placed to lead the way in the use of digital across the health and care sector to deliver better care for people.

### 3.6 *Chapter 6: Taxpayers' investment will be used to maximum effect*

3.6.1 The NHS will continue to become more efficient over the coming decade. It restates the following five tests set out by the government in the 2018 budget, and sets out how the NHS will meet them:

1. The NHS (including providers) will return to financial balance
2. The NHS will achieve cash-releasing productivity growth of at least 1.1% a year, with all savings reinvested in frontline care
3. The NHS will reduce the growth in demand for care through better integration and prevention
4. The NHS will reduce variation across the health system, improving providers' financial and operational performance
5. The NHS will make better use of capital investment and its existing assets to drive transformation.

### 3.7 *Chapter 7: Next steps*

3.7.1 Parliament and the Government have both asked the NHS to make consensus proposals for how primary legislation might be adjusted to better support delivery of the agreed changes set out in the LTP. It does not require changes to the law in order to be implemented, however amendment to the primary legislation would significantly accelerate progress on service integration, on administrative efficiency, and on public accountability. Changes are recommended to: create publicly-accountable integrated care locally; to streamline the national administrative structures of the NHS; and remove the overly rigid competition and procurement regime applied to the NHS.

3.7.2 Regional health and care partnerships or Integrated Care Systems (ICSs) will develop and implement their own local five year strategies, which will set out how they intend to take the ambitions that the LTP details, and work together to turn

them into local action to improve services and the health and wellbeing of the communities they serve – building on the work they have already been doing.

3.7.3 This means that over the next few months there will be the opportunity to shape what the LTP means for local areas, and how the services need to change and improve as outlined below for Leeds.

### 3.8 *Approach to Integrated Care Systems*

3.8.1 The LTP indicates that ICSs will have a central role going forward and by April 2021 will cover the whole country. Leeds is part of the WYH HCP, which began its development phase to become an ICS in June 2018.

3.8.2 The LTP states that typically this will involve a single CCG though this is highlight unlikely to be the case across West Yorkshire and Harrogate as it covers a wider geography and large population base. The LTP anticipates that CCGs will become leaner, more strategic organisations that support providers to partner with local government and other community organisations.

3.8.3 ICSs will have the opportunity to earn greater autonomy as they develop and perform through the new ICS Performance Framework including earned financial autonomy. However, the most “challenged systems” will still be subject to oversight from NHS England and NHS Improvement, but in the future there will potentially be peer support from more developed ICSs.

3.8.4 There will be a new “duty to collaborate” for NHS Providers and CCGs, that would be supported by a system oversight approach:

- Providers “will be required to contribute to ICS goals and performance” and the centre is considering “potential new licence conditions” and “longer-term contracts” to promote this collaboration.
- Allow CCGs and providers to share “new duties” and jointly make decisions such as through joint committees - though it is not clear whether this would be achieved by legislation or incentive.

3.8.5 In terms of governance, the LTP states that every ICS will have:

- A Partnership Board with members from commissioners, trusts, and primary care and there is a clear expectation that Local Authorities and the Third Sector “will wish to participate”.
- A non-executive chair “subject to approval by NHS England and NHS Improvement”.
- “Sufficient clinical and management capacity drawn from across their constituent organisations”.
- “Greater emphasis” placed by the Care Quality Commission on system-wide quality.
- Clinical leadership to be aligned to the ICS area, with Cancer Alliances, for example, aligned to one or more ICS.

3.8.6 In West Yorkshire and Harrogate there is already agreement that the overarching Partnership Board that will be in place from June 2019 will include third sector representation, local authorities will be full members and a local authority elected member will Chair the Partnership Board. Clinical leadership is already a key

feature of the partnership's work and WYH HCP has already begun work to develop a supportive peer-review process for local systems.

### **Implications for Leeds and regionally**

- 3.9 The LTP is backed by the £20.5bn annual real terms uplift for the NHS by 2023/24 previously announced for 5 years, though after a period of below inflationary uplifts it is doubtful this will be enough to deliver the many new and enhanced priorities outlined without a significant shift in focus from other Government departments responsible for housing, communities and the economy. Workforce challenges remain significant across health and care. The LTP is rooted in the integration agenda and has a strong emphasis on prevention; however it has few references to social care or the social determinants of health (housing, employment, economic growth) that are the bedrock of health and wellbeing. Nonetheless, it reflects many of the priorities outlined in our:
- Leeds Health and Wellbeing Strategy, our blueprint for how Leeds will become the Best City for Health and Wellbeing, led by Leeds Health and Wellbeing Board (HWB).
  - Leeds Health and Care Plan, our partnership approach and key actions to protect the vulnerable and reduce inequalities; improve quality and reduce inconsistency; and build a sustainable system within the reduced resources available
  - Place based approach to health and care regionally through the WYH HCP that includes health and care partners (incl. local authorities, HWBs, Third Sector, Healthwatch, NHS) across the six local areas of Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield.
- 3.10 The LTP shows that ICSs will have a central role going forward. Leeds continues to play a lead role in the region, and influencing the development of a community focused approach to health and care in the WYH HCP. The refresh of the Leeds Health and Care Plan will be the central building block of the work that we will undertake across health and care partners. The refresh is being developed in partnership and will consider how to deliver the priorities outlined in the LTP, as well as being an opportunity, through the leadership of the HWB, to continue to influence the WYH HCP five year strategy. This exemplifies the Leeds approach and the emerging and increasingly strong regional partnership.
- 3.11 The LTP highlights a number of positive opportunities and challenges for the health and care system as outlined below:

Opportunities	Challenges
<ul style="list-style-type: none"> <li>• Place-based approach and focus on health inequalities, quality and system leadership.</li> <li>• Primary care models reflect the approach taken by the ICS to focus on clusters on 'extended practices' of 30-50,000 populations, which in Leeds we going further and faster with through our Local Care Partnership model.</li> <li>• There is a focus on reducing pressure on acute and urgent care services and a new service model.</li> <li>• Best Start focus is positive with maternity, mental health, childhood obesity improvements outlined.</li> <li>• Prevention based approach to major diseases using Population Health Management (PHM) provides a huge opportunity for the health and care system.</li> <li>• Stronger on third sector and social prescribing than before.</li> <li>• Ageing well and frailty.</li> <li>• Integration agenda strengthened and a shift away from competitive tendering.</li> <li>• Digital focus is welcome and potentially transformational if the NHS app and new care models are sufficiently inclusive.</li> </ul>	<ul style="list-style-type: none"> <li>• Welcome 'social factors' being included in line with our approach in Leeds, however it is as an appendix rather than embodied in the body of the LTP.</li> <li>• Employment section only covers mental health with limited focus on skills or inclusive growth although reference to anchor institutions programme is made.</li> <li>• Welcome the focus on health inequalities section, however, the LTP does not fully address the root causes that requires a broader health and care partnership approach as taken in Leeds. It describes the life expectancy gap as being caused by cancer, liver, heart, kidney disease etc. rather than the 'causes of the causes' approach that would focus on wider determinants of health (e.g. poor quality work/housing/stress/income inequality).</li> <li>• There is limited reference to local authority/community leadership and the role of Health and Wellbeing Boards.</li> <li>• The workforce related risks (recruitment/ retirement/ skills mix / stress, etc.) remain a threat, as does the uncertain impact of Brexit.</li> <li>• There remains ongoing financial challenges for NHS Providers as well as major financial issues in social care and local authorities from years of austerity.</li> <li>• Whilst place based on provisions, it remains unclear what the future of NHS commissioning is locally (i.e. NHS Leeds Clinical Commissioning Group relationship to both local authorities and ICS).</li> </ul>

3.12 Working together as a single health and care system is essential in delivering the vision of the Leeds Health and Wellbeing Strategy. The LTP recognises the role of local authorities in improving health and wellbeing, however, it is necessary to recognise that:

- Implementation is dependent on local areas, however, the LTP makes little reference to the role of HWBs, which are the only statutory forum bringing together local clinical, political and community leaders. Leeds is well placed through its health and care partnership arrangements, led by a strong Leeds Health and Wellbeing Board and influence on the WYH HCP.
- While it recognises the need to fund adult social care adequately, this is through the context of reducing the pressure on the NHS. There is a missed opportunity to develop the Social Care Green Paper and the LTP in parallel.



- While the LTP has a renewed focus on prevention, health inequalities and population health, this is within the context of a challenging financial envelope for Public Health. This is recognised in the LTP, which states that the Government and NHS will consider if there is a stronger role for the NHS in commissioning existing Public Health services such as sexual health, health visitors and school nurses. This might have implications for future commissioning arrangements.
- The LTP notes the importance of integration and collaboration and floats the possibility of legislative changes such as a 'duty to collaborate' and a move away from the tendering and competition requirements inherent in the Health and Social Care 2012 Act. In Leeds, political leaders and the Health and Wellbeing Board chaired by Cllr Charlwood have been pushing strongly for an NHS rooted in the values of co-operation. Whilst there is a need for more detail post-plan publication it is important to acknowledge that this is a potentially significant move that could transition commissioning and delivery of services nationally and regionally towards the partnership principles that we have outlined in the Leeds Health and Wellbeing Strategy.

