



SCRUTINY BOARD (ADULTS,HEALTH & ACTIVE LIFESTYLES)

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Tuesday, 22nd October, 2019 at 1.30 pm

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

MEMBERSHIP

Councillors

- C Anderson - Adel and Wharfedale;
J Elliott - Morley South;
N Harrington - Wetherby;
H Hayden (Chair) - Temple Newsam;
M Iqbal - Hunslet and Riverside;
C Knight - Weetwood;
G Latty - Guiseley and Rawdon;
S Lay - Otley and Yeadon;
D Ragan - Burmantofts and Richmond Hill;
A Smart - Armley;
P Truswell - Middleton Park;
A Wenham - Roundhay;

Co-opted Member (Non-voting)

Dr J Beal - Healthwatch Leeds

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

Principal Scrutiny Adviser:
Steven Courtney
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Produced on Recycled Paper

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</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>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <ol style="list-style-type: none"> 1. To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2. To consider whether or not to accept the officers recommendation in respect of the above information. 3. If so, to formally pass the following resolution:- <p>RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:</p> <p>No exempt items have been identified.</p>	

3

LATE ITEMS

To identify items which have been admitted to the agenda by the Chair for consideration.

(The special circumstances shall be specified in the minutes.)

4

DECLARATION OF 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.

5

APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES

To receive any apologies for absence and notification of substitutes.

6

MINUTES - 17 SEPTEMBER 2019

1 - 6

To approve as a correct record the minutes of the meeting held on 17 September 2019.

7

LEEDS COMMUNITY DENTAL SERVICES

7 - 10

To consider a report from the Head of Democratic Services that introduces a report from Leeds Community Healthcare NHS Trust on the outcome of its public engagement and consultation on the future delivery of Community Dental Services and the proposed next steps.

8

LEEDS MENTAL WELLBEING SERVICE MOBILISATION ARRANGEMENTS

11 - 20

To consider a report from the Head of Democratic Services introducing a joint report from NHS Leeds Clinical Commissioning Group and Leeds Community Healthcare NHS Trust providing an update on the new Leeds Mental Wellbeing Service and the associated mobilisation arrangements.

9		<p>LEEDS HEALTH AND CARE PLAN: CONTINUING THE CONVERSATION</p> <p>To consider a report from the Director of Adults and Health providing an update on the review and refresh of the Leeds Plan, including an overview of the engagement to date that has supported its development.</p>	21 - 76
10		<p>UPDATE ON THE CQC LEEDS SYSTEM REVIEW ACTION PLAN</p> <p>To consider a report from the Director of Adults and Health setting out progress against the agreed action plan following the Local System Review (LSR) of Leeds on how services are working to care for people aged 65 and over (including those living with dementia), undertaken by the Care Quality Commission (CQC) and reported in December 2018.</p>	77 - 102
11		<p>CHAIR'S UPDATE</p> <p>To receive an update from the Chair on scrutiny activity since the previous Board meeting, on matters not specifically included elsewhere on the agenda.</p>	103 - 106
12		<p>WORK SCHEDULE - OCTOBER 2019</p> <p>To consider the Scrutiny Board's work schedule for the 2018/19 municipal year.</p>	107 - 152
13		<p>DATE AND TIME OF NEXT MEETING</p> <p>Tuesday 26 November 2019 at 1:30pm (pre-meeting for all Board members at 1:00pm).</p>	

THIRD PARTY RECORDING

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

Use of Recordings by Third Parties – code of practice

- a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title.
- b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.

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SCRUTINY BOARD (ADULTS,HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 17TH SEPTEMBER, 2019

PRESENT: Councillor H Hayden in the Chair

Councillors C Anderson, J Elliott, S Firth,
M Iqbal, C Knight, G Latty, D Ragan,
A Smart, P Truswell and A Wenham

Co-opted Member present - Dr J Beal

31 Appeals Against Refusal of Inspection of Documents

There were no appeals.

32 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

33 Late Items

There were no late items.

34 Declaration of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

35 Apologies for Absence and Notification of Substitutes

Apologies for absence were received from Councillor N Harrington and S Lay.
Councillor S Firth was in attendance as substitute.

36 Minutes - 23 July 2019

RESOLVED – That the minutes of the meeting held on 23 July 2019 be approved as an accurate record.

37 Development of the Leeds Mental Health Strategy

The Director of Adults and Health submitted a report that set out the work associated with the development of the Leeds Mental Health Strategy.

The following were in attendance:

- Councillor Rebecca Charwood, Executive Member for Adults, Health and Active Travel
- Caroline Baria, Deputy Director, Integrated Commissioning
- Victoria Eaton, Deputy Director of Public Health

- Kashif Ahmed, Head of Service, NHS Leeds CCG
- Dr Jane Mischenko, Lead Strategic Commissioner, Children and Maternity Care, NHS Leeds CCG

The Deputy Director for Integrated Commissioning introduced the item and provided a PowerPoint presentation on the development of the new all-age strategy focused on promotion of good mental health and prevention, as well as support for people experiencing mental illness.

Members discussed a number of matters, including:

- *Protective factors.* Members were keen to see more examples of positive role models set out in the strategy than those noted in the report and presentation;
- *Development of a delivery plan.* Members requested more information around the actions planned to meet the draft priorities, and were informed that a delivery plan was in progress and would be submitted to the Board in due course.
- *Engagement with employers.* Members sought clarity regarding the engagement to date with employers across the city, to understand the barriers and support needed for people experiencing mental health problems to remain in work. Members were informed that over 200 employers in Leeds were part of the Mindful Employers network launched in 2018, enabling direct communication throughout the development of the strategy.
- *Successful funding bids.* In response to queries around the level of resource available to achieve the priorities within the strategy, Members were informed that there had been a number of successful funding bids which would support the progress of the strategy. However, it was noted that the demand for mental health services was still greater than resource available.
- *Vacancies and training.* Representatives recognised that recruiting clinical input remains a challenge, however, Members were informed of continued investment in early identification services in adult social care, along with new educational mental health practitioner roles in CAMHS.
- *Mental health services for older people.* Members sought assurance that neighbourhood networks and other non-standard routes and services are supported to provide services for older people within the community.
- *Mental health services for young people,* Examples of existing initiatives targeted at children and young people, including work with schools, was shared with the Board.

RESOLVED –

- a) That the delivery plan to the strategy be submitted to the Board for comment at the earliest opportunity;
- b) That the contents of the report and presentation, along with Members comments, be noted.

38 HealthWatch Leeds Report: Mental Health Crisis in Leeds

The Head of Democratic Services submitted a report that introduced the Healthwatch Leeds report, 'Mental Health Crisis in Leeds', setting out people's experience of 'What it is like to have a mental health crisis in Leeds'.

Sharanjit Boughan, Community Project Worker for Healthwatch Leeds, was in attendance and provided a PowerPoint presentation to Members summarising key findings and recommendations, along with an audio recording of patient feedback. Members were also informed about a forthcoming Mental Health Crisis Summit to bring all partners together in Leeds to reflect on the findings of the project and take forward this agenda.

Members welcomed the report and the opportunity to hear some of the experiences of patients who had accessed mental health services in Leeds. It was noted that action plans are now being developed and that a follow up review was also being planned. Linked to this, the Chair suggested that the Scrutiny Board schedules a further in update its work programme to discuss the actions taken to address the findings in the report, with relevant partners also in attendance.

RESOLVED –

- a) That a further update and discussion of the progress against actions set out within the report, with relevant partners in attendance, be added to the work programme;
- b) That the contents of the report and presentation, along with Members comments, be noted.

39 Progress Report on Development of Local Care Partnerships

The Director of Adults and Health submitted a report that provided an update on the development of Local Care Partnerships (LCPs) across Leeds.

The following were in attendance:

- Councillor Rebecca Charwood, Executive Member for Adults, Health and Active Travel
- Thea Stein, Chief Executive, Leeds Community Healthcare NHS Foundation Trust
- Kim Adams, Programme Director, Local Care Partnerships Development Programme

The Programme Director introduced the report and provided a PowerPoint presentation, including some of the key features of LCPs, an overview of the maturity framework, and an update on elected member engagement.

Members discussed a number of matters, including:

- *Ward coverage.* Members sought assurance that the whole of the city was now covered by an LCP, which was confirmed by representatives present. However, it was felt that Members would also benefit from receiving LCP boundary maps.
- *Leadership.* Members queried the leadership arrangements for each LCP, and were informed that each LCP had adopted a different approach, with most chaired by a GP, and others using a rotating chair system.
- *Definition of Frailty.* Linked to the Population Health Management approach, Members sought clarity on the working definition of 'frailty'. Whilst acknowledging that this had been identified as a key area for all LCPs to approach, it was noted that LCPS are also looking at priority issues within their own areas.
- *Membership.* As a model of joined-up working with teams delivering local health, wellbeing and care, Members recognised the value of LCPs also encouraging representation from local dental practitioners and community pharmacists.

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

40 Bereavement Arrangements at Leeds Teaching Hospitals NHS Trust

The Head of Democratic Services submitted a report that presented further evidence to support the Scrutiny Board's review of bereavement arrangements, which includes an update from Leeds Teaching Hospitals NHS Trust (LTHT).

The following were in attendance:

- Mike Philpott, General Manager for Pathology, Leeds Teaching Hospitals NHS Trust
- Krystina Kozłowska, Head of Patient Experience, Leeds Teaching Hospitals NHS Trust

The General Manager for Pathology provided a brief overview of the report, highlighting developments to the service following a review of practice undertaken to improve the timeliness of release, including the removal of the requirement for completion of Green Disposal Certificates and a policy refresh due to be implemented in early 2020.

Members welcomed the changes to the service and discussed a number of matters, including:

- *Advice and support for bereaved families.* Members queried the support available for bereaved families within the hospital setting, and were informed that a bereavement clinical nurse specialist had been recruited to provide ward based support, and that staff at the bereavement office were trained to signpost to organisations and charities who provide support.

- *Policy wording.* Members also requested a number of specific changes to the wording as set out in appendix 1 for future public facing documents to avoid confusion around the removal of the requirement for Green Disposal Certificates.

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

Councillor G Latty left the meeting at 4 pm during discussion of this item.

41 Chair's Update - September 2019

The Head of Governance and Scrutiny Support submitted a report that provided an opportunity for the Chair of the Scrutiny Board to outline some areas of work and activity since the previous Scrutiny Board meeting in July 2019.

RESOLVED – That the contents of the report be noted and reflected in the development of the Board's work schedule.

42 Work Schedule - September 2019

The Head of Governance and Scrutiny Support submitted a report which invited Members to consider the Board's work schedule for the 2019/20 municipal year. The Principal Scrutiny Adviser introduced the report and outlined the areas within the work schedule.

RESOLVED – That the outline work schedule presented, with the addition of the requests made during the meeting, be agreed.

43 Date and Time of Next Meeting

Tuesday, 22 October 2019 at 1:30pm (pre-meeting for all Board Members at 1:00 pm).

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Report of Head of Governance and Scrutiny Support

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

Date: 22 October 2019

Subject: Leeds Community Dental Services

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has consultation been carried out?	<input checked="" type="checkbox"/> Yes <input 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 introduce further details from Leeds Community Healthcare NHS Trust regarding the outcome of its public engagement and consultation on the future delivery of Community Dental Services and the proposed next steps.

2 Background

2.1 The Community Dental Service (CDS) provides NHS dental care for children and adults who have dental treatment needs which cannot be met in a general dental practice. The majority of patients have physical, sensory, intellectual, mental, medical, emotional or social impairment, or more often a combination of these factors.

2.2 To meet the individual treatment needs of each patient the Community Dental Service provides personalised care plans and oral health education as well as general anaesthetic and sedation services. To make the service fully accessible facilities include:

- Wheelchair accessible clinics
- Hoists
- Specialist dental chair for wheelchair users
- Loop systems
- Interpreting services
- Activity and sensory packs
- Social story boards with Makaton symbols

2.3 In early April 2019. Members of the previous Scrutiny Board were advised of Leeds Community Healthcare NHS Trust's plans to fundamentally review service

delivery arrangements for Community Dental Services – following the award of the contract from NHS England. This also followed previous changes in 2017/18, which saw services move from Seacroft Clinic to the Reginald Centre.

- 2.4 At its meeting in June 2019, the Scrutiny Board received details of the preferred option for the future delivery to Community Dental Services in Leeds and Leeds Community Healthcare NHS Trust's plans for public engagement and consultation – including a targeted mailshot to 2,000 patients (or parents/carers) and a series of face-to-face engagement events.
- 2.5 At that time, the Scrutiny Board highlighted a number of issues, including:
- Concerns that the consultation period was only intended to take place for 6 weeks, rather than the recommended 12 weeks. The Board requested that the consultation period be extended.
 - Concern that the proposed 3-base model may not sufficiently meet the needs of the population, particularly given the number of facilities for specialist dental services in other major cities with similar populations to Leeds. More information on the levels of referral to specialist services compared to other major cities was requested.
 - Concern that the proposed reduction in the number of sites would cause greater difficulty and expense to patients travelling to appointments, particularly for those with additional needs.
 - The impact of the proposed changes on the Climate Emergency should be considered as part of the decision making process.

3 Main issues

- 3.1 The public engagement and consultation period was extended beyond the original date of 26 July 2019, and closed on 6 September 2019.
- 3.2 An update report from Leeds Community Healthcare NHS Trust will be provided in advance of the meeting on the outcome of its public engagement and consultation on the future delivery of services and the proposed next steps.
- 3.3 Representatives from Leeds Community Healthcare NHS Trust (service providers) and NHS England (service commissioners) have been invited to attend the meeting to present the report, help members consider the information in more detail and address any specific questions from the Scrutiny Board.

4. Corporate considerations

4.1 Consultation and engagement

- 4.1.1 The information provided in this report and associated appendices provide an update on matters previously considered by the Scrutiny Board and relates to services commissioned and provided by external organisations.
- 4.1.2 Leeds Community Healthcare NHS Trust undertook specific public engagement and consultation – including a targeted mailshot to 2,000 patients (or parents/carers) and a series of face-to-face engagement events. Public consultation closed on 6 September 2019.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 The Scrutiny Board Procedure Rules state that, where appropriate, all work undertaken by Scrutiny Boards will ‘...review how and to what effect consideration has been given to the impact of a service or policy on all equality areas, as set out in the Council’s Equality and Diversity Scheme’. However, the information provided in this report largely relates to external organisations, which may be subject to other considerations relating to equality, diversity, cohesion and integration.
- 4.2.2 Matters set out in the Council’s Equality and Diversity Scheme may need to be taken into account if any additional scrutiny activity is deemed appropriate.

4.3 Council policies and the Best Council Plan

- 4.3.1 The terms of reference of the Scrutiny Boards promote a strategic and outward looking Scrutiny function that focuses on the best council ambitions and objectives.
- 4.3.2 While the subject of this report relates to services commissioned and provided by external organisations, the services are provided in the context of Leeds Health and Wellbeing Strategy, which supports the overall ambitions of the Best Council Plan.