### 3.13 *Implications for West Yorkshire and Harrogate Health and Care Partnership*

WYH HCP are discussing how to develop a local five year strategy which would be the new key planning document for the work of the partnership and meet the expectations of the LTP to have a regional plan. As highlighted above, the refresh of the Leeds Health and Care Plan will align with this. There is an aim to have a draft WYH ICS five year strategy in the public domain to coincide with the first public WYH Partnership Board in June 2019.

The five-year planning horizon provides an opportunity to think more creatively about the future shape of services in WYH. The WYH ICS five year strategy will:

- Re-affirm and build on the philosophy and framework set out in the WYH 'next steps' and associated documents. This includes the central aspects of subsidiarity, place-based approaches and democratic involvement. This outlines the 'primacy of place', meaning we will always work locally, unless the outcomes pass one or more of the following three tests:
  - It is necessary to work on a bigger geography to achieve a critical mass to achieve the best outcomes.
  - Across the geography there is unacceptably high variation in outcomes – and working together will improve overall quality, reduce variation and provide opportunity to share best practice.
  - There is opportunity to achieve better outcomes for people overall by tackling 'wicked issues' i.e. attracting resources, energy or new thinking to long-term, complex, intractable problems.
- Set out our ambitions for improving outcomes, with a continued focus on health and wellbeing and tackling inequalities; and responding to new priorities that emerge from the long term plan.
- Provide a clearer articulation of how we will develop integrated health and care services for communities of 30-50,000 people, including primary care networks and population health management capability (known as Local Care Partnerships in Leeds) - and the benefits this will offer.

- Think radically about some of the key enablers for change over a longer time horizon - including the workforce, digital technology and innovation.
- Set out the end-state on structural changes, including integrated care partnerships, acute physical and mental health service collaboration, partnership commissioning at place and WYH level, and oversight and mutual accountability (as set out in our WYH Memorandum of Understanding).

### 3.14 *Our Approach to Population Health Management*

‘Population Health management’ is a term that is used throughout the LTP. This approach includes improving the population’s health by data driven planning and delivery of care to achieve maximum impact. This approach includes some technical activities (e.g. segmenting the whole population according to similar needs, stratifying GP registers according to risk and consideration of how to make the biggest impact in different localities). As well as also a cycle of designing and targeting interventions to improve health and wellbeing, leading to a reduction in unwarranted variations in person centred and population level outcomes. This approach will only be effective if there is both the ability to link data sets and build strong local relationships across sectors to design and implement the required change.

Leeds (representing the WYH ICS) has been selected by NHSE as one of four areas nationally to test this approach between January and May 2019. Steered by the Leeds Clinical Frailty Strategy Group, Leeds will be focusing on people living with frailty as its first population segment and build on our local capabilities to take forward this approach for other cohorts of people. This will occur through four of our 18 Local Care Partnerships, which are local health and care partnerships (including GPs, elected members, nurses, housing, third sector, etc.) bringing together frontline professionals to put people at the heart of their health and care.

## **4. Corporate considerations**

### **4.1 Consultation and engagement**

- 4.1.1 In Leeds, wellbeing starts with people and as a result consultation and engagement are at the heart of our approach to health and care as set out by the Leeds Health and Wellbeing Board. Through the review of our Leeds Health and Care Plan (our place based plan for the WYH HCP) and using learning from our Big Leeds Chat (our citywide conversation as a single health and care system with people on health and wellbeing), we will work to ensure that the WYH five year strategy is rooted in place with full partnership engagement.

### **4.2 Equality and diversity / cohesion and integration**

- 4.2.1 There are no direct implications from this report around equality and diversity / cohesion and integration. Any future plans and service changes will be subject to equality impact assessments.

### **4.3 Council policies and best council plan**

- 4.3.1 Working together as a joined up health and care system is essential in delivering the vision of the Leeds Health and Wellbeing Strategy, which alongside the

Inclusive Growth Strategy, is one of our key strategies to achieving our Best City ambitions led by the HWB. The LTP provides a valuable opportunity to continue to build on the role of the NHS and its contribution in delivering our vision of improving the health of the poorest the fastest.

#### **4.4 Resources and value for money**

4.4.1 There are no direct resources and value for money implications arising from this report, however, it is important to recognise the growing role ICSs will have as mechanism for accessing a range of NHS funding going forward.

#### **4.5 Legal implications, access to information, and call-in**

4.5.1 There are no legal, access to information and call-in implications from this report.

#### **4.6 Risk management**

4.6.1 The report highlights a number of challenges for the Leeds health and care system going forward as well and opportunities. Through our strong health and care system governance arrangements, Leeds is well placed to manage risks as they rise through our Leeds Health and Wellbeing Board and other partnership board/groups.

### **5. Conclusions**

5.1 Working together as a joined up health and care system is essential in delivering the vision of the Leeds Health and Wellbeing Strategy. The LTP provides a valuable opportunity to continue to build on the role of the NHS and its contribution in delivering our vision of improving the health of the poorest the fastest.

5.2 The LTP shows that regional partnerships will have a central role going forward. Leeds continues to play a lead role in the region, and influencing the development of a community focused approach to health and care in the WYH HCP.

### **6. Recommendations**

Executive Board is asked to:

- Note the contents of the paper providing an overview of the NHS Long Term Plan.
- Note that the Leeds Health and Wellbeing Board will continue to provide strategic leadership for the Leeds Health and Care Plan and as part of its refresh influence the development of the WYH HCP five year strategy.

### **7. Background documents<sup>1</sup>**

7.1 None.

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<sup>1</sup> The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

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**Report of Head of Governance and Scrutiny Support**

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

**Date: 23 April 2019**

**Subject: Bereavement Arrangements at Leeds Teaching Hospitals NHS Trust**

Are specific electoral Wards affected? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If relevant, name(s) of Ward(s):
Are there implications for equality and diversity and cohesion and integration? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>
Is the decision eligible for Call-In? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>
Does the report contain confidential or exempt information? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If relevant, Access to Information Procedure Rule number: Appendix number:

**1 Purpose of this report**

1.1 The purpose of this report is summarise work undertaken that builds on the work of the previous Board and its review / report associated with the bereavement arrangements at Leeds Teaching Hospitals NHS Trust (LTHT). It also introduces the fuller and more formal update from LTHT to help the Scrutiny Board set out its formal position by the end of the municipal year.

**2 Background**

2.1 As reported at the previous Board meeting on 2 April 2019, the Scrutiny Board has been kept informed of the work progressed through the Chair of the Board, building on the work of the previous Board and its review / report associated with the bereavement arrangements at Leeds Teaching Hospitals NHS Trust (LTHT). This work has particularly focused on the timely release of bodies (and the consistency of practice across neighbouring Hospital Trusts) and the potential use of non-invasive post-mortems.

2.2 A copy of the letter sent to LTHT in December 2018 summarises the main issues and is presented at Appendix 1.

**3 Main Issues**

3.1 A summary of progress since the Chair's letter is set out below:

- The Chairs letter has been shared with the leadership of LTHTs Pathology Clinical Service Unit (PCSU).
- PCSU raised the feedback with the West Yorkshire Association of Acute Trusts (WYAAT) Pathology network meeting

- WYAAT Pathology network agreed to undertake a piece of work to review and compare practice across the six Trusts
- The aim was to complete the review work within 1 month and report the findings back to the WYAAT Pathology network meeting.
- An initial baseline has been established across the six Trusts and identified/ confirmed some variation in practice
- Work is now underway to agree consistent 'best practice'.
- It has been reported that Bradford currently offer non-invasive post-mortems; and is something other Trusts want to expand.
- A programme of work around offering non-invasive post-mortems continues to be scoped.

3.2 As previously reported, the Chair has requested a fuller and more formal update from LTHT in order to consider the:

- (a) Identified inconsistencies in practice across West Yorkshire.
- (b) Extent that the inconsistencies reflect custom and practice at individual Trusts and/or the impact of having two HM Coroners offices covering West Yorkshire.
- (c) Engagement of the coroners' offices in WYAAT work to date; and plans for further engagement.
- (d) Proposed next steps for LTHT and the associated timescales.

3.3 At the previous meeting, the Scrutiny Board agreed that the fuller and more formal report from LTHT be presented to this next meeting – to help the Scrutiny Board set out its formal position by the end of the municipal year.

3.4 The report from LTHT will be provided in advance of the meeting and suitable representatives from LTHT have been invited to attend the Scrutiny Board meeting to discuss the matter in more detail.

## **4 Recommendations**

4.1 Members of the Scrutiny Board are asked to consider the details presented in this report and the report from Leeds Teaching Hospitals NHS Trust and set out its formal position for this work to be taken forward into the new municipal year.

## **5 Background papers<sup>1</sup>**

5.1 None used

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<sup>1</sup> The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Julian Hartley  
Chief Executive, Leeds Teaching  
Hospitals NHS Trust

**Councillor Helen Hayden**  
Chair, Scrutiny Board  
(Adults, Health and Active Lifestyles)  
3<sup>rd</sup> Floor (East)  
Civic Hall  
LEEDS  
LS1 1UR

**Sent via e-mail only**

E-Mail address: helen.hayden @leeds.gov.uk  
Civic Hall tel: 0113 3950456  
Our ref: HH/SMC

11 December 2018

Dear Julian,

**RE: Bereavement arrangements**

Over the past couple of months, I have been involved in an ongoing exchange with colleagues at the Trust regarding its bereavement arrangements and the release of bodies for burial purposes. I am very much looking forward to receiving the additional details requested regarding opening hours and general performance of the histopathology services.

Meanwhile, I have received some feedback from my councillor colleagues based on the details provided to date, which suggests there are a number of areas where improvements could be implemented and more consistent practice across neighbouring Hospital Trusts offered to residents across West Yorkshire. I have set out the feedback below for your consideration and response.

*Non Coroner reportable deaths in hours*

In circumstances where a patient is deceased and the death is not reportable to HM Coroner, the treating doctor completes a Medical Certificate of Cause of Death (MCCD), and the family make an appointment at the Registrar's to register the death. Once the death has been registered the Registrar issues a Death Certificate and a Green Disposal Certificate to the family, they pass the Green Disposal Certificate to their chosen Funeral Director who can then attend the Mortuary to remove the deceased.

**Feedback:** In this case, the hospital should issue the MCCD (the ward Doctor) immediately because its natural expected death or the doctors are satisfied with the cause of death. The community should not have to wait for the registration or green form or even the Coroners out of England certificate. The patient's body should be released to the families appointed funeral director fairly quickly rather than waiting for the paperwork completion.

It is understood that the following procedure is followed in neighbouring hospitals Trusts (i.e Bradford, Halifax, Huddersfield and Wakefield):

- The funeral director fills an early release form and the body is released immediately.
- This helps to speed the process of repatriation, while one family member follows the procedure of registration and visiting the coroner, the other family members can organise the washing and funeral service hand in hand

- This practice enables the repatriation same day alternatively the deceased is repatriated on the second day.

#### Non Coroner reportable deaths overnight weekdays

In circumstances where a death occurs during the night Monday - Friday, it may be possible for a Doctor to complete the MCCD. However because the Registrar's office does not operate a 24 hour service, an appointment to register the death can only be made the next working day. The deceased can therefore not be released until the death has been registered and a Green Disposal Certificate issued.

**Feedback:** As set out in the proposals for 'in hours non coroner reportable death'. The MCCD should be issued immediately by the Doctor and the body should be released through the mortuary rather than waiting for other process. The family should not have to wait until the next day to visit the Bereavement office at 10.00am to pick up the MCCD before the body is released. .

#### Non Coroner reportable deaths at weekends

In circumstances where a death occurs outside of mortuary hours, over the weekend or Bank Holidays the release of a patient is authorised and facilitated by the Clinical Site Managers (CSM). The treating doctor completes the MCCD and the death must be registered. The Registrar's office is open Saturday morning 9am – 12pm, by appointment only, and in addition, both Jewish and Muslim faith leaders in the Leeds area have an arrangement with the Registrar's office and are also able to issue Green Disposal Certificates over weekends and Bank Holidays. So families are able to register the death and be given a Green Disposal Certificate allowing the release of the body over the weekend period.

**Feedback:** This is not understood to be the practice in neighbouring hospital Trusts and there should be a consistent approach for all communities within the boundaries of the West Yorkshire Association of Acute Trusts (WYAAT).

#### Post-mortem examination

Post-mortem examinations fall into two categories, those requested by HM Coroner, and those undertaken at the request of the responsible clinician with the appropriate consent of next of kin. In both circumstances post-mortem examinations are only undertaken within histopathology working hours. The only exception to this is a paediatric forensic case due to the time sensitive nature of the police investigation.

**Feedback:** There is a demand (and need) for the provision of a post-mortem service on Saturdays (as a minimum) and Sundays. The Coroner's office has previously made a commitment for the coroner's office to meet the needs of faith communities – in particular the Jewish and Muslim communities where urgent post-mortems are needed to meet the religious obligations for a quick burial.

As part of the WYAAT programme of work, I should be grateful if you could incorporate a review of current practices in order to:

- Help deliver a consistent approach across the WYAAT footprint (in line with the principals of standardisation, collaboration and economies of scale);
- Ensure any unnecessary delays caused by current practices / arrangements are removed in any affected hospital Trust
- Provide equal access / opportunities for families across the west Yorkshire and Harrogate Health and Care Partnership footprint.



I should be grateful if you could advise me of any outcomes as soon as possible.

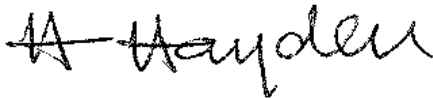
There is also another particular matter around post-mortems that I want to draw to your attention. This relates to the previous work of the Scrutiny Board and the issues raised around traditional post mortems and recent developments for non-invasive (scanning) procedures.

I understand in parts of Lancashire, all post-mortems undertaken are non-invasive (i.e. digital autopsies) unless there are some very specific circumstances that would require an invasive post-mortem at the outset. These are provided at no cost to families (unlike the current arrangements in West Yorkshire) and there is a high success rate (only 10% of non-invasive post-mortems are inconclusive and subsequently require a traditional examination).

Further details are available [here](#) and while this only represents some preliminary research, I believe this is worthy of further exploration. Recognising the decision about post mortems remains a judicial decision for responsible Coroners, I plan to share these details with the Coroner's office with the aim of gaining agreement for a review of current arrangements. I hope those hospital trusts represented on WYAAT would be supportive of any such review and would welcome your comments in this regard.

I trust these details are helpful and please let me know if it would be helpful to discuss any of these issues in more detail: I would be very happy to facilitate a meeting with relevant parties. Otherwise, I look forward to your response in the near future.

Yours sincerely,



**Councillor Helen Hayden**  
**Chair, Scrutiny Board (Adults, Health and Active Lifestyles)**

cc All members of the Scrutiny Board (Adults, Health and Active Lifestyles)  
Councillor Judith Blake, Leader of Leeds City Council  
Councillor Debra Coupar, Deputy Leader of Leeds City Council and Executive Member for Communities  
Councillor Rebecca Charlwood, Executive Member for Health, Wellbeing and Adults

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**Report of Head of Governance and Scrutiny Support**

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

**Date: 23 April 2019**

**Subject: Chairs Update – April 2019**

Are specific electoral Wards affected?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, name(s) of Ward(s):		
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, Access to Information Procedure Rule number:		
Appendix number:		

**1 Purpose of this report**

1.1 The purpose of this report is to provide an opportunity to formally outline some of the areas of work and activity of the Chair since the previous Scrutiny Board meeting earlier in April 2019.

**2 Main issues**

2.1 Invariably, scrutiny activity can often occur outside of the formal monthly Scrutiny Board meetings. Such activity may involve a variety of activities and can require specific actions of the Chair of the Scrutiny Board.

2.2 The purpose of this report is to provide an opportunity to formally update the Scrutiny Board on the Chair’s activity and actions since the previous Scrutiny Board meeting held earlier in April 2019. It also provides an opportunity for members of the Scrutiny Board to identify and agree any further scrutiny activity that may be necessary.

2.3 The Chair and Principal Scrutiny Adviser will provide a verbal update at the meeting, as required.

**3. Recommendations**

3.1 The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to note the content of this report and the verbal update provided at the meeting; and identify any specific matters that may require further scrutiny input/ activity.

**4. Background papers<sup>1</sup>**

4.1 None used

<sup>1</sup> The background documents listed in this section are available to download from the Council’s website, unless they contain confidential or exempt information. The list of background documents does not include published works.

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**Report of Head of Governance and Scrutiny Support**

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

**Date: 23 April 2019**

**Subject: Work Schedule (April 2019)**

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**1 Purpose of this report**

1.1 The purpose of this report is to consider the on-going development of the Scrutiny Board's work schedule for the current 2018/19 municipal year.

**2 Background**

2.1 During discussions meeting in June 2018, the Scrutiny Board discussed a wide range of matters for possible inclusion within the overall work schedule for 2018/19.

2.2 In considering the wide range of matters identified, the Board acknowledged that, due to the level of resource directly available to support the Board's work, there would be limitations on the work schedule; and that the Scrutiny Board would need to prioritise its main areas of focus for 2018/19.

2.3 Reflecting the areas identified by Board members, an outline work schedule was produced and presented to the Board for agreement. The work schedule has been refined during the course of the year, and presented to the Board for consideration and agreement at each of its formal meetings.

**3 Main Issues**

Developing the work schedule

3.1 As previously report, the work schedule should not be considered as a fixed and rigid schedule but be recognised as something that can be adapted to respond to any new and emerging issues throughout the year; and also reflect any timetable issues that might occur from time to time.

- 3.2 However, 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.
- 3.3 In addition, 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 deemed appropriate. This flexible approach may also require additional formal meetings of the Scrutiny Board.

#### Summary of 2018/19 municipal year

- 3.4 A summary of the work schedule for the 2018/19 municipal year is attached as Appendix 1. This will be used to form the basis of the Board’s contribution to the overall Annual Scrutiny Report (2018/19), which will be presented to Council in the new municipal year.