Climate Emergency

- 4.3.3 The Scrutiny Board previously highlighted the impact of the proposed changes on the Climate Emergency should be considered as part of the decision making process.

4.4 Resources, procurement and value for money

- 4.4.1 Leeds Community Healthcare NHS Trust (LCH) was awarded a 5-year contract for the provision of Community Dental Service (CDS) in October 2018. NHS England is the service commissioner.
- 4.4.2 The Scrutiny Board has previously been advised that the new specification must be implemented in full by October 2019 and the service is currently in transition, moving to the new model.
- 4.4.3 The Scrutiny Board has also been previously advised that the new contract poses challenges for LCH in terms of adhering to the requirements of the national CDS specification within the contract value. Additional quality improvements aimed at benefiting patients include domiciliary care and intravenous sedation which are clear.
- 4.4.4 NHS England agreed there was an opportunity for LCH to review the estate and consider sites for closure, which will ensure the enhanced service is deliverable within the cost envelope.

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

- 4.5.1 Community Dental Service (CDS) in Leeds are subject to a national specification and the Scrutiny Board has previously been advised that the new specification must be implemented in full by October 2019.
- 4.5.2 Any specific matters may need to be taken into account if any additional scrutiny activity is deemed appropriate and if any specific recommendations are being considered

4.6 Risk management

- 4.6.1 The details in this report relates to external organisations, which may be subject to other considerations relating to risk management. Specific matters may need to be taken into account if any additional scrutiny activity is deemed appropriate.

5. Conclusions

- 5.1 This report introduces further details from Leeds Community Healthcare NHS Trust regarding the outcome of its public engagement and consultation on the future delivery of Community Dental Services. It also introduces the proposed next steps.
- 5.2 This report provides an opportunity for the Scrutiny Board to consider and comment on the information provided; and identify any additional actions and/or matters that may require further scrutiny input or activity.

6. Recommendations

- 6.1 The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to: .
 - (a) Consider and comment on the information provided by Leeds Community Healthcare NHS Trust and NHS England and associated with the outcome of the public engagement and consultation on the future delivery of Community Dental Services and the proposed next steps.
 - (b) Identify any additional actions and/or matters that may require further scrutiny input or activity.

4. Background papers¹

- 4.1 None used

¹ 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.

Report of Head of Governance and Scrutiny Support

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

Date: 22 October 2019

Subject: Leeds Mental Wellbeing Service Mobilisation Arrangements

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has consultation been carried out?	<input checked="" type="checkbox"/> Yes <input 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 introduce further details from NHS Leeds Clinical Commissioning Group (CCG) and Leeds Community Healthcare NHS Trust regarding the development and mobilisation of the new Leeds Mental Wellbeing Service.

2 Background

2.1 During the previous municipal year, the Scrutiny Board considered a range of information in relation to Improving Access to Psychological Therapies services in Leeds.

2.2 The information considered by the previous Scrutiny Board included the overall arrangements, levels of performance, concerns from GPs regarding access to services (articulated through the Leeds Local Medical Committee) and proposals to develop and procure a broader Primary Care Mental Health Service.

3 Main issues

3.1 In July 2019 NHS Leeds Clinical Commissioning Group (CCG) awarded a contract for delivery of the new Leeds Primary Care Mental Health service to Leeds Community Healthcare NHS Trust. The new service will be known as the 'Leeds Mental Wellbeing Service' (LMWS) and will formally commence in November 2019.

3.2 The new contract is worth up to £76m over the next five years, including new investment of at least £20 million. This new investment is part of the CCG's strategy for 2019-2024.

- 3.3 A joint report from NHS Leeds Clinical Commissioning Group and Leeds Community Healthcare NHS Trust is appended to this report; setting out information on key features and benefits of the new service, the service mobilisation arrangements and current progress.
- 3.4 Representatives from NHS Leeds Clinical Commissioning Group (service commissioners) and Leeds Community Healthcare NHS Trust (service providers) have been invited to attend the meeting to present the report, help members consider the information in more detail and address any specific questions from the Scrutiny Board.

4. Corporate considerations

4.1 Consultation and engagement

- 4.1.1 The information provided in this report and associated appendices provide an update on matters previously considered by the Scrutiny Board and relates to services commissioned and provided by external organisations.
- 4.1.2 Prior to commencing the procurement process, NHS Leeds Clinical Commissioning Group undertook an engagement process that is set out in more detail in the attached report.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 The Scrutiny Board Procedure Rules state that, where appropriate, all work undertaken by Scrutiny Boards will ‘...review how and to what effect consideration has been given to the impact of a service or policy on all equality areas, as set out in the Council’s Equality and Diversity Scheme’. However, the information provided in this report largely relates to external organisations, which may be subject to other considerations relating to equality, diversity, cohesion and integration.
- 4.2.2 The attached report sets out that the new Leeds Mental Wellbeing Service will have a strong focus on tackling health inequalities and is expected to positively impact on the diverse populations and communities in Leeds. Such impact will be reviewed as part of contract monitoring arrangements.
- 4.2.3 Matters set out in the Council’s Equality and Diversity Scheme may need to be taken into account if any additional scrutiny activity is deemed appropriate.

4.3 Council policies and the Best Council Plan

- 4.3.1 The information provided in this report and associated appendices provide an update on matters previously considered by the Scrutiny Board and relates to services commissioned and provided by external organisations. Nonetheless, the services described will be provided in the context of Leeds Health and Wellbeing Strategy, which supports the overall ambitions of the Best Council Plan.
- 4.3.2 The new service will contribute to the achievement of the objectives set out in Leeds’ Health and Wellbeing Strategy and the developing Leeds Health and

Care plan, including improving care for people with mental health condition and reducing early death for people with a serious mental illness.

4.3.3 The new Leeds Mental Wellbeing Service will also support the outcome of ‘everyone in Leeds enjoying happy, healthy and active lives’, and the following priorities outlined in the Best Council Plan:

- Supporting self-care, with more people managing their own health conditions in the community.
- Reducing health inequalities and improving the health of the poorest fastest.

Climate Emergency

4.3.4 The attached report describes a new service that will focus on an improved and more extensive digital offer, the rationalisation of the use of premises and more agile working arrangements for staff, which should have a positive impact on reducing carbon emissions.

4.4 Resources, procurement and value for money

4.4.1 Mental Health is central to all health and has a significant impact, not only on individuals, families and communities, but also on the economy. Estimates for Leeds suggest that mental ill-health costs over £500 million every year through lost economic output, benefits payments, and its effects on the health and social care system.

4.4.2 The attached report sets out that there is significant evidence that investing in mental health and wellbeing is highly cost-effective across the whole health and social care system, and more generally across all of society.

4.4.3 The new contract is worth up to £76m over the duration of the contract (five years), including new investment of at least £20 million. This new investment is part of the CCG’s strategy for 2019-2024.

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

4.5.1 The new Leeds Mental Wellbeing Service is due to commence on 1 November 2019. The attached report sets out the arrangements to ensure the new service is available from this start date.

4.5.2 This report and the associated appendix is not subject to ‘Call-in’.

4.6 Risk management

4.6.1 Risk management arrangements will be an important aspect of the arrangements for the new service, as set out in the attached report. .

5. Conclusions

5.1 This report introduces further details from NHS Leeds Clinical Commissioning Group (CCG) and Leeds Community Healthcare NHS Trust regarding the development and mobilisation of the new Leeds Mental Wellbeing Service.

5.2 This report provides an opportunity for the Scrutiny Board to consider and comment on the information provided; and identify any additional actions and/or matters that may require further scrutiny input or activity.

6. Recommendations

6.1 The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to consider and comment on the information provided in the attached report and identify any additional actions and/or matters that may require further scrutiny input or activity.

7. Background papers¹

7.1 None used

¹ 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.

Leeds Mental Wellbeing Service Mobilisation Arrangements

1. Purpose of this report

- 1.1 This report provides information on key features and benefits of the new **Leeds Mental Wellbeing Service**, the service mobilisation arrangements and current progress with the mobilisation.

2. Background information

- 2.1 In July 2019 the Primary Care Mental Health/ Improving Access to Psychological Therapies (IAPT) procurement concluded, with the contract awarded to Leeds Community Healthcare NHS Trust (LCH), acting as lead contractor to a partnership as outlined in the following diagram.



- 2.2 The new contract is worth up to £76m over the next five years, including new investment of at least £20 million. This new investment is part of the Clinical Commissioning Group strategy for 2019-2024.
- 2.3 The new service is due to go live on 1st November 2019, initially for 5 years and with then option to extend for a further 2 years.
- 2.4 The new service will be known as the 'Leeds Mental Wellbeing Service' (LMWS) and will include the following:
- Delivery of the nationally mandated Improving Access to Psychological Therapies (IAPT) model - including support for people with long term conditions and medically unexplained symptoms.
 - Delivery of primary care liaison, to enable improved access to mental health support in primary care for people with complex Common Mental Health Disorders (CMHD), people with stable Serious Mental Illness (SMI), and those who require emotional health and well-being support. This will build upon the identified benefits of the Primary Care Liaison Pilots, by up-scaling delivery of primary care liaison city wide.
 - Delivery of psychological and peer support for women with CMHD in the perinatal period and their partners, -this support will be at a level below that provided for by LYPFT specialist community perinatal services, and also for those people who struggle to engage with statutory services.

3. Main issues

Overview of new service

- 3.1 The new service delivery model is developed in line with NHS Leeds CCG's Strategic Plan and entirely based around the needs of the population of Leeds. The LMWS partnership's exclusive insight into the needs of the local population has enabled them to create a model which is targeted on geographic areas of greatest deprivation and where services users can access a range of interventions according to need, including IAPT mandated treatment

and/or more bespoke support. Left shift is a key principle of the service model, with a focus on treatment within primary care and voluntary sector where appropriate, and empowering service users to self-manage at every step. The service model will promote seamless pathways between all elements of the Leeds mental health system.

3.2 Key features and benefits of the model include:

- Multiple and flexible access routes for self-referrals (including online, phone, drop in) and direct from primary care and other providers. This means open and inclusive access can be maximised.
- Citywide roll out of primary care liaison pilots, known as Locality Primary Care Mental Health. This will reduce people 'bouncing around' across the system and improve flow between primary and secondary mental health, as well as address the current gap in provision. The pilots took place over the last 18-24 months and co-located and integrated mental health services in primary care, to ensure needs-led, targeted support for people who fell in the gap between IAPT and secondary mental health.
- Enhanced self-management through an improved interface with MindWell to empower service users to get help for themselves as quickly as possible.
- Online referral available 24/7, creating an easily accessible self-referral and direct access route so that people can access the service as soon as they need it
- Simplified triage, so people can get into treatment more quickly without being over assessed, whilst ensuring clinical safety
- Increased direct access, meaning people can directly book and access interventions in their own time at a time that suits them
- Trusted assessors, where partners will be trained to start assessments for the service – this will reduce duplication between what the service and other services assess for and will mean people do not need to tell their story repeatedly. It will also reduce people being 'bounced around' the system and will get them into the interventions they need more quickly.
- Staged Assessment, so people only get assessed for what they really need to be assessed for at that time – this will reduce waiting times
- Increased online therapy offer, enhanced through silvercloud, IESO and omnitherapy webcasts which will enable access to online courses and support. This means more people can be directed into therapy more quickly and recover without having to wait for face-to-face treatment.
- Direct referrals from GPs to Locality Primary Care Mental Health Team based in practices in Primary Care Networks. This will reduce burden on primary care and speed up response times for people in most need.
- Proactive outreach, engagement and peer support with priority groups. People's experience of services, from their feedback will be embedded in the model to improve retention and outcomes for underrepresented groups.
- Helpful conversations – an underpinning approach where a helpful conversation is always available to service users and referrers to help unblock any barriers to people engaging or moving along the pathway, to help make sure they get the right treatment at the right time, ensuring the best possible outcomes
- Introducing an innovative and flexible skill mix in the workforce to ensure there is sufficient capacity at the front end of the service which helps keep waiting times down and means people don't get stuck in long assessment processes.
- An ambition to integrate the IT systems currently being used by the separate elements of the current service to streamline electronic patient records, ensuring all clinicians working in LMWS are equipped with the right information to make the best decisions and that data can flow to NHS Digital for reporting purposes.

Mobilisation Project Team

3.3 LCH have significant experience of leading large and complex mobilisations projects. The most recent being the mobilisation of the 0-19 Public Health Integrated Nursing Service which was achieved successfully to timescale.

3.4 As lead provider LCH has established the following project team from across the partnership:

Role	Lead	Organisation
Project Sponsor	Sam Prince, Executive Director of Operations	LCH
Programme Manager	Dan Barnett, Head of Business Development	LCH
Project Managers	Liz Hindmarsh and Kellie Mclouglin	LCH
Workforce Lead	Andrea North, General Manager	LCH
IT and Systems Lead	Jon Davis, Director	Northpoint Wellbeing
Digital Therapy and Direct Access lead	Steve Callaghan, Head of Service, Operational	LCH
Communications Lead	Alison Kenyon – Associate Director	LYPFT
Estates Lead	Vicky Womack -Head of Locality Development (Primary Care Networks)	Leeds GP Confederation
Governance Lead	Sam Prince, Executive Director of Operations	LCH
Health Inequalities Lead	Richard Garland, Team Manager	Touchstone
Model Lead	Elaine Goodwin, Clinical Lead and Eddie Devine, Associate Director	LCH and LYPFT

Workstreams

3.5 The project has been broken down into 8 distinct workstreams as follows:

Governance

3.6 Responsible for project governance; partnership governance structures of the new service; contracting and subcontracting arrangements; finances; clinical governance systems and processes.

Communications

3.7 Responsible for staff communications; stakeholder communications; public and service user communications; service launch; website and interface with Mindwell.

Digital Therapy and Direct Access

3.8 Responsible for implementing increased online therapy at step 2; additional direct access options; IESO and Silvercloud; online referral and screening.

Estates

3.9 Responsible for ensuring delivery at a local level, aligned with primary care through the primary care networks (PCNs). This will include ensuring there are adequate bases, hubs

and delivery sites for the whole service, underpinned by an ethos that promotes care closer to home, extended hours, and increased utilisation of clinical spaces within the Leeds city estates footprint.

Health Inequalities

- 3.10 Responsible for coproduction and peer support innovations in the new model and ensuring that bespoke approaches to access, engagement and treatment retention are designed for different priority communities. Also responsible for ensuring that health inequalities are considered by all workstreams in the mobilisation, underpinned by a health inequalities strategy and action plan.

IT Systems

- 3.11 Responsible in the short term for ensuring data can flow from primary care and other providers to the new service and in the long term that a solution is designed for an integrated system across the whole of the service.