#### *Position Statement on Mental Health Services*

- 3.5 The Board has considered a range of matters associated with the provision of mental health services in Leeds – including the impact of the planned closure of current in-patient facilities in Harrogate (with future in patient access at an alternative location – most likely York) with an enhanced offer of community support services.
- 3.6 A draft position statement setting out the Board’s work on mental health services will be presented in advance of the meeting for consideration and agreement.

#### *Integrated Market Position Statement*

- 3.7 Under the Care Act 2014, one of the Council’s responsibilities around health, care and support services is to produce a Market Position Statement (MPS). This is aimed at the health and care provider market to stimulate conversations around the Council’s commissioning intentions across the City.
- 3.8 As previously reported, a joint meeting with members of the Scrutiny Board (Children and Families) took place on 4 April 2019 that considered the draft Integrated Market Position Statement (IMPS) for 2019-22. The draft IMPS having a broader focus than previous editions, looking beyond adult social care and being produced in partnership with Children’s Services and Leeds CCG.
- 3.9 The outcome of the joint meeting will be presented in advance of the meeting for consideration and will be used to inform the on-going development of the draft IMPS ahead of its consideration by Executive Board early in the new municipal year.

### *Health Service Developments*

- 3.10 Members of the Scrutiny Board have previously been made aware of the work being undertaken by NHS Leeds Clinical Commissioning Group (CCG) associated with the proposed development of Urgent Treatment Centres across the City.
- 3.11 Members of the Scrutiny Board considered the proposals in more detail at a working group meeting held on 11 March 2019. The outcome from that discussion is being used to inform the Board's formal response and will be provided in advance of the meeting for formal agreement.

### *Quality Accounts*

- 3.12 At its previous meeting, the Scrutiny Board confirmed its support for a joint approach with HealthWatch Leeds to consider and provide a joint comment / commentary for inclusion in each of the NHS providers' draft quality account.
- 3.13 This joint meeting is scheduled for 24 April 2019 and therefore the outcome of that meeting will be reported to the successor Scrutiny Board at the beginning of the new municipal year.

### Minutes of meetings

- 3.14 The following minutes, which may be pertinent to the work of the Board, are also appended for information and consideration, as appropriate:
- Draft minutes of the Executive Board meeting held on 20 March 2019 (Appendix 2).
- 3.15 Members of the Scrutiny Board are invited to comment on any matters highlighted in the attached minutes that specifically fall within the Board's remit.

### Developing the work programme for the new municipal

- 3.16 At its previous meeting, the Scrutiny Board considered and endorsed a more consistent approach associated with planning for the scrutiny arrangements for the new municipal year and the 'handover' of issues to be considered by the appropriate and newly constituted Scrutiny Board.
- 3.17 In order to bring these matters together and to adopt a longer-term approach to planning Scrutiny Board work programmes; each Scrutiny Board is being presented with the following information before the end of the municipal year:
- (a) A draft schedule of planned meeting dates for the municipal year (2019/20)
  - (b) A draft work schedule that includes known items of scrutiny activity, such as performance and budget monitoring, identified Budget and Policy Framework items and recommendation tracking.
  - (c) Details of specific areas / matters to be recommended for consideration by the appropriate Scrutiny Board, as part of the overall 2019/20 work programme.
- 3.18 Following discussions at the previous Board meeting, these details are presented at Appendix 3 by way of a draft work schedule for 2019/20. Subject to agreement, this will form the basis of the Board's handover to the appropriate and newly constituted Scrutiny Board in 2019/20.

3.19 In agreeing the draft 2019/20 work schedule for consideration by the successor Scrutiny Board, members should recognise any future work schedule will:

- Become the responsibility of a successor Scrutiny Board (subject to the arrangements agreed by Council in May 2019).
- Remain flexible and adaptable to reflect any new and emerging issues or changing priorities identified in the new municipal year.
- Need to reflect any timetabling issues that might occur from time to time.

3.20 Nonetheless, setting out proposed meeting dates and a draft work schedule for the new municipal year will provide a foundation that will not only help with the initial planning for next year's Scrutiny Board, but it also has the potential to help with planning the work programme in the longer-term.

## **4 Recommendations**

4.1 Members of the Scrutiny Board are asked to consider the details presented in this report and the associated appendices, and:

- (a) Note the summary of the 2018/19 work schedule presented at Appendix 1, which will be used as the basis of the Board's contribution to the overall Annual Scrutiny Report (2018/19), which will be presented to Council in the new municipal year
- (b) Agree the draft position statement setting out the Board's work on mental health services considered over the course of the year – incorporating any agreed amendments.
- (c) Endorse the outcome of the joint meeting that considered the draft Integrated Market Position Statement (IMPS) (2019 – 22) that will be used to inform the on-going development of the draft IMPS ahead of its consideration by Executive Board early in the new municipal year.
- (d) Agree the Board's formal response to the proposed development of Urgent Treatment Centres across the City.
- (e) Note the agreed joint approach with HealthWatch Leeds to consider local NHS healthcare providers Quality Accounts for 2019; that will provide a joint comment / commentary for inclusion in each of the providers draft Quality Account; with the outcome being reported to the successor Scrutiny Board at the beginning of the new municipal year.
- (f) Note and comment on the minutes of draft minutes of the Executive Board meeting held on 20 March 2019.
- (g) Subject to any identified amendments, agree the draft work schedule for 2019/20 (presented at Appendix 3) that will form the basis of the Board's handover to the appropriate and newly constituted Scrutiny Board in 2019/20.

## **5 Background papers<sup>1</sup>**

5.1 None used

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<sup>1</sup> The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.





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

### Outline Work Schedule for 2018/19 Municipal Year (March 2019 update)

26 June 2018	17 July 2018	August 2018
<b>Meeting Agenda for 26/06/18 at 1.30 pm.</b>	<b>Meeting Agenda for 17/07/18 at 1.30 pm.</b>	<b>No Scrutiny Board meeting scheduled</b>
Appointment of Co-opted members (DB) Scrutiny Board Terms of Reference (DB) Sources of Work (DB) Performance Report (Adults, Health & Active Lifestyles) (DB/PM) CQC Inspection Outcomes – Adult Social Care (PM)	NHS Integrated Performance Report (PM) West Yorkshire & Harrogate Health & Care Partnership – Specialist Stroke Services (DB) Improving Access to Psychological Therapies (IAPT)(DB) HealthWatch Leeds Annual Report and Future Work Programme (DB)	
<b>Working Group Meetings</b>		
	9 July 2018 – Board Development Session: Leeds NHS Landscape	15 August 2018 – Health Service Developments Working Group. Issues to consider include: <ul style="list-style-type: none"> <li>• IAPT</li> <li>• Urgent care centres</li> </ul>
<b>Site Visits / Other</b>		
11 June 2018 – Introductory Meeting 20 June 2018 – Introductory Meeting (Repeat)	30 July 2018 – West Yorkshire JHOSC	

#### Scrutiny Work Items Key:

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



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

Outline Work Schedule for 2018/19 Municipal Year  
(March 2019 update)

18 September 2018	October 2018	6 November 2018
<b>Meeting Agenda for 18/09/18 2018 at 1.30 pm.</b>	<b>No Scrutiny Board meeting scheduled</b>	<b>Meeting Agenda for 6/11/18 at 1.30 pm.</b>
Enabling Active Lifestyles – Update / Response to Scrutiny Board Statement (RT) CQC Inspection Outcomes (May 2018 – July 2018) – Adult Social Care (PM) Quality of Homecare Services in Leeds (PM) Leeds Health and Care Plan Update (PM) West Yorkshire and Harrogate Health and Care Partnership – A Memorandum of Understanding (DB)		Outcome of Newton Europe system review (PM) Leeds mental health Framework – progress / performance review (PSR) Redesign of Community Mental Health Services for adults in Leeds (PSR) Leeds Health and Wellbeing Strategy – An Age Friendly City (Priority 2) (PSR)
<b>Working Group Meetings</b>		
<b>Site Visits / Other</b>		
	8 October 2018 – West Yorkshire JHOSC	

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### Scrutiny Work Items Key:

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



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

### Outline Work Schedule for 2018/19 Municipal Year (March 2019 update)

December 2018	15 January 2019	February 2019	March 2019
No Scrutiny Board meeting scheduled	Meeting Agenda for 15/01/19 at 1.30 pm.	No Scrutiny Board meeting scheduled	No Scrutiny Board meeting scheduled
	Adults Health & Active Lifestyles Financial Health Monitoring (PM) Performance Report (Adults, Health & Active Lifestyles) (PM) 2019/20 Initial Budget Proposals (PDS) Best Council Plan Refresh (PDS) Adult Social Care Annual Complements and Complaints Report (2017/18) (PM) CQC Inspection Outcomes (August 2018 – December 2018) – Adult Social Care (PM)		
<b>Working Group Meetings</b>			
			11 March 2019 – Health Service Developments Working Group – Urgent Treatment Centres Proposals
<b>Site Visits / Other</b>			
5 December 2018 – West Yorkshire JHOSC		11 February 2019 – West Yorkshire JHOSC	