Workforce

- 3.12 Responsible for all recruitment and retention strategies for the new service. Oversees organisational development for partnership to ensure new service is fully integrated. Responsible for a matrix management approach – which is where staff from a number of organisations will be managed in an integrated way through a single management structure.

Model

- 3.13 Responsible for ensuring service model features and elements outlined in the bid are delivered on and to address and seek to resolve any obstacles to successful delivery.

Project Governance

- 3.14 The mobilisation is overseen by a fortnightly mobilisation board, chaired by project sponsor Executive Director of Operations (Leeds Community Healthcare NHS Trust) and attended by each workstream lead and other partnership representatives. The partnership has built on the strong relationships developed through the extensive bidding period to ensure a mobilisation team that is based on the values of trust, openness, honesty and inclusivity and that there are appropriate mechanisms for ensuring accountability, tackling challenge and responding to changes in the plan.
- 3.15 Each workstream has its own project plan and is required to produce a highlight report that outlines progress to date, work planned, risks and issues, escalations and interdependencies.
- 3.16 In addition LCH are meeting monthly with Leeds CCG to provide assurance on the progress of the mobilisation. This is chaired by Kashif Ahmed and assurance is provided through:
- Highlight reports
 - GANTT chart
 - Recruitment plan
 - Estates plan

Service user involvement

- 3.17 Throughout the bid development LCH utilised volunteers from Leeds Involving People to ensure that the service user experience influenced all aspects of model development, and this included service user participants at model design workshops and representatives on a Bid Strategy Partnership Group.

- 3.18 The new model includes a co-production and peer support team and these roles are currently being recruited to. When in post they will be responsible for recruiting volunteers with lived experience from underrepresented communities and deprived Leeds. They will influence how the service is delivered in future and help address barriers to access and treatment.
- 3.19 During mobilisation there is a plan to utilise the Leeds CCG service user volunteers and to also engage with service users on the current caseload to help test key touch points into the service, such as direct access, online therapy and online screening - using experience based design.

4. Consultation and engagement

- 4.1 Prior to commencing the service procurement process, an extensive engagement process took place between 29th June and 29th September 2018. This engagement sought the views of current and previous service users of PCMHS, carers, the wider public and other stakeholders about existing PCMHS in Leeds.
- 4.2 Findings from this engagement were used to help commissioners to make sure that the new Service meets the needs and preferences of the people of Leeds. This was done through the development of the specification for the Service which was a central part of the procurement process and will also form part of the contract with the provider for the delivery of the Service.

5. Conclusions

- 5.1 The new Leeds Mental Wellbeing Service will go live on 1st November 2019, initially for 5 years and with option to extend for a further 2 years.
- 5.2 The new service model will deliver an enhanced and integrated model, based around the needs of the population of Leeds and targeted at geographic areas of greatest deprivation, with a focus on left shift, improving self-care and enabling people to access the right support when they need it.

6. Recommendations

- 6.1 The Scrutiny Board, Adults, Health and Active Lifestyles members are asked to review the content within the report and provide any feedback and comments.

7. Background documents

- 7.1 None used

**Dan Barnett, Head of Business Development, Leeds Community Healthcare NHS Trust
October 2019**

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Report author: Georgia Blaney
Tel: 07712215800

Report of Director of Adults and Health

Report to Scrutiny Board Adults, Health and Active Lifestyles

Date: 22nd October 2019

Subject: Leeds Health and Care Plan: Continuing the Conversation

Are specific electoral wards affected? If yes, name(s) of ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has consultation been carried out?	<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
Will the decision be open 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

Summary

1. Main issues

- There has been significant engagement to date on the refresh of the Leeds Health and Care Plan (Leeds Plan) with local people and elected members, which supported by local connections, assets and knowledge, have an invaluable role in helping us develop high quality, safe and sustainable health and care services in Leeds.
- Local and national developments such as the implications of the NHS Long Term Plan have been presented to the Scrutiny Board previously and provide the context for the refresh of the Leeds Plan.
- Our Leeds Plan sets out the transformational actions that our health and care partnership will take to help realise our ambitions. It is owned by the Health and Wellbeing Board (HWB) with delivery delegated to the Partnership Executive Group (PEG).

2. Best Council Plan Implications (click [here](#) for the latest version of the Best Council Plan)

- The Leeds Plan supports the Health and Wellbeing priorities in the Best Council Plan, to help Leeds be the best city for health and wellbeing where the health of the poorest improves the fastest.

3. Resource Implications

- There are no direct resources and value for money implications arising from this report.

4. Recommendations

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

- a) Note the engagement and progress to date in developing the Leeds Plan.
- b) Consider the current draft Leeds Plan and agree any specific comments and/or feedback.
- c) Note that the Leeds Health and Wellbeing Board will continue to provide strategic leadership for the development of the Leeds Plan.
- d) Identify and agree any specific scrutiny actions and/or activity.

1. Purpose of this report

- 1.1 The purpose of this report is to provide Scrutiny Board with an update on the review and refresh of the Leeds Plan and provide an overview of the significant engagement to date which has supported its development.
- 1.2 A draft Leeds Plan has been provided as an appendix to this report, a summary of the contents is provided in the main body of this report.

2. Background information

- 2.1 The Council's ambition is for Leeds to be the best city for health and wellbeing: A healthy and caring city for all ages, where people who are the poorest improve their health the fastest. The Leeds Health and Wellbeing Strategy is the blueprint for how this will be achieved. Working together as a joined up health and care system is essential to reducing health inequalities, promoting inclusive growth and tackling climate change.
- 2.2 There has been significant engagement which has supported the development of the refreshed Leeds Plan since the last update at Scrutiny Board in April 2019. The Council recognises and values the significance of ensuring peoples' voices are at the very heart of all the Council and its partners do; and remains fully committed to actively listening and working with people in developing plans. More opportunities are being provided for people to be actively engaged and involved.
- 2.3 In drafting the refreshed Leeds Plan, an analysis of the feedback received from local people through various engagement platforms has been undertaken and a summary of this analysis, in line with the Leeds Plan priorities is provided in the supplementary appendix to this report alongside the Plan narrative.
- 2.4 The refreshed Leeds Plan aims to build on what has been done well and respond to the changing local, regional and national contexts as highlighted in previous papers to the Scrutiny Board.

3. Main issues

- 3.1 Through significant consultation and engagement, including the constructive challenge and support from Scrutiny Board, we have:
 - Set out the Leeds Plan high level goals for the next 5-10 years.
 - Developed greater clarity on the differences being sought from transformation through co-producing three obsession areas focusing on prevention, care closer to home and mental health.
- 3.2 Using what has been learned a draft Leeds Plan narrative has been developed to outline the continuous improvement and transformational actions that will help realise the stated ambitions and meet the commitments in the NHS Long Term Plan as a single health and care system in Leeds. The document will remain iterative and will be further designed and refined as the commitment to engagement with people continues.

- 3.3 The narrative sets the context for the Leeds Plan within a broader understanding of the challenges and opportunities for the city in relation to the Leeds Health and Wellbeing Strategy, Inclusive Growth and Climate Change within the framework of ensuring a sustainable Leeds. The opening of the document brings together a number of conversations that have taken place to date to articulate the vision for Leeds in the future.
- 3.4 The Plan emphasises the ownership of the Leeds Plan by the Health and Wellbeing Board (HWB) and connections to the West Yorkshire and Harrogate Health and Care Integrated Care System (ICS). The Leeds Plan comprises one of six place based plans across the local authority areas within the ICS footprint. It is envisaged the majority of resourcing and change that the ICS promotes is facilitated through these local place based plans.
- 3.5 The heart of the Leeds Plan restates the agreed health and care system principles and sets out Leeds' goals and approach; alongside the focussed action needed to accelerate transformative change and the enablers required to support sustainable change.
- 3.6 As a result of the actions to be taken, the Leeds Plan describes how transformed services will look in 3-5 years' time and the measures that will be used to demonstrate the improved outcomes for the people of Leeds.
- 3.7 The plan captures the requirements for service change. In an appendix to the Plan there will be a more extensive local response to the NHS Long Term Plan. It should be noted there is no requirement for this to be submitted to NHS England/Improvement, but is an important statement of Leeds' intentions. Not least in helping project what are the ICS and local options and proposals to invest the NHS budget uplift associated with the Long Term Plan.

Governance and progress reporting

- 3.8 The refreshed Leeds Plan will require updated governance arrangements to support its implementation which will continue through Partnership Executive Group (PEG) delegation. These arrangements are in discussion.
- 3.9 Overall progress monitoring will be supported through an agreed dashboard and a system wide plan will be introduced and maintained, to outline what will be happening and when. Impact measures (the 'obsessions' approach) will be provide regular data feedback on progress on key measures in the context of a wider suite of operation indicators. Ongoing feedback on people's journeys of care will be integral to this in line with CQC recommendations.

Update on matters raised by Scrutiny Board previously

- 3.10 The following table provides a summary of progress against matters raised by Scrutiny Board when previously discussing the Leeds Plan.

Feedback from previous Scrutiny Boards	Update
Members sought clarification on Local Care Partnership	The LCP core development team has been recruited. The team will work with LCP's on the ground to make them a reality. The initial focus has been to

Feedback from previous Scrutiny Boards	Update
<p>footprints and future commissioning responsibilities.</p>	<p>understand the maturity of the LCP in order to co-produce a development plan tailored to each LCP. As a city we have committed to commissioning for outcomes and LCP's will have a key role in making this happen.</p> <p>The appointment of Councillors to each LCP took place at Community Committees in Summer. Elected members' roles in LCPs will develop as the LCPs mature, but will help to shape and influence local health and care services to address local needs.</p>
<p>The Big Leeds Chat. The Board supported the 2018 Big Leeds Chat. Both Scrutiny and the Health and Wellbeing Board requested further community based conversations with local people.</p>	<p>The Board are invited to be part of The Big Leeds Chat 2019 which will take place on 7th November in Kirkgate Market.</p> <p>In addition, local community chats are being arranged in the week leading up to the Big Leeds Chat following feedback from Scrutiny and Health and Wellbeing Board.</p>
<p>Members previously queried whether the changes being made in secondary care were resulting in improvement in outcomes for people.</p>	<p>There has been extensive partnership development and support for the 2018-19 System Resilience Plan. As a result Leeds significantly shifted the experience of people needing hospital care in winter 2018. Actions challenged growth in admissions and a more proactive bed planning strategy and improved discharge arrangements which helped ensure no person was required to stay in a non-designated bed area in the hospital. Analysis of the winter response is being used to refine and improve plans for 2019-20 to ensure progress is maintained and improved upon.</p> <p>Despite an increase in demand, further examples of improvement include:</p> <ul style="list-style-type: none"> • Maintaining the standard of having no greater than 12 hour trolley waits. • Achieved 58 fewer beds occupied by super-stranded (people who have been admitted for more than 21 days) patients by November 18. • The Trust cancelled less operations on the day in 2018/19 than 2017/18, despite carrying out more activity.
<p>Members were keen to see partnership work between health partners and neighbourhood planning.</p>	<p>Discussion between health partners and Planning, through the city's Health & Care Strategic Estates Group, have been ongoing for some time, a result of which is a joint 'Health & Planning' workshop to be held on 14th October 2019. The purpose of the workshop is two-fold: Firstly, to provide clarity on</p>

Feedback from previous Scrutiny Boards	Update
	<p>what and who is the 'health' system of Leeds (as Planning have referenced that they have consulted with 'health' but this is more often than not just one element of the city's health system), and reversely what is Planning, what can it do/not do and is there scope within local policy change to do things differently; Secondly, to begin to consider how going forward the health system has a collective voice in working with Planning, whether that be on policy matters or specific developments (by way of pre-app engagement or application consultations). From a health perspective the workshop incorporates both consideration of physical infrastructure in terms of capacity and quality, as well the design of new developments for health and wellbeing. The two relevant Executive Members and Chairs of the city's Plans Panels have all been invited to the workshop.</p>
<p>Members noted the lack of GP provision within city centre wards and hoped that this would improve with relationships built through LCPs.</p>	<p>The Estates team in Health Partnerships is leading an exercise to map GP provision across the city, overlaid with future housing growth sites and sites which have either planning approval or live applications. For a number of reasons this work is focusing on inner city areas in the first instance: 1) Priority neighbourhoods primarily fall within this area and there are specific opportunities within Lincoln Green, Holbeck and the Clifton & Nowells in particular, to work collaboratively to influence and/or create improved quality and capacity of primary care health estate; 2) In light of projected city centre housing growth, e.g. Southbank set for 16,000 new homes, GP provision both within the city centre and inner city peripheries are being looked at in terms of where these new city centre residents could access GP services.</p> <p>This work is now connecting with LCPs in terms of planning for future demand, the impact that adoption of new digital healthcare access may have, and the increase in workforce being driven by Primary Care Networks (estimated to be c.10 extra staff per PCN within the next 12 months).</p>

4. Corporate considerations

4.1 Consultation and engagement

4.1.1 Significant engagement has been done to support the refreshed Leeds Plan. An analysis of the feedback received from local people through various engagement platforms has been undertaken and a summary of this analysis, in line with the Leeds Plan priorities is provided in the supplementary appendix to this report alongside the Plan narrative.

4.1.2 Recent examples of engagement are summarised in the table below.

Engagement	Summary
Big Leeds Chat	The Big Leeds Chat was the first time that organisations in Leeds have come together to listen to local people, as one system. The themes raised through the listening event cover both health and care related issues and wider determinants of health, such as education and housing. The next Big Leeds Chat will be held on 7th November 2019.
Healthwatch Report, 'What would you do'	Led by Healthwatch Leeds, Healthwatch's latest report #whatwouldyoudo gives insight into what people in West Yorkshire and Harrogate think about the NHS Long Term Plan and key areas such as digital, mental health, prevention, urgent care, children and young people's health and more. People's voices captured in the report have shaped the West Yorkshire & Harrogate 5 year strategy for health and care and the Leeds Plan.
Ward Conversations	Elected members, supported by local conversations and data, have a diverse and invaluable role in connecting the power of the community for local solutions to health and care challenges. This is why conversations were convened by Cllr Charlwood (Chair of HWB / Executive Lead Member for Health, Wellbeing and Adults) on a ward by ward basis. Local health data was reviewed and discussed and members shared how health and care feels in their wards.
Community Committees	A strength in Leeds is our commitment to regular local community and democratic engagement and we have engaged all ten Community Committees during June and July 2019. These were attended by senior health and care leaders alongside a local GP representative to talk about health and care in their locality. From these we know that an approach of linking elected members to the emerging Local Care Partnerships was welcomed and some common themes were identified including access to GPs and Mental Health Services and the link between healthcare services and the wider determinants of health such as housing and green spaces.

4.1.3 The value of our health and care partnership in Leeds lies in the diversity and inclusivity of all health and care partners, the connections, and the strong relationships between all partners. To develop the refreshed Leeds Plan the Council

has collaborated with partners across the city regularly through a number of mechanisms. Recently these include:

- Discussions at Health and Wellbeing Board (Feb and June 2019)
- HWB: Board to Board sessions (Mar and July 2019)
- Scrutiny Board discussions (Sept 18 and April 2019)
- Ongoing conversations at PEG, Integrated Commissioning Executive (ICE) and Leeds Plan Delivery Group
- Discussions at leadership groups of third sector leaders
- Leeds Plan Review Task & Finish Group that is representative of the wider partnership.
- A series of partnership wide workshops

- 4.1.4 Further engagement will be done throughout Autumn 2019 to further design and refine the plan with people and partners. There is a timeline for continued engagement with partnership strategic boards including subsequent meetings of this Board. There are also engagements planned with partners Boards and leadership groups.
- 4.1.5 A programme of public and staff engagement is in development based on the Big Leeds Chat as an opportunity to listen and align the Plan with public views.
- 4.1.6 Following from previous engagements with Community Committees further public facing community workshops are planned in some areas. Further joint development is planned between Elected Members and Local Care Partnership leads (comprising local GPs).

4.2 Equality and diversity / cohesion and integration

- 4.2.1 The Council and partners are committed to working with people every step of the way, listening to the voices of those who experience inequality, and using the strengths of communities, services and our wider partnerships to respond accordingly.

4.3 Council policies and the Best Council Plan

- 4.3.1 The Leeds Health and Care Plan supports the Health and Wellbeing Strategy in ensuring Leeds is the best city for health and wellbeing where the health of the poorest improves the fastest.

Climate Emergency

- 4.3.2 The draft Leeds Plan sets out at the beginning a clear and up to date summary of the context of health and care within our city priorities, including climate change.

4.4 Resources, procurement and value for money

- 4.4.1 There are no direct resources and value for money implications arising from this report.
- 4.4.2 The Leeds Plan demonstrated how the Council and its partners will work together across health, care and community organisations to focus resources where the biggest difference can be made. The Council and its partners are committed to

using collective buying power and resources to get the best value for the Leeds £, to enable a sustainable, high quality health and social care system fit for the next generation.

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 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 This cover report introduces the draft Leeds Plan in appendix 1 which has been developed through the significant engagement outlined in this report.

5.2 Following consideration from Scrutiny Board on the draft Leeds Plan, there will be further development and engagement with wider partnership stakeholders on the draft Leeds Plan throughout the autumn. The aim being to ensure the plan fully reflects and is owned by all partners that make up Leeds' health and care partnership.

5.3 The Council has a commitment to developing shared priorities which provide additional focus on the citywide partnership between Leeds Plan, Inclusive Growth, Poverty, Children and Young People and Safer Leeds.

6. Recommendations

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

- (a) Note the engagement and progress to date in developing the Leeds Plan.
- (b) Consider the current draft Leeds Plan and agree any specific comments and/or feedback.
- (c) Note that the Leeds Health and Wellbeing Board will continue to provide strategic leadership for the development of the Leeds Plan.
- (d) Identify and agree any specific scrutiny actions and/or activity.

7. Background documents¹

7.1 None

¹ 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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Leeds Health and Care Plan 2019 – 2024

Improving health: transforming the system

Working draft Version 9

10/09/19

Editorial note: work is running in parallel to the circulation of this version 8 to continue incorporating feedback received to date on the previous iterations of the draft narrative.

Further work to be undertaken to improve flow, ensure plain English, consistency in language and tone etc

In the next iteration of the narrative we will continue to strengthen references around:

- mental health; end of life; power of communities; Third Sector; children and families; learning disabilities; left shift; Leeds as a regional partner; carers; health inequalities etc.*

This document is for...	What you can do next...
<ul style="list-style-type: none">• Colleagues working in decision making roles across our city's health and care partnership.• If you are in a position of designing, planning or evaluating the delivery of services in Leeds, then this narrative is for you.• It will also be useful for colleagues who manage teams, projects or processes.• Through these pages, we tell the story of what we are trying to achieve in Leeds, what health and care in the city will look like in the future, and the steps we're taking to help us realise our ambitions.• Further iterations of this document will follow for public and for all staff members.	<ul style="list-style-type: none">• As you read through to the end of this document, you will be able to recognise your contribution to improving health and wellbeing in the city.• This narrative asks you to be a system leader! Whatever part of our system you work in, at whatever level, you can help by aligning with our wider ambitions, holding yourself and others to the standards we've agreed in our partnership principles, by making improvements where you see and hear they are needed, and forging strong connections throughout your organisation and beyond to make change happen.• This is your role within a thriving partnership; this is your role in ending health inequalities and transforming health and care.

Foreword

Dear colleagues,

It is an exciting and important moment in time that we write this. Our Health and Wellbeing Strategy is well established and has long been binding us together around our shared vision and outcomes. The first iteration of the all age Leeds Health and Care Plan in 2016 set the foundations for an ongoing conversation with citizens, staff and those that make decisions about how health and care services needs to change to ensure our health and care services are person-centred, sustainable, and fit for the future. We continue to reap rewards from the strong relationships between health and care partners and citizens. But now is the time to act on these achievements and take our ambitions to the next level.

It is time to think and act beyond our organisational boundaries, to work as Team Leeds, and to make the shift we know is needed to truly benefit our citizens both now and for future generations. Not all people who live in Leeds are having the life experiences we would want, and health inequalities are a contemptable part of life in this city.

So whilst delivering high quality services, we must also deal with the many interconnected factors that promote good health and good mental health for everyone - access to green space, strong communities, decent housing and the kind of inclusive growth that expands employment and opportunity for all. This is why we are refreshing the Leeds Plan; to strengthen our ambitions and collectively refocus our efforts to make significant and lasting change.

In true Leeds style, we will all ensure that people, especially those who experience the poorest health outcomes, are at the centre of all of our work and are enabled to improve their health faster than anyone else.

We can be proud of our health and care system in Leeds. But we take more pride in our shared ambitions and our determination to make things better. The Leeds Plan is helping to set the culture and conditions we need in our health and care system to make some of the most significant improvements that we'll see in our lifetimes. We can't let that pass us by.

Together, we demonstrate compassion, creativity, a willingness to take risks and try new things. We feel able to discuss, debate, and disagree, whilst never wavering from the big things - our commitment to people and striving for improvement.

Our strong relationships, and the diversity within them, must not be taken for granted. They allow us to take bold steps to be more than a health and care system – we are a partnership that takes decisions now that can impact positively in the short term as well as for our future generations.

Setting priorities, based on our work with individuals, communities and organisations, gives us all the chance to shape and influence and be system leaders at all levels of our work. The Leeds Plan makes our ambitions, our approach and our actions very clear. It not only guides what we do locally, but ensures we have a strong story to tell regionally and nationally. As such, our Leeds Plan is also used as our response to the NHS Long Term Plan and West Yorkshire and Harrogate Health and Care Partnership requirements.

It is an exciting and important moment in time that we write this; a moment that thanks you for all that you have done and asks you to work together to transform health and care, making Leeds the best city now and for future generations.

Signed: HWB and PEG

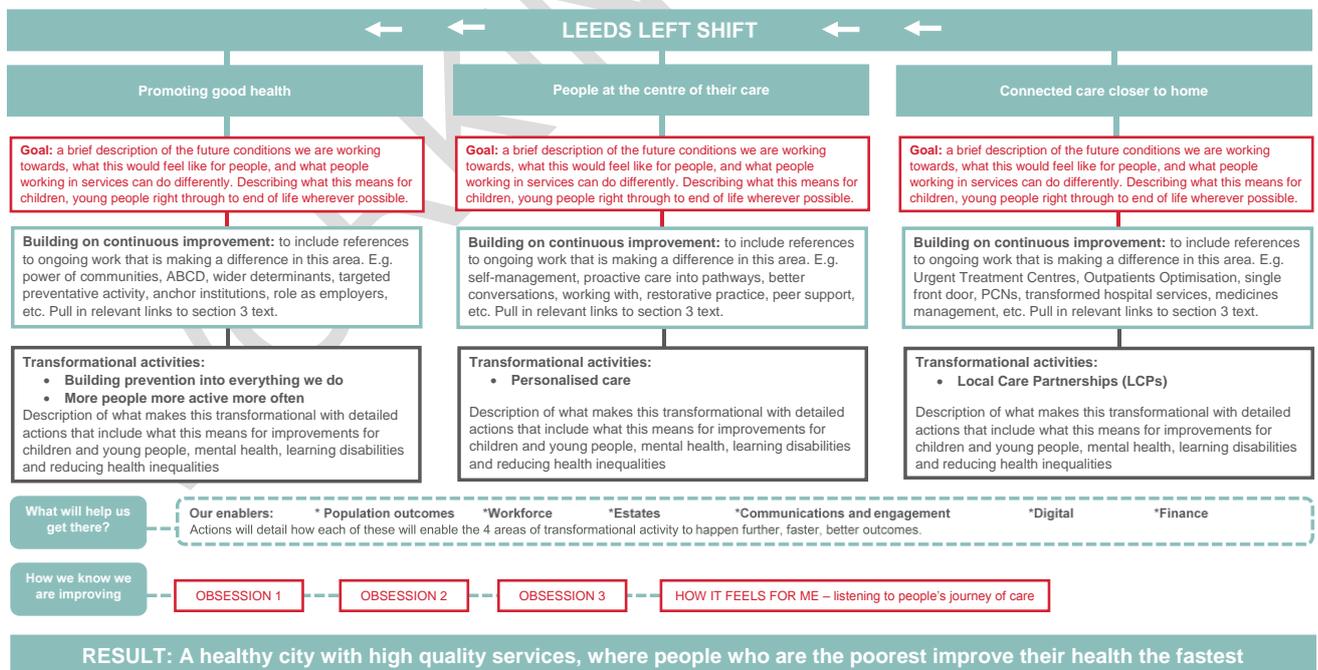
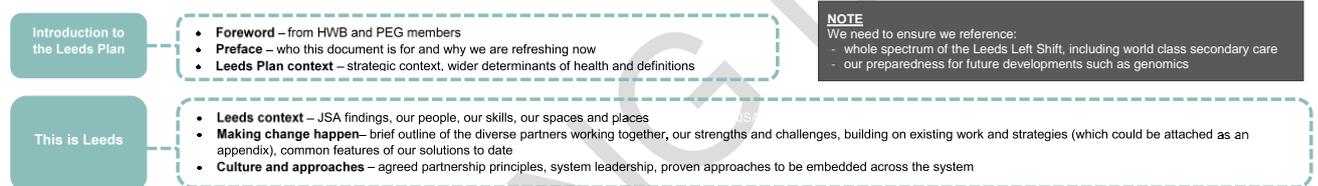
[Editor notes: rework the following two diagrams into one. To be updated to reflect final structure of the document. Diagram to be simplified to ensure readability. Will use style, colour theme etc of the diagram through the document to help reader navigate]

Contents

The heart of the Leeds Plan is structured around five sections that help drive the change we know is needed.



Leeds Plan structure



Leeds Plan context



The Leeds Health and Wellbeing Strategy outlines the conditions of wellbeing we want to realise for everyone in Leeds. 5 outcomes and 12 priorities give us a framework for citywide work that will make a difference to people and make Leeds the best city for health and wellbeing.

In response to this, the Leeds Plan is a declaration of what our health and care system will do to help realise these ambitions. It clearly states our goals and

how we'll get there by working with people, communities and as a partnership. Actions captured within the Leeds Plan will also help us when we work with our wider partners, from education, housing, community safety, and beyond. In turn, this allows us to share what we are doing locally with our regional and national partners, giving confidence of our approach, our planning and our spending. As such, our Leeds Plan provides our response to the NHS Long Term Plan and West Yorkshire and Harrogate Health and Care Partnership requirements.

Our vision: for Leeds to be a healthy and caring city where people who are the poorest improve their health the fastest

Everything is connected

[Editor notes: the following ambition in the box below is an amalgamation of several ambitions around LHWS, IG, climate change. Needs to be signed-off by partners]

Our ambition: Leeds will be the best city for all ages – for now and for our future generations – a healthy, compassionate, climate resilient city with a strong economy, where people who are the poorest improve their health the fastest.

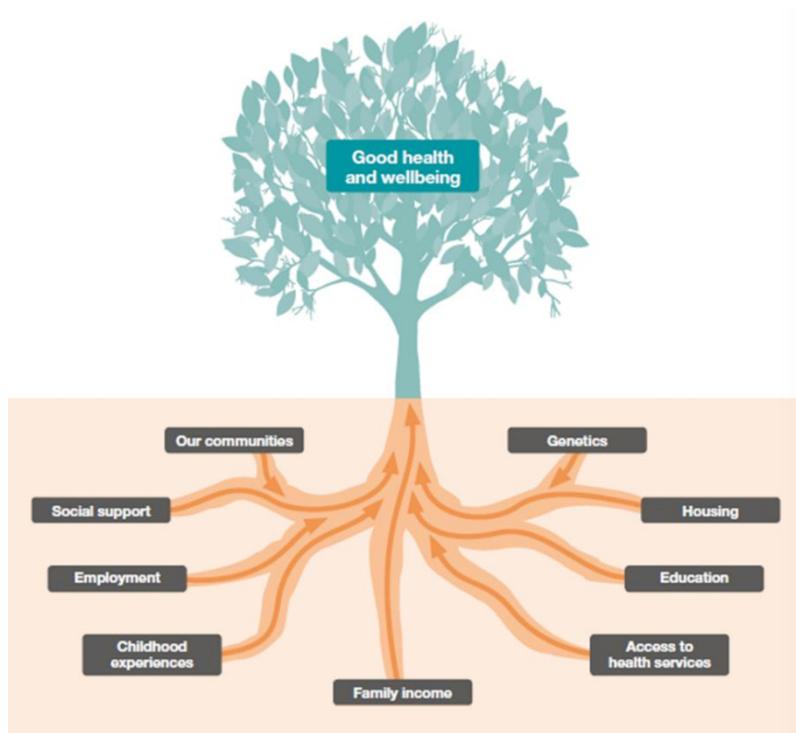
As little as 10% of our overall health and wellbeing is due to impact by healthcare or social care services¹.

Realising our ambition for Leeds to be the best city requires improvements in all the factors that support healthy lives, with a focus on three in particular: our health, our economy, and our environment.