#### Scrutiny Work Items Key:

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



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

Outline Work Schedule for 2018/19 Municipal Year  
(March 2019 update)

2 April 2019	23 April 2019	Unscheduled
<b>Meeting Agenda for 19/03/19 at 1.30 pm.</b>	<b>No Scrutiny Board meeting scheduled</b>	<b>Meeting arrangements to be confirmed</b>
<p>Leeds Safeguarding Adults Board Annual Report and Strategic Plan – mid-year review (PSR)</p> <p>Leeds Health and Care System (PM)</p> <ul style="list-style-type: none"> <li>Local System Review – outcome and associated improvement plan</li> </ul> <p>Leeds Health and Care System (PM)</p> <ul style="list-style-type: none"> <li>Leeds Plan Update</li> <li>Developing Local Care Partnerships</li> </ul> <p>Quality of Social Care Services (PM)</p> <ul style="list-style-type: none"> <li>CQC Adult Social Care Inspection Outcomes (Nov. 2018 – Jan. 2019)</li> </ul> <p>Quality of Social Care Services (PM)</p> <ul style="list-style-type: none"> <li>Homecare Services in Leeds</li> </ul>	<p>Scrutiny Board statements, including:</p> <ul style="list-style-type: none"> <li>Mental Health matters considered during the year</li> <li>Response on Urgent Treatment Centres proposals</li> </ul> <p>Bereavement arrangements (PSR)</p> <p>NHS Long Term Plan – Implications/ proposals for Leeds (PDS)</p>	<p>Congenital Heart Disease Services – Implementation of National Review/Update (RT/ PM)</p> <p>Prisoner Health Inquiry – Formal Response to Recommendation (RT)</p> <p>Stroke care services – operational plan and implications for Leeds (PSR)</p> <p>Dementia Inquiry (PSR)</p> <p>Yorkshire Ambulance Service NHS Trust – service capacity and transformation programme (PM)</p> <p>CAMHS (PSR)</p>
<b>Working Group Meetings</b>		
4 April 2019 – Joint Workshop – Draft Market Position Statement	24 April 2019 – Joint Workshop – Quality Accounts	Men's Suicide – the impact of problem gambling
<b>Site Visits / Other</b>		
	8 April 2019 – West Yorkshire JHOSC	Future West Yorkshire JHOSC meetings

### Scrutiny Work Items Key:

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



## **SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)**

### **Proposed Policy or Service Review Areas (2018/19) (November 2018 update)**

#### **Leeds Health and Care Plan – developing Local Care Partnerships**

To consider and make any recommendations for improvement in relation to the:

- Proposed geography of the developing Local Care Partnerships (LCPs) across the City.
- Proposed scope and range of services to form the basis of the developing LCPs across the City
- Ongoing development of Primary Care and access to Primary Care Services across the City.
- Balance between ensuring consistency across the developing LCPs, with the need to reflect local needs and demands.
- Membership and associated roles within the developing LCPs – with a particular focus on the role of elected members.
- Associated infrastructure necessary to support the consistent development of LCPs across the City.

#### **Dementia**

To consider and make any recommendations for improvement in relation to the:

- Progress against the Leeds Dementia Strategy (2013-16) and any other relevant strategy or action plan.
- Provision of dementia care in Care Homes across Leeds, including:
  - The current and predicted prevalence of dementia across Leeds.
  - The current number of dementia care and/or specialist dementia care beds.
  - The impact of dementia care provision on hospital discharges.
  - The future strategy for delivering the appropriate level of specialist dementia care.
  - Any workforce development and/or training implications.
- Impact of complex dementia on the local health and care system, including delayed discharges and A&E waiting times.
- Views and experience of carers as part of Leeds' ambition to be a Dementia Friendly City.
- Impact / implications for the developing Local Care Partnerships on the provision of dementia care across the City.

#### **Men's Suicide – the impact of problem gambling**

To consider and make any recommendations for improvement in relation to the:

- Prevalence of problem gambling in Leeds and the impact on the level of male suicide in Leeds.
- Public health implications of problem gambling, by examining the work being undertaken across the Communities and Adults and Health portfolios.
- Resources available to support public health and/or wider activity relating to problem gambling in Leeds.
- The impact / implications for the developing Local Care Partnerships on the level of male suicide, particularly those attributed to problem gambling.



## **SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)**

### **Proposed Policy or Service Review Areas (2018/19) (November 2018 update)**

#### **Child and Adolescent Mental Health Services (post December 2018)**

To consider and make any recommendations for improvement in relation to the:

- Report of the Healthcare Safety Investigation Branch<sup>1</sup> relating to the transition from child and adolescent mental health services (CAMHS) and adult mental health services (AMHS).
- Relevant agency responses to the Healthcare Safety Investigation Branch report, findings and recommendations.
- Any implications for the Mental Health Framework and/or service delivery in Leeds, arising from the Healthcare Safety Investigation Branch report, findings and recommendations; alongside the various agency responses.
- Impact / implications for the developing Local Care Partnerships on the provision of CAMHS and AMHS across the City.

#### **Other aspects of the Scrutiny Boards work**

- Quality of Care – a continued focus on care quality in residential care homes (nursing and non-nursing) and within homecare service providers. This will include the input from the Care Quality Commission.
- Active Lifestyles – response to the Scrutiny Board statement (March 2018) and any subsequent actions/ progress.
- Leeds Safeguarding Adults Board Annual Report (2017/18)
- Adult Social Care Complaint and Compliments Annual Report (2017/18)
- Yorkshire Ambulance Service NHS Trust – transformation programme / service changes
- Stroke care services

#### **Health Service Developments Working Group**

The Scrutiny Board has re-established the working group to consider proposed NHS service developments / changes identified during the year. This may include areas where the Scrutiny Board is subsequently invited to formally contribute to the consultation on any substantial proposals. This is likely to include progress against the following areas initially identified during the previous municipal year:

- Community dentistry (from 2017/18)
- Child Development Centre (from 2017/18)
- Maternity Services provision (from 2017/18)
- Adult Community Mental Health Services

Other service development areas identified include:

- Development of urgent treatment centres
- Improving Access to Psychological Therapies (IAPT) services in Leeds
- Adult and Older People Mental Health Services in Wetherby

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<sup>1</sup> Details of the report are available at: <https://www.hsib.org.uk/investigations-cases/transition-from-child-and-adolescent-mental-health-services-to-adult-mental-health-services/final-report/>

## EXECUTIVE BOARD

WEDNESDAY, 20TH MARCH, 2019

**PRESENT:** Councillor J Blake in the Chair

Councillors R Charlwood, D Coupar,  
S Golton, Lamb, J Lewis, R Lewis,  
L Mulherin, J Pryor and M Rafique

**APOLOGIES** Councillor A Carter

**SUBSTITUTE MEMBER** Councillor A Lamb

**168 Substitute Member**

Under the provisions of Executive and Decision Making Procedure Rule 3.1.6, Councillor A Lamb was invited to attend the meeting on behalf of Councillor A Carter, who had submitted his apologies for absence from the meeting.

**169 Exempt Information - Possible Exclusion of the Press and Public**

**RESOLVED** – That, in accordance with Regulation 4 of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, the public be excluded from the meeting during consideration of the following parts of the agenda designated as exempt from publication 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 public were present there would be disclosure to them of exempt information so designated as follows:-

- a) That Appendix B to the report entitled, 'Learning Places Programme Update and Secondary School Place Requirements for East Leeds', referred to in Minute No. 177 be designated as exempt from publication in accordance with paragraph 10.4(3) of Schedule 12A(3) of the Local Government Act 1972 on the grounds that the information within the appendix provides commercially sensitive information regarding the potential purchase / valuation of a site and disclosure of this information would potentially prejudice the Council's position. It is considered that the public interest in maintaining the content of the appendix as being exempt from publication outweighs the public interest in disclosing the information at this time.
- b) That Appendix 2 to the report entitled, 'Acquisition of Unit 6 Waterside Road, Stourton, for Service Re-provision', referred to in Minute No. 184 be designated as exempt from publication in accordance with paragraph 10.4(3) of Schedule 12A(3) of the Local Government Act 1972 on the grounds that the information within that appendix relates to the financial or business affairs of a particular person and the council. This information is not publicly available from the statutory registers of information kept in respect of certain companies and charities. It is considered that since this information relates to a financial offer that the

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council has submitted to purchase the property in a one to one negotiation it is not in the public interest to disclose this information at this point in time. Also it is considered that the release of such information would or would be likely to prejudice the council's commercial interests in relation to other similar transactions in that prospective purchasers of other similar properties would have access to information about the nature and level of consideration which may prove acceptable to the council. It is considered that whilst there may be a public interest in disclosure, much of this information will be publicly available from the Land Registry following completion of this transaction and consequently the public interest in maintaining the exemption outweighs the public interest in disclosing this information at this point in time.

#### **170 Late Items**

With the agreement of the Chair, one late item of business was admitted to the agenda entitled, 'Update on Leeds City Council's preparations for the UK's exit from the European Union'. The report could not have been included within the agenda as originally published on 12<sup>th</sup> March 2019, given the uncertain and fast-developing nature of this issue at a national level and the outcomes of the parliamentary votes on the Withdrawal Deal held 12<sup>th</sup>; 13<sup>th</sup> and 14<sup>th</sup> March 2019 respectively. Also, given the UK's exit date from the EU is 29<sup>th</sup> March 2019, and given how quickly the situation was developing, it was felt that this report could not be delayed until the next scheduled meeting of the Board. (Minute No. 179 refers).