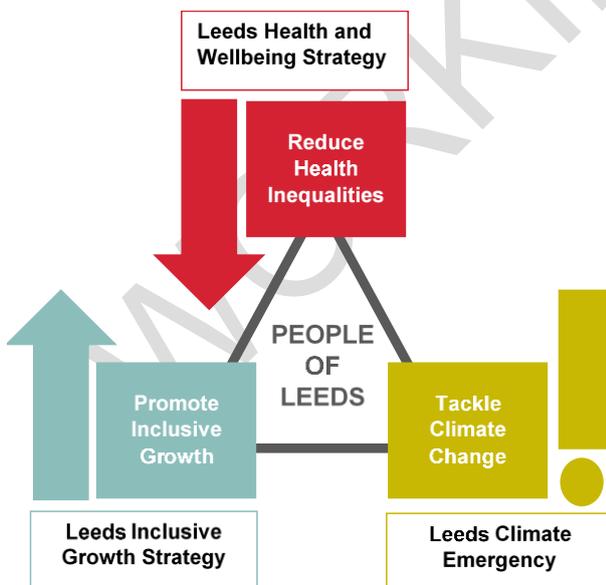
These are often referred to as the social determinants of health - these are the circumstances in which we are born, grow, live, work and age. They include our surroundings and how we travel through them, the food we eat, and the money we have, the quality of our education and our work, the

homes we live in, and the family, friends and communities we have around us¹.

Understanding and taking action on the wider context gives us a better chance of happy, healthier lives, within a resource efficient, fairer society.



As well as the Leeds Health and Wellbeing Strategy, the Leeds Inclusive Growth Strategy and the recently declared Climate Emergency provide the strategic contexts.



Health inequalities are the unfair and avoidable differences in people’s physical and mental health across social groups and between different population groups. This has a direct impact on the quantity and quality of a person’s life.

Inclusive Growth means all people and communities contributing and benefiting from our economy. This means tackling inequality, improving skills, increasing productivity and supporting people into better jobs.

Climate change is the result of human activities that release carbon dioxide and other greenhouse gases. This affects things that in turn impact on our health, including clean air, safe drinking water, sufficient food, and secure shelter.

¹ The Health Foundation
Improving health, transforming the system | Working draft v9 | 10/9/19

The Leeds context

The people we are and the communities we are part of

Leeds continues to attract people into the city to participate in its diverse and vibrant economy, culture and communities. However, we know that not everyone is currently benefitting from what Leeds has to offer. Of our estimated population of 785,000² over 170,000 people in Leeds live in neighbourhoods where it is recognised nationally that the factors combine that mean the people there will be more likely to live on a low income or be unemployed, and be living in poor health and in a poor living environment. One in five of our children in Leeds are living in poverty. Areas where children experiencing deprivation and poverty the highest are also those where we are seeing the highest growth in the number of children and young people. There remains an unacceptable health inequality gap in our city with 10 years difference between those the best and worst health.

Insight on inequality: 16 neighbourhoods in Leeds have been identified as being in the 1% of neighbourhoods that experience the greatest deprivation nationally. The population is growing quickest in some of these areas.

Our population is changing; growth continues to be driven mainly by inward migration. Meanwhile, the number of children and young people and older people is growing fastest in our poorest communities. Demographic changes and the impact of austerity has resulted in increasing numbers of people who have care and support needs. And many people experience isolation and loneliness as well as living in later life with multiple long term conditions. A key challenge is how to work with families, particularly those who are living in poorer neighbourhoods, to break the cycle of mental and physical ill health being passed on through generations. Different generations need the space and opportunity to come together to share their experiences, strengths and life skills with one another. There is a need to strengthen intergenerational work across healthcare in communities.

The relationships and resources in communities are building blocks for good health, for developing new and existing skills, and for looking after the spaces around us. Leeds has a wealth of brilliant and diverse communities – some are in communities where people live side by side, some are communities where people share a common heritage or identity, and some are where people have a shared interest or passion. These strong community links provide vital social and cultural connections that are proven to help keep people mentally and physically healthy.

Our Third Sector is a source of genuine pride in the city, with an enormous range of organisations embedded and working within communities to make a real difference. There are also more than 74,000 people in our city who give their time as a carer for relative or loved one, upon which we rely so heavily and without whom our city would be a worse place to be.

² <https://observatory.leeds.gov.uk/wp-content/uploads/2019/04/Leeds-JSA-2018-Summary-Report.pdf>

The skills we have and the jobs we do

Insight on inequality:

People with the shortest healthy life expectancy are three times more likely to have no qualification compared to those with the longest healthy life expectancy.

Learning underpins wellbeing and a good education improves access to well paid jobs and reduces exposure to life's challenges. We ensure particular focus on the Three As in school: achievement, attainment, and attendance. We enable all children and young people – particularly those learners who are vulnerable to poor outcomes to realise their potential.

Our economy is worth an estimated £21.3bn, making Leeds a major economic player both regionally, nationally and internationally. Leeds fared the recession better than many of our neighbours and, over the last decade, has consistently had the highest increase in employment rate of any comparable city. Leeds is a world leader in health innovation, with 22% of all digital health jobs across England and Wales being right here in Leeds. However, 90,000 adults in Leeds are offline and/or lack basic digital skills and these people are also more likely to be disabled, unemployed, on a low income or have low literacy and numeracy levels.

There has been a recent growth of in-work poverty, with an estimated 70,000+ working age adults from working households living in poverty and many caught in a trap of low pay, low skills and limited career progression. Leeds has a growing workforce challenge in being able to recruit and retain a range of health and care staff: including nurses across the whole sector and the new roles of social prescribers, pharmacists, physiotherapists, physician associates and paramedics in primary care as some examples of the priorities we are working to deliver. The whole system is fragile and, according to the Care Quality Commission, at a “tipping point”. And despite increasing investment, more needs to be done to improve intra-city connectivity via public transport to tackle air pollution and to enable all of our communities to more easily access employment.

The spaces we live, play and move in

Leeds has green space equivalent to the size of 5,600 football pitches, yet not everyone has fair and equal access to these spaces or the benefits they offer.

The climate we experience in Leeds is already changing and the impact of the increased regularity of extreme weather events is being felt. Leeds has successfully reduced its carbon emissions by well over a third in line with global agreements, ahead of most global cities, but has much further to go.

Neighbourhoods where people can walk and cycle around easily, with good public transport and where everyone lives within reach of good green spaces helps to promote health and happiness. There is a need for better links between good public transport for affordable, easy access to health and care facilities for people when they need them.

The social scene in Leeds is incredibly vibrant, but in work poverty, debt and problem gambling are all contributing to social inequality, meaning not everyone is benefitting from what our city has to offer.

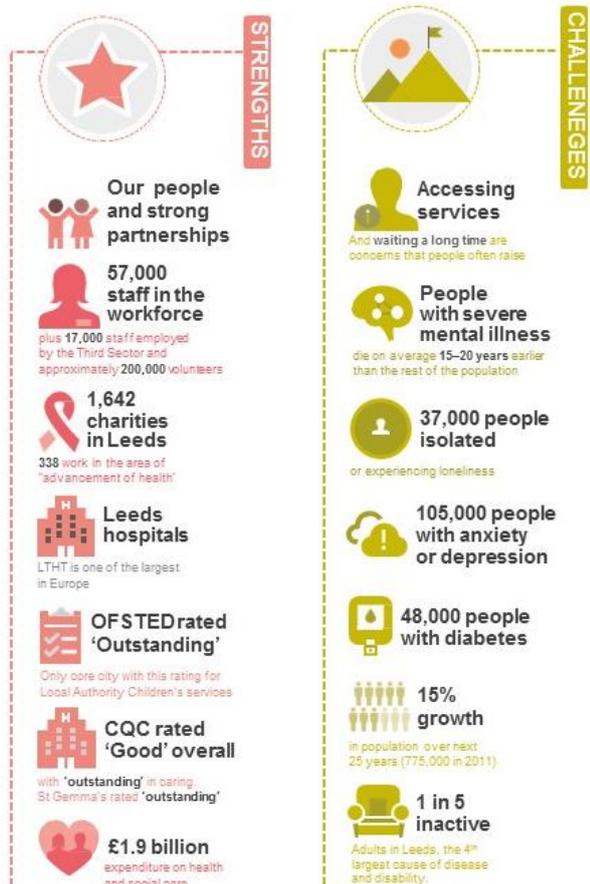
Insight on inequality:

We continue to have spaces in the city where air quality is dangerously poor. Evidence shows that spending time in areas with high levels of air pollution can worsen symptoms of asthma, damage our lungs and reduce our life expectancy.

Good housing is linked to good health; it means affordable, warm and stable homes that meet the diverse needs of the people living there, and helps them connect to community, work and services. Leeds faces the challenge of providing enough quality and accessible homes to meet the city's growing population, whilst protecting the quality of the environment and respecting community identity. The number of people who are homeless or living in temporary accommodation in Leeds is low compared with similar cities. However, whilst no one needs to sleep rough in Leeds, the number of people doing so is worryingly on the rise.

Our partnership context

People are at the heart of our partnership, which is made up of community, voluntary and faith groups, statutory health and care organisations, elected members, and academic and skills development bodies.



The value of our health and care partnership in Leeds lies in its diversity and inclusivity, the connections and strong relationships between us. This is what allows us to take action together – building on our strengths to meet and defeat our challenges. We share learning, identify where improvements can be made, and take risks together.

We view our resources in the city as our collective power, whether that's the talents of our citizens, the strength of our relationships, or our financial assets.

Our partnership will continue to grow, as we work more closely with regional and national partners, private sector businesses, SMEs, planning, housing organisations, transport, and more!

Making change happen

This understanding of our strategic contexts and the interconnected nature of what makes for good health provides the backdrop for the way we work together to deliver the Leeds Health and Care Plan. It helps us to define the culture and approaches to adopt as a health and care system to make change happen in Leeds. This is encapsulated through our unique features, our partnership principles, the way we develop and grow as system leaders and our common approaches.

Our unique features - that define our partnership

[Editor notes: do these add further to the partnership principles below?]

Connection: We all understand our role in addressing the interconnected, social determinants of health.

Collaboration: We share our ambitions and can achieve so much more together than one organisation, service, department, team, or individual ever can alone.

Challenge: We form trust based relationships that allow us to keep pushing ourselves and each other to do better, achieve more, and stand up to national scrutiny.

Compassion: We do the best for one another by tackling the causes of inequity, inequality, and injustice to create a better Leeds for now and for our future generations.

Confidence: We stay ambitious and do what needs to be done, even in times of adversity, and respond to our population to create an ever strengthening Leeds.

Our partnership principles - that guide the way we work together

Principles of our approach		
We put people first: We work with people, instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds citizens and our workforce.	We deliver: We prioritise actions over words to further enhance Leeds' track record of delivering positive innovation in local public services. Every action focuses on what difference we will make to improving outcomes and quality and making best use of the Leeds £.	We are team Leeds: We work as if we are one organisation, taking collective responsibility for and never undermining what is agreed. Difficult issues are put on the table, with a high support, high challenge attitude to personal and organisational relationships.

[Editor notes: will emphasise system leadership and culture as two distinct but connected sections]

Our approaches – that shape what we do

[Editor notes: to add in introductory / connecting paragraph to this section. Reformat the boxes to ensure consistency. Create a diagram that presents the different approaches]

‘Working with’

People are at the heart of all decisions around their health and care. We work ‘with’ people to find solutions rather than things being done ‘to’ people or ‘for’ them. We actively listen to people to understand what matters most. Through working in this way people feel empowered and in control of their health as their needs as they are being met in a way that makes sense to them.

Our solutions are co-designed, co-delivered, and co-evaluated with people wherever it is safe, appropriate and the right thing to do. We make sure this includes the communities who experience the greatest deprivation to reduce inequalities.

“As a Chief Executive working in the health and care system in Leeds, I can see how important it is that we make ‘working with’ people central to the changes we must make.

Our approach is about co-producing solutions with our citizens and, where we can, encouraging independence and resilience rather than creating dependence. Doing this is important because it gives people ownership of their own health and it makes our health and care system more sustainable.”

Think Family

The ‘Think Family’ approach in Leeds supports all people to live in families, however they define family. We need to understand the unique circumstances adults and children live in and the strengths and resources within the family to provide for their needs. We know that the behaviour of adults has a significant impact on the lives of children. Problematic adult behaviour can lead to adverse childhood experiences that can lead to poor health and well-being throughout a child’s life course. Therefore, we need to consider adults in their role as parents when engaging with them in any clinical or therapeutic intervention.

To ‘Think Family’ means that all staff remember that people rarely live in complete isolation, it is important to understand the needs of the wider family when working with a child, parent or adult.

To ‘Work Family’ means that all staff and services commit to working together, to talk more and to ensure that all staff working with children, young people and adults in a family plan and co-ordinate their work.

Asset Based

In Leeds our greatest strength and our most important asset is our people. Wellbeing starts with people: the connections, conversations and relationships we have in our families and communities have a huge impact on us and make us unique. It should therefore follow that people themselves are the catalysts for change in their local communities

We always focus on what’s strong rather than what’s wrong in order to understand people’s assets within the context of their family, and the social, cultural, economic, and environmental influences on their health and wellbeing.

Whole Systems Approach to being more active

We are taking a Whole Systems Approach to developing our Physical Activity Ambition and Social Movement. We are following World Health Organisation guidance and focusing on four main strategic areas: create an active city, create active environments, create active people and create active systems.

The ultimate ambition is to develop a whole city (or system) approach, designed to make it easy for people to be active in Leeds.

[Editor notes: insert case study example]

'Home First'

Everyone who supports people in Leeds with planned or unplanned care will consider the option for them to stay at home wherever possible. People are supported to remain or return quickly to their own beds, and their own home (including a care home if that is their usual place of residence) as soon as it is safe to do so.

People with needs associated with their learning disability, autism or Mental Health will be supported to live in their own homes wherever possible and stays in hospital are short and relevant to their health.

Staying in hospital longer than necessary can have a negative impact on a person's health – which is why thinking 'home first' is so important'. Hospital stays will be as short as possible through making sure that links between the person and the people who work with them in their community are maintained throughout their hospital experience

Using our Leeds £ Wisely

We will work together across health, care and community organisations to focus resources and prioritise those areas where we can make the biggest difference in reducing health inequalities and improving life chances of our communities.

We will also use our collective buying power and resources to leverage social value, get the best value for our Leeds £, to enable a sustainable, high quality health and social care system fit for the next generation.

We have traditionally spent a lot of money on providing care in our hospitals rather than in our communities where people live. We want to re-distribute this money to both services and community initiatives that focus on prevention, self-management and proactive care in the community.

Making the Leeds Left Shift real

[Editor notes: ensure that the following has a clear definition of the Leeds Left Shift system change at the heart of it – elevator pitch definition]

Our ambition for Leeds to be the best city for all ages doesn't mean we want to be the biggest or the richest city, but best for quality of life. We continue to face significant and unacceptable health inequalities between different communities and groups in Leeds. Whilst we have made improvements, we know we have more to do, and need to think more innovatively to tackle the causes as well as the effects of inequity, inequality, and injustice. Decisions we take with people now must consider the impact on our future generations.

A relentless focus on reducing these inequalities will remain at the forefront of planning, delivery and evaluation of health and care services over the coming years. This means working with people every step of the way, listening to the voices of those who experience inequality, and using the strengths of communities, services and our wider partnerships to respond accordingly.

We know that in 10 years' time, the way our health services work will have to evolve and transform in response to economic, societal and technological advances.

- The rapid developments in genomics mean that people will have far more knowledge about their own health for the future, and many people will no doubt want to take far more proactive steps to protect their health.
- The role of technology in both supporting people to stay well and changing the way services are delivered is accelerating all the time.
- And as society changes, and people's expectations change in terms of how they work and how they interact with all service industries, the health system needs to reflect this in order to best respond to needs and secure on-going sustainability.

So we know that we need a new model of care for the city, with a real 'left shift' in emphasis and delivery.

'Building the Leeds Way' is our hugely ambitious programme to transform the hospital estate in the city centre. We are setting out to invest £xm in world class facilities at the Leeds Children's Hospital and Leeds General Infirmary, which in turn supports our strategy to deliver a left shift in healthcare and deliver key quality and outcome improvements. The new hospitals will be digital by design supporting the transformation of outpatient services and a 30% reduction in face to face attendances.

New day case and ambulatory care facilities will ensure the right care in the right place at the right time. Critical care and theatre capacity will be increased to ensure people can access specialist services such as spinal surgery in a timely way. Maternity and neonatology will be centralised increasing clinical productivity and the resilience of the service. A new midwifery led unit will be established increasing choice for women. The Leeds Children's Hospital will be a truly child friendly environment as is fitting in our child friendly city. The historic buildings which are no longer fit for healthcare purposes will be redeveloped, releasing 155000m2 poor quality estate and reducing backlog maintenance by

£100m. Instead buildings will be repurposed to contribute to the health and life sciences innovation economy a landmark regeneration project in the heart of the city centre.

Overall the scheme will deliver economic benefits of over £1.2bn and enable a further £2bn economic benefit by supporting the future renewal of the Leeds inner ring road. Building the Leeds Way is a once in a generation opportunity to provide state of the art healthcare facilities and catalyse economic growth for the city and wider region.

However, in order for it to be successful, we know that we need to do all we can to support people to stay healthy and to offer proactive services in the community which support people to stay well and offer the best care when ill and dying.

So in 5 years' time and in advance of our new hospitals, our exciting new community model and approach needs to be in place to create the transformed system -

[Editor notes: insert diagram representing the future service model at a high level e.g. Canterbury NZ style diagram]

To make this shift, we are committed to investing proportionately more of our resources in prevention, primary and community services, whilst still ensuring that hospital services are funded to deliver first class care.

This will result in more people in this workforce, significant improvements to our community estate and on-going exploitation of technologies for people to engage in health in health services. And above all, it will require a new relationship between all organisations to work in partnership together and with local people to reshape services to improve health outcomes.

Partnership focus

To be successful as a system in achieving the Leeds Left Shift we have agreed to give a number of areas extra attention as a partnership. These are:

1. Promoting good health

2. People at the centre of their care

3. Connected care closer to home

[Editor notes: need to include key areas of focus from the current 'enablers']

Each of the areas of focus are described in the following way.

Area of focus

Goal:

- A description of what this focus of area is aiming to achieve.

Building on continuous improvement:

- An overview of some of the specific actions we have already committed to undertaking as a partnership and will be successfully delivered in the short-term.

Transformational priorities:

- A few key areas of work that we have committed to undertaking as a partnership which will be delivered over a number of years. Some of these areas are currently in design / testing / development in parts of the city and the aim is to strengthen, deepen and widen their delivery across the whole of Leeds.

For each transformational activity there is a description covering:

- What is it?
- Who is involved?
- What does it mean for people living in Leeds?
- What is the change?
- How will it help to reduce health inequalities?

Case study

- An example of what good looks like once we achieve the goals.

Promoting good health

Goal:

In 3 – 5 years' time, our goal is that...

- People will experience a fundamental shift in focus from treating illness in isolation to promoting physical and mental wellbeing as an integral element of their care.
- Health and care services will place greater attention on:
 - Addressing lifestyle factors that contribute to ill health
 - Supporting people who live healthy lives to continue to do so;
 - Increasing the number of people who are prompted and supported to change unhealthy behaviours to enable them to live healthy lives; and
 - Ensuring our future generations are born healthy and enjoy longer healthy life expectancy as the norm.
- The health and care workforce see prevention as central to our role and everyone in the workforce understands how they can support people to stay mentally and physically healthy and well.
- We use every appropriate opportunity, to applaud healthy lifestyle choices and to inspire and support positive behaviour change. This relates to life-style factors such as smoking, diet, alcohol and physical activity in addition to mental health and wellbeing and the wider determinants of health such as housing and employment
- The spaces and places where services are delivered and we work from provide green space, promote active travel and mitigate against air pollution.

Building on continuous improvement:

To achieve our goals we will:

- reduce the harmful effects that air quality has on our health in Leeds through taking focused action to reduce pollution. This includes identifying the contribution the Health and Care system can make towards this through changing how we operate and raising awareness of how to minimise exposure to polluted air
- encourage communities to build connections with people in their area so they can take action on the things that are important to them through continuing to implement our Asset Based Community Development (ABCD) approach
- ensure a Best Start for all children by promoting good maternal health (including mental health) and providing healthy living support throughout pregnancy and to new parents.

- protect the effectiveness of antibiotics through raising awareness of the risks if they are 'over used' amongst health and care professionals, primary schools and communities highlighting the most effective ways to treat infections.
- build on the success the city has had in reducing rates of obesity amongst reception age children, particularly in our more deprived areas, through developing a similar innovative programme for children aged 5 – 11.
- support and sustain longer term behaviour change by the provision of healthy living services, activities and assets which work in a more joined up way.
- avoid adverse child experiences and support families to stay together through taking a think family approach within all our services that tackle substance misuse, domestic violence and mental ill health to minimise the impact that these factors can have on a child's life course.
- invest in early intervention and prevention mental health services to support children and Young People. We will do this through working more closely with schools through our Mental Health Support Teams and make information to support them more accessible, building on the success of MindMate
- improve access to and the quality of mental health services for adults, so support can be accessed when people need it and prevent their needs from escalating. One way we are doing this is through providing a new primary care mental health service
- focus on the early identification of health conditions, particularly amongst our most deprived communities, to contribute towards reducing the years of life lost, particularly through accessible screening, raising awareness of symptoms and encouraging take up of health checks.

Transformational priorities:

- **Moving more – a city wide social movement – Get Set Leeds**
- **Building prevention into everything we do**

Moving more – a city wide social movement – Get Set Leeds

What is it? Get Set Leeds is a conversational approach that provides an opportunity for people to share ideas on what getting active means to them and what changes in the city might get them moving more. We want Leeds to be the most active city in the UK – because it's good for individual health and wellbeing, good for communities and good for the city as a whole.

We are determined to create an active city, with active environments and active people supported by active systems. Get Set Leeds aims to embed physical activity into everyday life and make it the most cost effective and easiest first choice in every community.

What does it mean for people living in Leeds? People are more likely to be active as leading an active lifestyle will be seen as 'normal' and become part of everybody's

everyday routine. What this means will be determined by the people of Leeds through a city wide conversation, Get Set Leeds. Following on from this conversation, the solutions will be jointly created and produced with the people of Leeds and every partner within the system.

What is the change? Being more active can have a significant impact on all aspects people's wellbeing. It has the potential to improve the physical and mental health and wellbeing of individuals, families, communities and the city as a whole. Evidence shows that regular physical activity reduces your risk of a range of health conditions including dementia, hip fractures, depression, cardiovascular disease, type 2 diabetes, colon cancer and breast cancer. Even when people have a health condition physical activity can reduce their reliance on medication and risk of complications.

The benefits of this initiative will even go beyond the Health and Care system with the potential to have a positive impact on promoting inclusive growth and tackling climate change.

The benefits of this initiative will even go beyond the Health and Care system with the potential to have a positive impact on promoting inclusive growth and tackling climate change.

Who is involved? Delivering the programme of work successfully will mean all partners working together, not only in health and care but wider local authority services such as planning, education, and the private sector particularly through anchor institutions.

How will it help to reduce health inequalities? Although this is a city wide transformational journey, the approach recognises the need and is committed to reducing inequality through working closely with the population groups that are the most inactive which include people living in our priority communities, children and families and people with learning disabilities or may have a long-term condition or disability.

Building prevention into everything we do

What is it? The aim is to activate all staff and organisations working within and supporting the health and care system around the prevention agenda. This would mean that every health and care professional:

- Understands their role and responsibility in supporting people to live a healthy lifestyle
- Routinely delivers healthy living brief advice and actively refers people into healthy living services when that is the right thing to do
- Has the opportunity to undertake training to support them in doing this

What does it mean for people living in Leeds? This means that people will be treated as a whole person and receive consistency with messages and services from their health and care services, working with individuals to understand the right treatment and service for them. This consistency will be received regardless of the service that they access.

What is the change? Energising the 70,000 health, care and support professionals in Leeds around this would have a huge impact on the health of the city and a significant impact in us achieving the Leeds Left Shift. At the moment in Leeds more than 50% of deaths are as a consequence of a health condition related to the way we live our lives. This could be prevented by routinely addressing the risk factors that result in ill health; however, this needs to be delivered at scale in order to have a significant impact on the

population's health and wellbeing. Through reducing smoking, alcohol, physical inactivity, poor diet and "stressful living" the conditions that could be avoided include cancer, type 2 diabetes, heart disease, stroke, hypertension, respiratory disease, depression.

Who is involved? The aim is that every health and care professional in every health and care focused organisation in Leeds is involved, in both the statutory and the Community and Voluntary sector.

How will it help to reduce health inequalities? Although making every contact count will benefit everyone city wide, the focus will be on reducing health inequalities by allocating resources and developing approaches alongside those people who most need the support. This includes: children and adults who may be experiencing higher levels of deprivation, pregnant women and their families, those that are at greater risk of long-term conditions, people living with mental illness and people with a learning disability.

Case study

Liz's journey towards improving her physical and mental health

After a traumatic accident which left her hip shattered, Liz was told she may never get back to being fully active.

But five years on, following three months of bed rest and even longer using a wheelchair and walking sticks, Liz is fitter and more active than ever.

"Because I had to have a hip reconstruction and a lower pelvis break, I was in bed for a long time. It did have an impact on my confidence and my mood. At first it was really difficult to get moving, but once I was able to be active again, I felt the difference straight away.

Walking and running became really important to me. I became an ambassador for 'Leeds Girls Can' and now I run walking and running groups for other women. It's really important to offer women-only groups because that enables women from all cultures to join in, and I've met so many interesting people.

It's especially important for women of my age to be active. It's just so good for you! It protects against getting ill, and it gets you out and about and meeting people. Being active was such an important part of recovering from my accident. Now it's just part of my everyday life, and I feel so much better for it."

People at the centre of their care

Goal:

In 3 – 5 years time, our goal is that...

- People feel that services work with them as an equal partner in their health and care, and see them as a whole person – this means their physical, emotional, and mental health are all considered in the context of their family and social connections.
- People also feel that services are focused on supporting them to be well and independent for as long as possible, promoting additional years of healthy life expectancy.
- People, families and carers have the skills and confidence to manage their own conditions including mental health conditions.
- Health and care professionals have received the appropriate training so they have the skills and confidence to support them in doing so.
- By building on their strengths, people will have more choice and control over how they manage their condition, ensuring their health and wellbeing needs are met in a way that works for them.
- We know if the person is a parent so the needs of the wider family can also be considered in conversations, taking a 'Think Family' approach.
- Care is proactive. This means that:
 - People at risk of developing a Long Term Condition are supported to stay well.
 - People who already have a Long Term Condition are proactively supported by local teams and understand how to manage their health, to live as healthy and well as possible, and to maintain their independence.
- To support this, our health and care system has an in depth understanding of the local populations and proactively invites people to attend health checks and screening to identify and prevent ill health.
- Personalised Care and Proactive Care are embedded into every relevant pathway across Leeds. This is a fundamental role of our Local Care Partnerships (LCPs), which will allow us to work as a single team, within and with communities, targeting our efforts so that the poorest improve their health the fastest.

Building on continuous improvement:

To achieve our goals we will:

- ensure there is a range of support for people with long term conditions so they can access support in a way that works for them. This includes peer support, one to one support, structured education and digital solutions.
- work towards everyone receiving the same approach to their care, so their care journey feels consistent no matter which health or care organisation they go to through continuing to roll out the Better Conversations approach across our health and care workforce

- improve the lives and experiences of people living with frailty and their carers. We will focus on things that matter to people such as being active, socially connected and maximise the time spent at home.
- help people to stay well through offering annual health checks. There will be a focus on encouraging people with learning disabilities, autism and severe mental illness in accepting this offer as these groups are amongst those that experience the worst health inequalities.
- focus on the early identification of health conditions, particularly amongst our most deprived communities, to contribute towards reducing the years of life lost, particularly through accessible screening, raising awareness of symptoms and encouraging take up of health checks.
- respect peoples end of life wishes support them to die in the place they would want to wherever possible, both for adults and Children with life limiting conditions, through asking people what their preferences are and supporting our health and care workforce in having the skills and confidence to do this.

Transformational priorities:

- **Universal personalised care / strength and asset based person centred care**

Universal personalised care / strength and asset based person centred care

[Editor notes: need to incorporate the strength/asset based approach part into the below]

What is it? The aim is to move towards an approach to health and care that means people have the same choice and control over their mental and physical health that they have come to expect in every other part of their life.

What does it mean for people living in Leeds? People will start to feel a shift in their relationship with health and care professionals. They should increasingly feel their care is being planned around what matters to them, that they have choice and control in how their needs are being met and that they are an active partner in conversations about their health and care. This should be felt by everyone from maternity to childhood through to older age and end of life.

What is the change? There are six ways in which the model is being implemented. None of the elements are new, they have all been implemented in pockets across the system for many years. The difference is that through taking a system wide approach to implementation, the model will have a greater impact and people should experience a more consistent journey of care.

The six elements are:

1. **Shared decision making** - people are supported to make decisions about their health and care that are right for them in collaboration with health and care professionals
2. **Personalised care and support planning** – everyone with a long term condition will have a Collaborative Care and Support Plan (CCSP) that identifies what is important to them and ensures the support they receive is designed and coordinated around this

3. **Enabling choice** – people are provided with the support and information they need on the options that are available to them to shape their care and to help them make informed decisions
4. **Social prescribing and community based support** – people are referred to a Link Worker or Wellbeing Coordinator with a good knowledge of the local area. Once the worker understands what is important to the person they connect them to community groups and other services for support. Our ambition is for there to be over 5,500 people supported each year through social prescribing in Leeds.
5. **Supported self-management** – describes the range of options and approaches that are available to support people to manage their own care. This includes supporting education programmes that provide advice on how people can manage their own conditions and peer support where people are connected with people facing similar challenges, either face to face or electronically to provide mutual support in managing their condition.
6. **Personal health budgets** – is an amount of money somebody is given to support their health and wellbeing needs in a way that meets their needs. This isn't new money, but a different way of spending funding to meet the needs of an individual.