Additionally, the Board received a supplementary document relating to 'The Annual Standards Report 2017-18' containing an updated table showing Key Stage 4 data which was not previously available (minute 176 refers).

#### **171 Declaration of Disclosable Pecuniary Interests**

There were no Disclosable Pecuniary Interests declared at the meeting.

#### **172 Minutes of the Previous Meeting**

**RESOLVED** – That the minutes of the previous meeting held on 13<sup>th</sup> February 2019 be approved as a correct record.

### **COMMUNITIES**

#### **173 Community Hubs - Update**

The Director of Communities and Environment submitted a report on the progress made to date on the Community Hub programme, seeking approval of the Phase 3, year 2 programme, in order to establish Community Hubs in a number of key local buildings, mainly existing Libraries and One Stop Centres to support the delivery of integrated and accessible services.

In response to Member comments regarding customer satisfaction and feedback in relation to the Community Hubs delivered to date, the Board was advised that each Hub was responsive to the local community's needs to ensure each locality received the right services for the area. Additionally, the



role of Scrutiny Board (Environment, Housing and Communities) in the development of the programme was acknowledged.

#### **RESOLVED -**

- a) That the contents of the report and specifically the progress made on delivering the Community Hubs as part of Phase 1 and Phase 2, Phase 3, year 1 and the Mobile Community Hub approach be noted.
- b) To note the injection of £4.84m to deliver the Phase 3 - Year 2 (2019/20) schemes of the Community Hub programme and to note that updated business cases for individual Hub schemes will require authority to spend in line with the current capital approvals process.
- c) That it be noted that further Phase 3 business cases will be submitted in 2020 to request further injections of funding for the remaining Phase 3 Projects.
- d) That provisional authority be granted to spend of £900k for the Armley Community Hub scheme and to delegate authority to allow the Director of Communities and Environment to approve a Design and Cost Report up to this amount once the scheme has reached design freeze stage and all appropriate design, cost and programme information has been received.
- e) That it be noted that the Crossgates Community Hub was due be completed under the One Public Estate programme with the NHS; however, this scheme has now been moved back into the Community Hub programme due to a decision by the NHS not to move significant services into this location. To note however, that it is proposed to co-locate the Ashfield Medical GP Practice into the existing library building, as part of creating the Crossgates Community Hub.
- f) That it be noted that the new proposed Joint Service Centre scheme in Lincoln Green/Burmantofts, is being developed jointly with the NHS under the One Public Estate Programme and this will be subject to a separate report.
- g) That the positive impact Community Hubs are having on communities be noted.

#### **CHILDREN AND FAMILIES**

##### **174 Review of Leeds Play Strategy and a Future Commitment to Children's Play**

The Director of Children and Families submitted a report on the progress made against the objectives outlined in the 2007 Leeds Play Strategy. The report sought support for the Authority to retain its commitment to Children's Play; specifically by protecting and supporting Article 31 of the United Nations Convention on the Rights of the Child (UNCRC) the child's right to play; by

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endorsing the updated version of the Play Strategy – The Leeds Commitment to Children’s Play.

The report also sought approval to establish a citywide strategic play partnership to develop an action plan to steer the delivery of the Commitment to Children’s Play to ensure that Leeds children are happy and healthy and have fun growing up in the city.

The report detailed how, since the 2007 Play Strategy, Leeds had invested in services and children’s play, with Members noting the current position with regard to funding streams for play provision and acknowledging that provision of play spaces was just as important as provision of play equipment.

#### **RESOLVED -**

- a) That the progress made to date against the objectives outlined in the Leeds Play Strategy (2007) be noted;
- b) That the updated version of the Play Strategy – The Leeds Commitment to Children’s Play included with this report be endorsed;
- c) That approval be given to the establishment of a citywide play partnership to steer the delivery of the Leeds Commitment to Children’s Play; and to note that the responsible officer for this will be the Strategic Play Officer on behalf of the Children and Families Directorate.

#### **175 Ofsted Update and Children and Families Improvement Plan**

The Director of Children and Families submitted a report providing an update on the Children and Families Improvement Plan. The report included the outcome and requirements of the October 2018 Ofsted inspection of Children’s Services in Leeds which rated Leeds Children’s Services as Outstanding overall.

A copy of the full inspection report, published on 18th December 2018, was attached as Appendix 1 to the report.

The report highlighted that the four areas for improvement identified by Ofsted had previously been recognised by the Children and Families Services and were already important aspects in the refreshed service improvement plan; which would be submitted to the Secretary of State and Her Majesty’s Chief Inspector (The Education and Inspections Act 2006 (Inspection of Local Authorities) Regulations 2007) by the 28th March 2019 deadline as the Authority’s response to the Ofsted inspection.

The Board broadly welcomed the report and commended officers of the Children and Families Directorate on the work undertaken to achieve the outstanding Ofsted rating. In response to a Member’s comments, the Board received an update regarding Children’s Cluster arrangements across the city.

## **RESOLVED -**

- a) That the report and improvement plan be endorsed as the appropriate response to the findings of the Ofsted Inspection of Children's Services in Leeds in October 2018.
- b) That it be noted that the Officer responsible for implementation of the plan by March 2021 is the Deputy Director Children and Families Social Care.

## **LEARNING, SKILLS AND EMPLOYMENT**

### **176 Annual Standards Report 2017-2018**

The Director of Children and Families submitted the Annual Standards Report which reflected on progress made over the last year towards achieving the aims and priorities outlined in the education strategy for Leeds: 'The Best City for Learning 2016-2020'. The Annual Standards Report summarised the achievement of learners at all Key Stages throughout 2017-2018, including the achievements and challenges over the course of that academic year, and provided recommendations for the future.

A copy of the full document was attached as Appendix 1 to the report, with additional data in Appendices 2, 3 and 4. Prior to the meeting Members had received a supplementary document containing an updated table showing Key Stage 4 data which was not previously available.

In considering the report, the Board received clarification on the contents of specific data sets within the report, including corrections to Table 1: Progress 8 and noted a request for the Board to receive regular updates on progress against the recommendations within the report. Members also considered the rate of progress being made in Leeds when compared with the national average and the actions being taken in this area

## **RESOLVED**

- a) That the contents of the report and the details of the outcomes of Leeds children and young people in the 2017-2018 academic year be noted.
- b) That it be noted that the report will inform the priorities in the 3As Strategy (Attendance, Attainment, Achievement) which will be published in Spring/Summer 2019.

### **177 Learning Places Programme Update and Secondary School Place Requirements for East Leeds**

Further to Minute No. 136, 7<sup>th</sup> February 2018, the Director of Children and Families, the Director of City Development and the Director of Resources and Housing submitted a joint report presenting an update on the Learning Places Programme, including an update on the progress of those projects currently forming part of the Programme. Approval was sought for the proposals presented to meet the demand forecast for the next 3-5 years, particularly

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around secondary requirements across the East of the City, as part of the ongoing strategic place planning.

A plan of the Arcadia site proposed to allow the Council to bring forward a free school presumption for the development of a new 6/8 form entry secondary school was attached as Appendix A of the report.

In addition, the submitted report sought approval to undertake related capital expenditure and also to reset the capital risk fund. An outline of the Learning Places Action Plan; submitted by the Council in response to the letter of 7<sup>th</sup> June 2018 from the Education Skills Funding Agency (ESFA) requiring the Council to develop an Action Plan with Target Savings for the delivery of additional school places was also included. Following a review of the Action Plan by the Department for Education, EFSA concluded that the Action Plan will deliver the necessary savings, if implemented effectively.

A Member raised a concern regarding the proposal for the dissolution of the School Organisation and Advisory Board (SOAB) and the Executive Member for Learning, Skills and Employment provided information setting out the reasoning behind the proposal.

Following consideration of Appendix B to the submitted report designated as exempt from publication under the provisions of Access to Information Procedure Rule 10.4(3), which were considered in private at the conclusion of the meeting, it was

## **RESOLVED**

- a) That the progress made over the last 12 months across the Learning Places Programme and the successful delivery of 1600 new school places be noted;
- b) That approval be given to the Council entering into negotiations with the Arcadia Group Ltd for the purchase of the currently unused playing field land (2.7ha) at Torre Road for the delivery of a new secondary school, with final Heads of Terms to be presented back to Executive Board at a future point in time once a mutually agreed position has been established;
- c) That approval be given to reset the balance of the Capital Risk Fund to £7.190m, to facilitate effective risk management at programme level which maintains the fund at 10% of the current capital value of schemes in development;
- d) That approval be given to the dissolution of the School Organisation Advisory Board (SOAB), as a non-statutory function with immediate effect.

## **ENVIRONMENT AND ACTIVE LIFESTYLES**

## **178 Update on Implementation of Council Resolution on the Phase Out of Single Use Plastics**

The Director of Communities and Environment submitted a report which provided a mid-point update on the implementation of the Council resolution of September 2018 to phase out single-use plastics by the Council and its supply chain by the end of 2019.