Who is involved? All health and care partners are be involved in delivering personalised care. The voluntary and Community Sector and the many assets in our communities will play a pivotal role in achieving this.

How will it help to reduce health inequalities? Through making sure health and wellbeing needs are being planned around the individual needs of the person and recognising that everyone has a unique set of skills, strengths and attributes, the personalised care model has played and will continue to play an important role in reducing health inequalities.

Case study

George's story of social support in his local community

Breathe Easy is a project that aims to develop an integrated network of respiratory peer support groups in Leeds to support people to manage their own condition. George, 82, was referred to the Harehills group.

"On New Year's Day 2018 I nearly passed out and thought I was having a heart attack. After a visit to the doctors, a Spirometry test that wouldn't even register and a few other tests I was diagnosed with COPD.

Since I joined Breathe Easy Classes in July I have found such a difference. Gradual slopes still get me, but I can walk further, and I push myself.

When I revisited the nurse for a Spirometer test in September I blew out at a force of 99. I was so shocked with the change! I will keep going.

The classes have really made a difference. We have a laugh and it's quite sociable and we always have a cuppa after with the instructor"

Connected care closer to home

Goal:

In 3 – 5 years time, our goal is that...

- People interact with health, care and community services nearer to where they live and however best meets needs. The variety of options will include third sector and peer support where they demonstrate efficacy and value.
- Accessing health and care services is easier for people and feels more 'joined up', meaning people have their health and care needs met through fewer interactions and only need to tell their story once.
- This shift to increased care in the community is fundamentally underpinned by our Local Care Partnerships (LCPs). Primary Care Networks (PCNs), will be a key contributor to LCPs, through providing GP practices with additional resources to develop community services.
- People only go to hospital when they need it, with hospital care used for acute, time-limited medical or mental health interventions. The number of visits people need to make to hospital before and after treatment are also reduced.
- Health and care professionals in the hospital work closely with health and care professionals in the LCPs and are seen as being an integral part of the wider LCP team bringing skill and clinical knowledge into communities. This may be through increased virtual consultation, more local clinics or through mature community based virtual ward arrangements for key conditions.
- When people need to access health and care services in an unplanned way they know where to go as there is a 'single point of access' to support people to make sure they receive the right care, in the best place at the right time
- Reducing the length of time people stay in hospital will mean that they can return to their homes sooner, with people supported to leave hospital for home, or an appropriate setting as soon as it is safe to do so.

Building on continuous improvement:

To achieve our goals we will...

- support Children and families to access the right care, in the right place, at the right time. We will further develop and implement our new Child and Family health and wellbeing hubs, alongside Local Care Partnerships which will support more health and care needs being met in the community and reduce the need for unnecessary hospital appointments
- improve the way in which we provide care for children, young people and adults with mental health conditions by increasing provision within our community and reducing the number of people sent outside Leeds for treatment
improve the lives and experiences of people living with frailty and their carers. We will focus on things that matter to people such as being active, socially connected and maximise the time spent at home.
- provide medicines management support to community teams through Primary Care networks to ensure money spent on medicines management is evidence based, clinically appropriate

- work with health professionals to reduce the number of times people have to come into hospital, particularly for Outpatients appointments through using alternative clinic types such as video consultation, providing more advice to the persons GP so their care can be managed in the community or using technology for a more rapid assessment. An example of this is our tele dermatology service.
- provide information to people on how to access the right urgent healthcare for themselves with the aim of reaching a Single Point of Access. This will support people and professionals to make good choices from a comprehensive range of high quality services.
- support people with learning disabilities and autism to live well in the community in a number of ways including dedicated teams helping people to remain independent in their own home
- support the move of more urgent care needs being met in a community based setting. One example of this is through Urgent Treatment Centres that offer urgent primary care for minor injury and minor illnesses.
- support people with dementia to live independently in their own home (including a care home) through increasing access to diagnosis and specialist support, offering more support in the community for example memory café's led by the community and voluntary sector and a carers support service.
- Reduce the number of people with complex dementia needs in hospital through increasing the Leeds community bed base for this group of patients. We will also continue to commission enhanced care home support working with these patients and commission/fund bespoke placements as needed.

Transformational priorities:

- **Local Care Partnerships**

Local Care Partnerships

What is it? Local Care Partnerships (LCPs) form the basis of locally integrated health, wellbeing and care, rooted in communities. Much of the activity as outlined in this plan will be delivered through LCPs. They will use a 'bottom up' approach to improving health, wellbeing and care with a focus on priorities for their community such as a better response to people living with frailty. They bring together the full range of a community's assets to design and deliver integrated care that best meets the needs of the local population.

Primary Care Networks (PCNs), will be a key contributor to LCPs, through providing GP practices with the resources to develop community services.

Who is involved?

LCPs are locally based health and care teams that work together, with local people at their centre and led by those who work in those communities. They bring people together who have an influence on wider determinants of health.

This includes housing and planning, employment, care homes, social care, Third sector organisations, schools, police, fire service and elected members.

PCNs describe how GP practices will come together to provide a wider range of services by working with community healthcare services.

What does it mean for people living in Leeds? People will feel that they are at the centre of a locally based health and care team that helps them sort out the issues that matter to them most. Through a range of teams working together they should also start to feel their care is more joined up. For some people this should mean they have to attend fewer health and care appointments.

What is the change? LCPs are community driven and put people and partnerships at the centre of how care models are designed, delivered and evaluated. Each will have strong leadership teams in place that are inclusive and representative of the statutory, voluntary and independent sectors.

Their key features are:

- They are based on local areas and communities that have similar needs, recognising local diversity
- Services offered in locality include: General Practice, the full breadth of Primary Care (for example Physio and Occupational Therapists and mental health support), community services, council services and services offered by the community and voluntary sector.
- They are accountable for the health and wellbeing of their population
- The services offered evolve and respond to local need over time

How will it help to reduce health inequalities? LCPs will support a reduction in health inequalities through responding to local need rather than taking a 'one size fits all' approach to delivering health and care. Each LCP will work with people in their area to understand what is important to them and will be focused on organising the health and care services for their population around delivering these population outcomes. To achieve this resource will need to be directed towards the people who need it the most.

Case study

Working together to put people at the centre of their care [Editorial note: Better title needed]

Frank is in his 90s and living in care home. He has severe frailty and dementia. He also has Diabetes which had been difficult to control and as a result of this has been in and out

of hospital. His main carer, his Niece, was concerned about him going in and out of hospital, and felt powerless in terms of supporting her uncle and was concerned he would die in hospital which was not what he wanted to happen.

A data led approach focused on people with severe frailty, dementia and living in a care home. Through his Local Care Partnership a multi-disciplinary team was brought together within the care home. This included his carer and people who looked after him in the care home. A conversation about what mattered most to Frank was the starting point in planning his care. Together Frank's wish to avoid hospital where possible and work together was discussed and a joint care plan was pulled together to try and prevent this from happening.

This meant:

His care was predominantly in the Care Home minimising trips to hospital

He has an end of life care plan in place so everyone involved in Frank's care understands his wishes

His Niece works alongside other health and care professionals to plan Frank's care together

One of the health and care professionals involved said key making the difference was that *"We had the right people, sharing the right information, focused on the right patients and what mattered most to them"*.

What will help us to get there?

Our ambitious vision of the Leeds Left Shift will mean a fundamental change in the way health and care is delivered. A change in the relationship between people and health and care professionals. And a fundamental change in how we think about health and care services. Innovation and experimentation will be crucial to make sure we don't go back to delivering health and care services in 'the way we have always done'.

The foundation to achieving our ambition will be our 'enablers' of change, delivering system wide solutions that not only support our new way of working but also lead the way in setting out innovative solutions to take our ambition and aspiration further faster.

[Editor notes: the following enabler descriptions to be written up into similar tables to that used for previous section]

[Editor notes: following enabler descriptions to be written up into similar tables to that used for previous section]

Workforce

Goal:

In 3 – 5 years' time, our goal is that...

We will work as if we are 'one' team, growing our own workforce from our diverse communities, supported by leading and innovative workforce education, training and technology with the Leeds Health and Care Academy key to the delivery model.

Building on continuous improvement:

To achieve our goals we **have developed 4 shared workforce priorities as follows:**

- 1. Improving Employment (Attracting and retaining our current and future workforce)** - We will provide opportunities for skills, jobs and wealth creation, engaging and recruiting those in our most disadvantaged communities and inspiring the next generation health and care workforce. This will ensure we have the highly diverse, skilled workforce we need to serve the people of Leeds, now and in the future.
- 2. Improving working lives** - We will improve workforce mobility, making sure Leeds is the place to work in health and care. We will improve access to the highest quality education, support and development for our current and future workforce. We will recognise the importance and impact of mental health alongside physical health. We will support women in the workplace being a voice for increased visibility and connections across organisational boundaries.
- 3. Improving systems working (across organisational boundaries)** - We will foster a citywide culture where the health and care workforce operates as if it is one team - "one Leeds workforce". Our people will work, learn and develop together in new ways, enhancing career opportunities and providing a more seamless experience for citizens and patients.
- 4. Improving working partnerships** - We will work with health and care organisations across the city to enhance collaboration when bidding for new and additional funding and, through this, to respond to the city's strategic workforce priorities. We will establish the city strategic workforce collaboration across employers, representative groups and trade unions to strengthen the workforce and citizen voice in our work. We will support the creation of Leeds health and care employer's hub.

Transformational priorities:

- **Transform Primary Care by working with communities**

- **Improve nursing recruitment and retention**

Transform Primary Care by working with communities

What is it?

Support new ways of working and recruitments for new posts funded through new GP Contract (Clinical Pharmacists, Social Prescribing Link Worker, First Contact Physiotherapist, Physician Associate, First Contact Community Paramedic) Supporting the resourcing of staff for the additional roles for example co-developing consistent job descriptions and advertising at scale.

What does it mean for people living in Leeds?

Higher quality of health and care services being delivered more effectively and efficiently through Local Care Partnerships.

What is the change?

New roles and services delivering health and care in communities to enable faster and more effective service delivery.

Who is involved?

All health and care services.
LCPs bring people together who have an influence on wider determinants of health. This includes housing and planning, employment, care homes, social care, Third sector organisations, schools, police, fire service and elected members.

How will it help to reduce health inequalities?

Local Care Partnerships working within the communities they serve and can target resources to work with their population and local community stakeholders to provide holistic solutions to specifically address the health inequalities within the locality,

Improve nursing recruitment and retention

What is it?

Joint approach to Nursing recruitment, jointly attending nursing recruitment events- presenting as “one Leeds system”.

Targeted local recruitment events in priority neighbourhoods- first event identified 3 Nurses with overseas qualifications.

General Practice Nursing Strategy developed in partnership with the Leeds GP Confederation to address the workforce challenges we have in terms of Practice Nursing; outlines approaches in relation to recruitment and retention, developing better career paths/structures as well as new roles

What does it mean for people living in Leeds?

We are working closely with our social care colleagues to support care homes in the city by helping them to attract more people into careers in nursing in care homes

This in turn will help in improving the quality of nursing practice in care homes through improving capability, reducing vacancies so increasing capacity.

What is the change?

Collaboration to improve recruitment and retention across the Leeds health and care system.

Who is involved?

All health and care services, specifically nursing professionals.

How will it help to reduce health inequalities?

Creating employment opportunities within local priority neighbourhoods through the wider determinants of health.

Case study

Leeds Teaching Hospital NHS Trust recruitment event helps people from Lincoln Green into employment

Lincoln Green is a Leeds neighbourhood facing some of the most significant challenges in terms of low income, unemployment, health deprivation and poor living environment. It is home to St James' Hospital, one of the largest teaching hospitals in Europe. Although employing over 18,000 people, there are a number of vacancies at any one time, ranging from grounds staff, housekeeping, healthcare assistants, and of course nursing.

Leeds Teaching Hospital NHS Trust and Leeds City Council recently held a recruitment event aimed at people who live in Lincoln Green, helping connect them with job opportunities at the hospital.

As a direct result of the event, attended by over 130 people, 28 people have now secured jobs in LTHT in nursing, clinical support, catering and grounds maintenance.

In addition, through recruiting from the local area that has a rich and diverse migrant population, it was possible to connect with local residents with overseas medical qualifications, including refugee doctors and nurses from Syria and Afghanistan, working with them to convert qualifications and join our health and care workforce.

All parties hope the success of this single event can be transformational – both for the individuals who secured jobs, as well as for the wider local community. Following the success of the event, health and care partners have committed to hosting further events across the city, so that we can continue to support people living in poorer communities into work.

This project is an excellent example of the strengthening relationship between health and care, and the wider determinants of health; linking together health and wellbeing priorities and the city's inclusive growth priorities.

Goal:

In 3 – 5 years' time, our goal is that...

Through strategic investment, our estate will be transforming into space fit for 21st century health & care services, where design and delivery are results of co-production with our communities and system partnership.

Building on continuous improvement:

To achieve our goals we **have developed 6 principles to underpin all strategic estates consideration and decision making:**

5. Community

- Supporting those most in need
- Working with communities to be healthier places

6. Condition

- Deliver estates which positively reflect the value of our citizens & staff
- Prioritise action on the worst first

7. Culture

- Support new ways of working – digitally enabled and connected
- Think 'system' – multi-use buildings as default

8. Capacity

- Use better what we have
- Plan for the future, aligning service demand & workforce

9. Cost

- Charge once to the system (Leeds £)
- Proportional risk sharing

10. Climate

- Increasing energy efficiency across the estate
- Using our estate to actively minimise vehicle journeys

Transformational priorities:

- **Health & Planning**

Health & Planning

What is it?

A piece of work aimed at achieving greater collaboration between the city's Local Planning Authority and 'health', so that through both Planning's functions of strategy/policy and development management (processing of planning

applications) consideration of health and wellbeing of our communities forms a core aspect.

What does it mean for people living in Leeds?

It means that:

- Future new developments (housing and commercial) promote health & wellbeing through better spatial design e.g. creating usable greenspace, giving pedestrians and cyclists priority rather than cars; and
- The sustainability (capacity and quality) of primary care services are protected from negative impact of housing growth, as both a direct and cumulative effect of developments within communities.

What is the change?

Through, and with the Local Planning Authority health and care commissioners and providers will work collaboratively to safeguard health services from increased demand due to housing growth. Mechanisms for achieving this include opportunities to leverage funding from developers to create new, or extend existing health and care infrastructure, where currently there is no mechanism.