The report outlined the work undertaken through a cross-Council group of officers to implement the resolution and the practical changes already implemented.

In discussing the report, Members recognised the importance for work within the Council to continue at pace, whilst noting that several challenges had been identified, particularly in identifying suitable alternatives to plastic goods and in working to a timeframe of December 2019 for implementation. Other national and local organisations who have also pledged to take action to phase out single use plastics were working to a longer timeframe and could therefore benefit from future technological and market developments.

### **RESOLVED -**

- a) That the work and progress in implementing the Council resolution to phase out single-use plastics by the Council and its supply chain by the end of 2019 be noted.
- b) That the continuation of a pragmatic and phased approach on the reduction of single use plastics, as outlined in section 3.9.11 of the submitted report, be endorsed.

## **ECONOMY AND CULTURE**

## **179 Update on Leeds City Council's preparations for the UK's exit from the European Union**

Further to minute 133 of the meeting held 19<sup>th</sup> December 2018, the Chief Executive submitted a report on the preparations that Leeds City Council, working with partners, has been making to prepare for the UK's exit from the European Union scheduled to take place on 29<sup>th</sup> March 2019.

The report detailed further progress that has been made to prepare for any possible outcome of ongoing negotiations between the UK Government and the EU, and focused in particular on the proactive approach which has been taken towards the development of a strategic response plan to guide the council and city's response to Brexit. A copy of the response plan was included at Appendix A of the report.

In presenting the report, the Leader of Council commended the work undertaken by the cross party working group and noted the value of the input from external stakeholders and businesses into the development of the response plan. Additionally, the Chief Executive reported on work undertaken at a regional and national level.

**RESOLVED –**

- a) That the work ongoing to prepare the council and the city for the UK's exit from the European Union be noted.
- b) That the contents of the strategic response plan attached at Appendix A to the submitted report be noted.
- c) That the response approach outlined in the report, including that further updates should be provided to Executive Board as appropriate, be agreed.

**180 Extension of Ad:Venture and Digital Enterprise Programmes**

The Director of City Development submitted a report which provided an update on the Ad: Venture and Digital Enterprise programmes and information on the efforts made by the Council to develop a new funding package to extend delivery for a further three years to 2022.

The report sought approval to enter into all contracts and funding agreements required for the extension of the Ad: Venture Enterprise Growth Programme and the Digital Enterprise Project until 2022; as well as authority to spend up to a further £9.5 million of European funds and up to a further £9.5 million of match funding on the Ad: Venture Enterprise Growth Programme and the Digital Enterprise Project, subject to the receipt of necessary funding approvals.

In discussing the report, the Board considered funding of the programme beyond 2022, recognising the need for continued support of the project. With regard to the mechanisms for securing the repatriation of EU funding to the regions it was designated for, Members noted that work in this area continued via the LGA.

**RESOLVED -**

- a) That the progress and success of Ad: Venture and Digital Enterprise made to date in supporting businesses and individuals across the Leeds City Region be noted.
- b) That approval be granted to seek authority to spend up to a further £9.5 million of European funds, and up to a further £9.5 million of match funding over the period 2019- 22 on the Ad: Venture Enterprise Growth Programme and the Digital Enterprise Project, subject to the receipt of the necessary funding approvals.
- c) That the Director of City Development be authorised to enter into all new contracts and funding agreements associated with the extension of Ad: Venture and Phase 2 of the Digital Enterprise Programme.
- d) That the Director of City Development be authorised to take all action necessary to continue delivery of Ad: Venture & Digital Enterprise.

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- e) That it be noted that Executive Board will receive further reports on progress as part of on-going monitoring and reporting of the Inclusive Growth Strategy.
- f) That approval be given to exempt the resolutions arising from this report from the Call-In process, on the grounds of urgency, as detailed within section 4.5 of the submitted report.

(The Council's Executive and Decision Making Procedure Rules state that a decision may be declared as being exempt from the Call In process if it is considered that any delay would seriously prejudice the Council's, or the public's interests. In line with this, the resolutions contained within this minute were exempted from the Call In process, as per resolution (f) above, and for the reasons as detailed within sections 4.5 of the submitted report)

## **RESOURCES AND SUSTAINABILITY**

### **181 Financial Health Monitoring 2018/19 - Month 10**

The Chief Officer (Financial Services) submitted a report which presented the Council's projected financial health position for 2018/19, in respect of both the revenue budget and the Housing Revenue Account as at month 10 of the financial year.

Responding to a Member's enquiry, the Board was provided with further information on the funding structure for the Early Years Block of the Dedicated Schools Grant within the Children and Families Service. Further clarification on the current position with regards to the review of waste services and proposed review of routes and related issues was also provided.

**RESOLVED** – That the projected financial position of the Authority, as at Month 10 of the 2018/19 financial year, be noted.

## **REGENERATION, TRANSPORT AND PLANNING**

### **182 Future High Street Fund**

The Director of City Development submitted a report setting out the terms of the government's £675m Future High Street Fund and how it could help to facilitate the city's inclusive growth ambitions by supporting new investment in physical infrastructure to support the regeneration, resilience and sustainability of Leeds' district centres and local high streets.

It was noted that whilst the 26<sup>th</sup> December 2018 publication suggested that only one bid could be made, the additional guidance published on 7<sup>th</sup> February 2019 increased the number of bids to five.

In discussing the proposed approach to the submission of expressions of interest for the two bidding rounds announced, the Board supported the recommendation for Armley Town Centre to be submitted by the 22nd March 2019 deadline. In considering the second bidding round, anticipated in 2020,

the Board noted a request to conduct wider engagement with Members and external stakeholders and emphasised the importance of securing the benefits of regeneration for the wider community. Additionally, a request to submit progress reports on the second bidding round at the appropriate time was noted.

Appendix 1 to the report included a map showing Neighbour Priority Areas, Wards and Local Centres with the detail of the assessment of the local centres in the priority wards included at Appendix 2.

**RESOLVED -**

- a) That the approach to the assessment and shortlisting of local centres for their potential to meet the criteria for success under the Future High Street Fund, as outlined in paragraph 3.5-3.6 and Appendix 2 of the submitted report be endorsed.
- b) That approval be given for submission of an expression of interest to the Future High Street Fund for Armley Town Centre on or before 22<sup>nd</sup> March 2019.
- c) That officers be instructed to begin an engagement exercise with Members and external stakeholders to inform the Council's proposals for the second round of the Future High Street Fund.
- d) That approval be given to exempt the resolutions arising from this report from the 'Call-In' process, on the grounds of urgency, as detailed within sections 4.5.1 to 4.5.3 of the submitted report.

(The Council's Executive and Decision Making Procedure Rules state that a decision may be declared as being exempt from the Call In process if it is considered that any delay would seriously prejudice the Council's, or the public's interests. In line with this, the resolutions contained within this minute were exempted from the Call In process, as per resolution (d) above, and for the reasons as detailed within sections 4.5.1 – 4.5.3 of the submitted report)

**183 City Centre Vehicle Access Management Scheme - Phase 2A**

Further to minute 81 of the meeting held 17th October 2018, the Director of City Development submitted a report seeking authority to spend £673,000 on Phase 2A of the City Centre Vehicle Access Scheme, in order to control vehicular access to Greek Street and Merrion Street East in the city centre.

The report provided details of the scheme which will significantly increase the safety and security of visitors in these two key locations in Leeds city centre as part of Phase 2A of the City Centre Vehicle Access Scheme and in support of the emerging Our Spaces Strategy which proposes a 'people first' approach with an ambition for the city centre to be safe and welcoming.

**RESOLVED -**



- a) That approval be given for authority to spend £673,000 on Phase 2A of the City Centre Vehicle Access Scheme, in order to control vehicular access to Greek Street and Merrion Street East in the city centre.
- b) That approval be granted for the invitation of tenders and subject to the tender sums being within the tendered budget, to approve and authorise the award of the Contract to undertake the construction of the scheme;
- c) That authority be delegated to the Director of City Development to approve, consult and implement such measures as should be identified; and
- d) That it be noted that the Chief Officer Highways & Transportation will be responsible for implementation.

**184 Acquisition of Unit 6 Waterside Road, Stourton, for Service Re provision**

The Director of City Development and the Director of Adults and Health submitted a joint report seeking approval in principle to the acquisition of Unit 6, Waterside Road, Stourton, and authority to spend the funding necessary to deliver the relocation of Assisted Living Leeds from their current location at 81 Clarence Road to Waterside Road. The report also sought authority to inject and to spend a further £1.4m into the Capital Programme, on an invest-to-save basis, to deliver the expansion of the Assisted Living Service in line with Adults & Health priorities.

The report detailed how acquisition of the property will allow the Council to progress with the release of its assets at Clarence Road which will support the regeneration and growth of the Hunslet Riverside area of the city and outlined the importance of concluding the acquisition as quickly as possible.

In discussing the report, the Board and officers acknowledged a comment emphasising the importance of retaining Changing Places provision within that area of the city centre.

Following consideration of Appendix 2 to the submitted report designated as exempt from publication under the provisions of Access to Information Procedure Rule 10.4(3), which were considered in private at the conclusion of the meeting, it was

**RESOLVED -**

- a) That approval be given to the acquisition of Unit 6, Waterside Road, on the terms identified in the confidential appendix 2, including the financial business case, as set out in the submitted report;
- b) That authority be delegated to the Director of City Development to agree the final detailed terms and complete the acquisition;

- c) That approval be given for authority to spend the £5.6m injected into the Capital Programme in February 2019 to support the relocation of Assisted Living Leeds;
- d) That authority be delegated to the Director of City Development and Chief Financial Officer to agree the fit out and refurbishment works to the building once acquired;
- e) That approval be given to the injection and authority to spend a further £1.4m into the capital programme to enable the undertaking of the expansion of the Assisted Living Leeds Service in line with the Directorate's priorities;
- f) That authority to spend the additional £1.4m be delegated to the Director of Adults & Health;
- g) That it be noted that the Head of Asset Management is responsible for the proposed acquisition;
- h) That approval be given to exempt the resolutions arising from this matter from the 'Call-In' process, on the grounds of urgency, as detailed within section 4.5.5 of the submitted report.

(The Council's Executive and Decision Making Procedure Rules state that a decision may be declared as being exempt from the Call In process if it is considered that any delay would seriously prejudice the Council's, or the public's interests. In line with this, the resolutions contained within this minute were exempted from the Call In process, as per resolution (h) above, and for the reasons as detailed within sections 4.5.5 of the submitted report)

#### **185 Marketing for the disposal of the Lisbon Street Site**

The Director of City Development submitted a report seeking approval to recommence the marketing of a site at Lisbon Street for disposal. The report detailed how the site forms part of the Council's approved capital receipts programme and is scheduled for disposal in 2020/21.

It was noted that, following a period of sustained development activity in the city and corresponding improvement in property market conditions, it was considered that now was the appropriate time to release the site for development.

In response to a Member's query, the Board received additional information on the proposals in respect of car parking provision arising from the potential disposal of the site, with the intention to present a further report on this associated matter to the Board in due course.

#### **RESOLVED –**

- a) That approval be given to the recommencement of the marketing of the Lisbon Street site, in accordance with the disposal strategy and

Draft minutes to be approved at the meeting  
to be held on Wednesday, 17th April, 2019

planning statement outlined within the submitted report and also within Appendix 2 attached to the report.

- b) That officers be requested to bring back a report to Executive Board that evaluates the schemes and the offers made; and makes a recommendation on the preferred and reserve schemes to be selected.
- c) That the proposal to develop a business case to identify the potential to increase the capacity of the Council's West Street Car Park for further consideration be noted.

## **HEATH, WELLBEING AND ADULTS**

### **186 Overview of the NHS Long Term Plan**

The Director of Adults and Health submitted a report providing an overview of the NHS Long Term Plan (LTP) which covers a 10 year period from 2018/19 along with some of the initial implications for Leeds and the region.

In presenting the report, the Executive Member for Health, Wellbeing and Adults emphasised the Authority's influence and partnership working with external organisations to collaborate and integrate service provision and that NHS partners were increasingly linking into that work. Overall, the LTP positively reflected engagement with local authorities and campaign groups; and the role of the NHS and its contribution in delivering Leeds' vision of improving the health of the poorest the fastest.

### **RESOLVED –**

- a) That the contents of the paper providing an overview of the NHS Long Term Plan be noted
- b) That it be noted that the Leeds Health and Wellbeing Board will continue to provide strategic leadership for the Leeds Health and Care Plan and as part of its refresh influence the development of the WYH HCP five year strategy.
- c) That support be given to the continued commitment of Leeds City Council to remodelling a social model of health and care and the resources committed to the Leeds Health and Care Plan.

### **187 Adults and Health Quality Account for Regulated Services**

The Director of Adults and Health submitted a report on the 2017/18 Quality Account for regulated Social Care services for Leeds, specifically those registered and inspected by the Care Quality Commission.

The Board welcomed the progress made in improving the quality of care during the last year, resulting in 78% of residential homes being rated good or above – a 10% increase on the previous year. Additionally, improvements in nursing care homes were noted. Discussion focussed on the quality of care and professional development within the nursing care workforce and how the

council could support continued improvements. Details of proposals being developed to establish a Teaching Nursing Home in recognition of this highly specialised area of care were provided.

**RESOLVED –**

- a) That the contents of the submitted report be noted, that the work outlined within the report to deliver improvements be supported, and that approval be given for the publication of the Adults and Health Quality Account for Leeds, as set out in Appendix 1 of the submitted report.
- b) That it be noted that the Head of Commissioning (Contracts and Business Development) for Adults and Health will ensure that the Quality Account 2017/18 is published on the Leeds City Council Website.

**188 Chief Officer, Financial Services**

At the close of the meeting, the Chair noted the impending retirement of Doug Meeson, Chief Officer, Financial Services, and expressed appreciation and thanks on behalf of the Board for his work and support to the Board and Council Members and his contribution to Leeds City Council.

**DATE OF PUBLICATION: FRIDAY, 22<sup>ND</sup> MARCH 2019**

**LAST DATE FOR CALL IN  
OF ELIGIBLE DECISIONS: 5.00 PM, FRIDAY 29<sup>TH</sup> MARCH 2019**



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

### Draft Work Schedule for 2019/20 Municipal Year

25 June 2019	23 July 2019	August 2018
<b>Meeting Agenda for 25/06/19 at 1.30 pm.</b>	<b>Meeting Agenda for 23/07/19 at 1.30 pm.</b>	<b>No Scrutiny Board meeting scheduled</b>
Appointment of Co-opted members (DB) Scrutiny Board Terms of Reference (DB) Performance Report (Adults, Health & Active Lifestyles) (PM) Quality of services for adults and older people, including CQC Inspection Outcomes (Feb– April 2019) Leeds Community HealthCare NHS Trust – Proposals for Community Dentistry (C)	NHS Integrated Performance Report (PM) Leeds Mental Health Strategy (PSR) Prisoner Health Inquiry – Recommendation Update (RT) Mental Health Services for Adults and Older People in Wetherby (RT) Dementia Strategy (PSR)	
<b>Working Group Meetings</b>		
Bereavement Arrangements at LTHT – TBC		
<b>Site Visits / Other</b>		
West Yorkshire JHOSC – TBC	West Yorkshire JHOSC – TBC	

#### Scrutiny Work Items Key:

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



# SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)

## Draft Work Schedule for 2019/20 Municipal Year

17 September 2019	22 October 2019	26 November 2019
<b>Meeting Agenda for 17/09/19 at 1.30 pm.</b>	<b>Meeting Agenda for 22/10/19 at 1.30 pm.</b>	<b>Meeting Agenda for 26/11/19 at 1.30 pm.</b>
Leeds Health and Care System Review – progress against action plan (PM) Local Care Partnerships – progress report (PM) Yorkshire Ambulance Service NHS Trust – service capacity and transformation programme (PM)		Quality of services for adults and older people, including CQC Inspection Outcomes (May – Sept 2019)
<b>Working Group Meetings</b>		
<b>Site Visits / Other</b>		
West Yorkshire JHOSC – TBC		West Yorkshire JHOSC – TBC

**Scrutiny Work Items Key:**

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



# SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)

## Draft Work Schedule for 2019/20 Municipal Year

December 2018	14 January 2020	11 February 2020
No Scrutiny Board meeting scheduled	Meeting Agenda for 14/01/20 at 1.30 pm.	Meeting Agenda for 11/02/20 at 1.30 pm.
	Adults Health & Active Lifestyles Financial Health Monitoring (PM) Performance Report (Adults, Health & Active Lifestyles) (PM) 2019/20 Initial Budget Proposals (PDS) Best Council Plan Refresh (PDS) Adult Social Care Annual Complements and Complaints Report (2018/19) (PM)	NHS Integrated Performance Report (PM)
<b>Working Group Meetings</b>		
<b>Site Visits / Other</b>		
	West Yorkshire JHOSC – TBC	

**Scrutiny Work Items Key:**

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



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

### Draft Work Schedule for 2019/20 Municipal Year

24 March 2020	April 2020	UNSCHEDULED
<b>Meeting Agenda for 24/03/20 at 1.30 pm.</b>	<b>No Scrutiny Board meeting scheduled</b>	<b>No Scrutiny Board meeting scheduled</b>
Leeds Safeguarding Adults Board Annual Report and Strategic Plan – mid-year review (PSR) Quality of services for adults and older people, including CQC Inspection Outcomes (Oct 2019 – Jan 2020)		Congenital Heart Disease Services – Implementation of National Review/Update (RT/ PM) CAMHS (PSR)
<b>Working Group Meetings</b>		
Joint Workshop – Updated Market Position Statement (date TBC) Women’s Health – One Year On: Progress Report (to coincide with / around International Women’s Day (8 March 2020))	24 April 2019 – Joint Workshop – Quality Accounts	
<b>Site Visits / Other</b>		
West Yorkshire JHOSC – TBC		

#### Scrutiny Work Items Key:

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