Working with developers to influence spatial planning of new developments, which may mean less housing units are achieved but another kind of value is added through promotion of health and well-being for residents.

Who is involved?

- Local Planning Authority
- Public Health
- Health Partnerships (Estates)
- Elected Members (Executive Members and Scrutiny)
- Health commissioners
- Health providers

How will it help to reduce health inequalities?

By ensuring that health service capacity and quality is safeguarded from any adverse effects of increased population size as a result of housing growth. Also through influencing spatial design to promote health & wellbeing residents within, and around new developments will live healthier, more active lives.

Case study

Burmantofts Health Centre

Lincoln Green is one of six priority neighbourhoods agreed by the Council where a new place-based approach to service delivery, tackling poverty and reducing inequalities in our poorest neighbourhoods has been adopted. The new approach seeks to prioritise the city's collective endeavour and resource, work closely with communities so that things are done with, not to them, and enable a cultural change across partnerships.

Burmantofts Health Centre, owned by Leeds Community Health Trust, sits within the Lincoln Green priority neighbourhood, adjacent to the district centre. The centre is currently occupied by 2 GP surgeries, a sexual health clinic, as well as other limited community health services. The building is both under-utilised and in need for significant investment, or ideally redevelopment to bring it up to the standards of a modern, 21st century health facility.

In-principle agreement has been given by Leeds Community Health Trust to the redevelopment of the health centre site, a proposal which has been identified as the preferred option in an Option Appraisal commissioned by the city's Strategic Estates Group. The redevelopment opportunity has garnered interest from the Council's Communities directorate, who have expressed an interest in creating a new Community Hub in Lincoln Green, as part of any new building health facility.

Further to initial consideration of the redevelopment opportunity being a standalone project, discussion, through the priority neighbourhood programme, has opened up the possibility of it forming part of a wider regeneration of a number of key sites in Lincoln Green. As a result a partnership piece of work is underway between Regeneration, Communities and Health Partnerships (estates) to explore options for regenerating/redeveloping a commercial offer, new housing and a community/health centre within the area. The ambition is that this piece of work will result in an investment plan, to be submitted for approval to the Council's Executive Board in 2020, which seeks to:

- ***Help Lincoln Green transition from a gateway location to a settled, prosperous multi-cultural community where differences are respected, and the community is supported to develop and grow;***
- ***Improve the provision of housing and public spaces, in particular for young families and children;***
- ***Improve access to jobs and services, including local health and care facilities; and***
- ***Improve the physical environment to make it more healthy, enjoyable and relevant to the future needs of the local community.***

Communications and engagement

Goal:

In 3 – 5 years' time, our goals are...

- To work in partnership with local people, so that their voices are at the heart of everything we do. This means we start with people, design with people, work with people, and evaluate with people.
- To motivate people to make healthy lifestyle choices for themselves and their family.
- People know the best ways to self-manage their conditions, and that when they need to access health and care services, they know which services are available to best meet their needs.
- To use our communications and engagement to target people and communities that are experiencing the biggest health inequalities.

Building on continuous improvement:

To achieve our goals we will:

- Build on the success of the inaugural Big Leeds Chat (BLC) event in 2018, we will develop BLC as an annual series of 'listening events' that connects local people with the people making decisions about health and care in Leeds, including in local communities.
- Work with people in priority communities to develop targeted campaigns that motivate them to make healthier choices - for themselves and their family. We will work in partnership to develop consistent messaging, make better use of the Leeds £, and strengthen our reach.
- Ensure local people easily understand how to access the best care in the best place at the best time.
- Champion plain English language in all of the ways that we communicate with local people, whether that be through the campaigns we deliver, the letters and emails we send, or the face-to-face conversations we have with people. Consider accessibility issues in every piece of printed and digital information we produce, ensuring we adhere to the Accessibility Information Standard.
- Collaborate on our engagement - through shared engagement activities, training and principles. We will target our priority communities through our collaborative engagement.
- Collaborate on workforce communication, to strengthen the flow of information between system leaders and the rest of the health and care workforce.
- Scope the potential for a 'people's panel' that all health and care partners can utilise to engage local people and put their voices at the centre of transformation.

- Scope the potential for a partnership engagement database and schedule, which will allow us to better co-ordinate our consultation and engagement with people.
- Improve our understanding of what it feels like for people 'flowing' through the health and care system in Leeds, so that we can inform change and improvements.

Transformational priorities:

- **Working in partnership with people – collaborate and empower**
- **Collaborative targeted campaigns**

Working in partnership with people – collaborate and empower

What is it? We will work with local people at every stage our decision-making so that we can ensure we are meeting the needs of local people, whilst empowering them to better manage their health and wellbeing. We will particularly target people experiencing health inequalities, establishing trusting relationships that motivate people to work with us. Through our engagement we will strive to go to local people, collaborating with them within an environment they are comfortable with.

Who is involved? The People's Voices Group, which brings together engagement leads from across the city, will lead and support a culture of co-design across the city. They will develop strong and consistent principles to the way that we work with local people, and develop skills that enables all decision-makers to work with people.

What does it mean for people living in Leeds? People will want to work with us, and will know how to work with us, so that the health and care system meets their needs, and that of future generations.

What is the change? We will increase the level of influence that local people have.

How will it help to reduce health inequalities? We will strive to work with people and communities experiencing health inequalities, so that the changes we make will have the biggest positive impact on them.

Collaborative targeted campaigns

What is it? Campaigns play a crucial role in changing people's behaviours and perceptions. Partners have a proven record of delivering campaigns across the city. However, we are committed to improving the health of the poorest fastest, and effective targeted communications and engagement with residents in the poorest parts of the city can be enabler of this.

We will pool our skills and resources to deliver effective targeted campaigns in the city's priority neighbourhoods. Campaigns will be based on insight about the

people who live in these areas, what their health and care needs are, and on what their lifestyles are. This targeted insight-driven approach to campaigns will help in achieving our Leeds Left Shift in those poorest communities.

Campaigns will be developed specifically for these areas, and will be enabled through a four-step process:

- **Scoping and insight:** Research in these areas will help us understand the people who live in the communities, what the health and wellbeing issues are in these areas (for example their unhealthy lifestyles, the way they access services), and what assets are available to the people in those communities, and the different needs of the people who live them. This will enable us to develop interventions that will have the biggest impact.
- **Diagnosis and design:** Based on our robust evidence we will develop strategic recommendations and development of implementations. Co-production will form a key part of this process, and as such we will seek to engage, involve and empower our target audience.
- **Implementation:** This may mean changing the way services are delivered, or creating social marketing strategies, developing specific innovative interventions, including materials, social media platforms, peer networks and community influencers – this will depend upon the needs and wants of the audience.
- **Evaluation:** This will enable us to continuously improve the impact of interventions, to demonstrate social benefits and value for money. Evaluation will also enable us to put in place effective plans to scale up this approach beyond the six priority areas.

Our collaborative campaigns will focus on promoting good health, people at the centre of their care, care closer to home, and celebrating Leeds as the best city for health and wellbeing.

Who is involved? This work will be led by the City-wide Communications Network, which brings together communications leads from across the health and care system.

What does it mean for people living in Leeds? Campaigns developed using insight and co-designed with people, will improve the impact of the campaigns.

What is the change? Whilst communications teams across the system have a proven record of delivering campaigns, this new approach will see all partner organisations working together to develop and implement campaigns. Campaigns will be more targeted than ever, and will be co-designed with the people we are targeting.

How will it help reduce inequalities? We will target our campaigns towards communities and people who are most affected by health inequalities.

[A co-design case-study would probably be better than BLC]

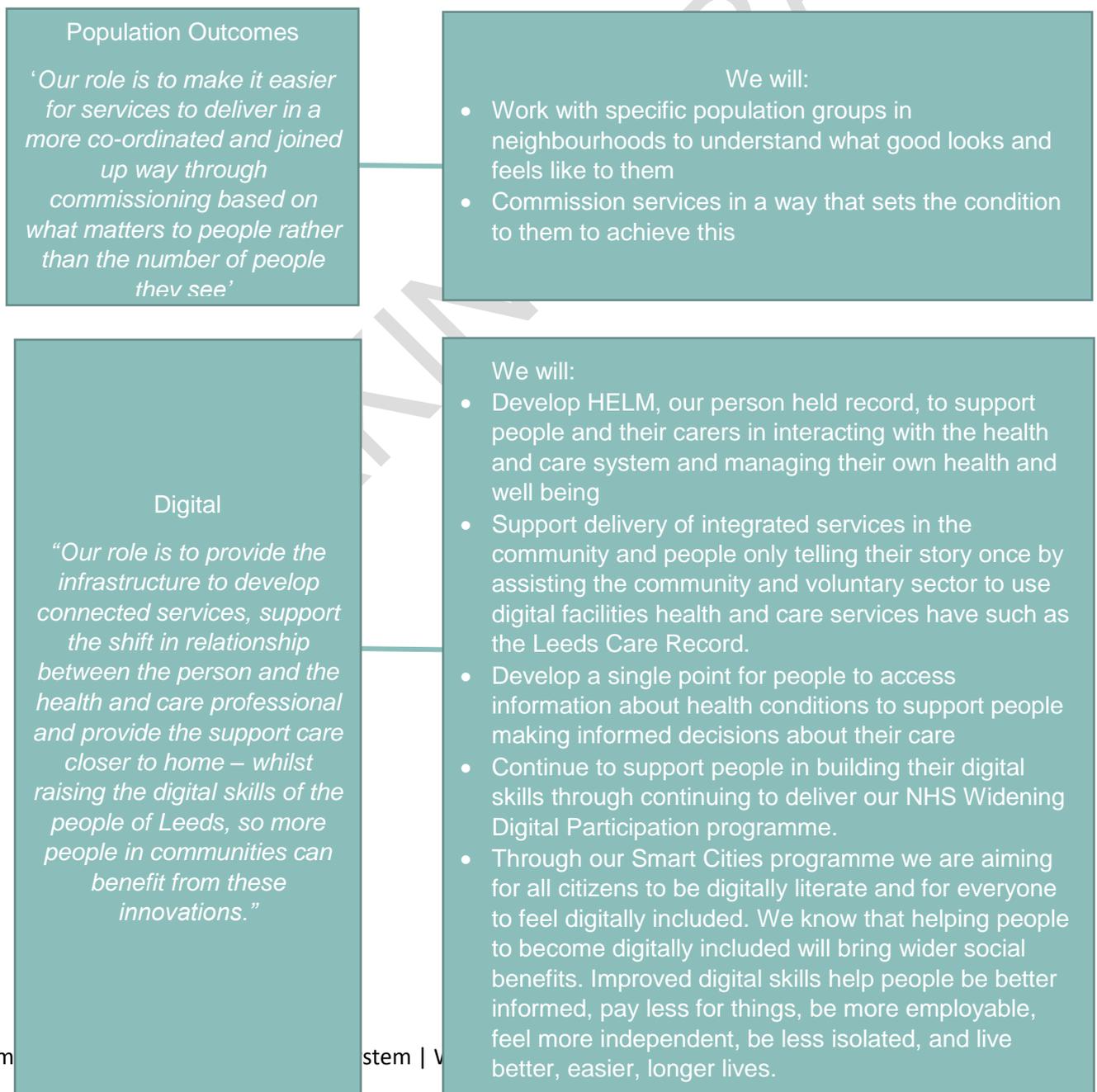
Case study: Big Leeds Chat

The Big Leeds Chat (BLC) led by the People’s Voice Group is a new way of listening to people in Leeds. It brings together senior decision makers in health and care, working together as one health and care team to talk to the people of Leeds about what matters to them.

The BLC was first held in 2018, and was hosted in Leeds Kirkgate Market, where we spoke to around 500 local people. We will continue to develop the BLC as an approach for proactively engaging with local people, hosting events across the city.

The feedback from BLC continues to shape local services in Leeds, including the Leeds Health and Care Plan.

[Editor notes: following enabler descriptions to be written up into similar tables to that used for previous section]



Finance

“Our role is to direct our collective resource towards the people, communities and groups who need it the most. This means re-distributing more money towards services focused on keeping people well and services in the community”

Our transformational work will direct our collective resources towards improving outcomes for the people, communities and groups who will benefit the most. To support this, funding will need to be used more flexibly and creatively. Finance colleagues will support collective decision making, ensuring throughout it is underpinned by sound financial evaluation.

We will

- Maximise the impact of financial growth (where present) and develop flexible ways to fund services which align the incentives of funders and providers. The purpose will be to enable a ‘left shift’ of services towards community and preventative interventions. This will allow demand to be better met with care closer to home.
- Use population financial modelling (“actuarial analysis”) to produce more accurate projections of the impact and trajectory of transformation / population based interventions on expenditure to ensure system sustainability.
- Create a shared understanding and collective agreement of the costs of health and care activity and use this as the partnership financial framework for health and care services.
- Reduce transactional costs and recharging and estates costs through joint working and shared approaches.
- Create a culture of collective working across system finance professionals to maximise the impact of the Leeds pound in leveraging social value, reduce health inequalities and improve the life chances of our communities.

How we will know we are achieving our Leeds Left Shift?

One of our partnership principles is 'we deliver'. The following describes how we will check, challenge and assure ourselves that our Plan is making the difference we have set out. There are four aspects that we will use to check ourselves. These are:

- Outcomes
- Indicators
- Performance measures
- People's experience.

Outcomes

In Leeds our culture is of seeking better conditions of wellbeing for people, or "outcomes". Our approach is outcomes focused. There are 5 outcomes in our Health and Wellbeing Strategy which we are seeking for people in Leeds as a whole. To complement the ones for the whole of Leeds we have specific outcomes for those groups of people with specific health and wellbeing needs, for example people living with frailty.

(Population) Outcomes

Are conditions of wellbeing for groups of people (defined populations). Example: "people (in Leeds) will live longer and have healthier lives"

Indicators

Indicators

A number which helps show (as a partnership) we are making progress towards an outcome. Example: "the number of hospital bed days per 100,000 population"

Indicators are numbers that help us understand if we are making progress towards outcomes for people. As a health and care system it is essential that we have timely indicators to understand the progress we are making and where we need to re-focus our resources, energy, and attention for greater impact. We will use this information to challenge ourselves to do things better and to do better things. This is what will help to keep our Leeds Plan 'live' and responsive.

Performance measures

We will use more detailed performance measures of our Leeds Plan programmes and services to understand the impact of our actions.

Performance measures

Measuring performance for a programme, project or service. This means considering how much we did? How well did we do it? And, did it have any impact? Example: "the number of people who felt their social prescribing service was effective"

Stories and people's experiences

Stories and experiences are an essential part of how we will know we are making a difference and provide a deep insight into how does it feel for people who use our services. We need to be assured that people’s experiences are good. This is particularly true where their ‘journey of care’ means they use and move between a number of different services such as a GP, social worker and a hospital. We will document and share how people feel about their experiences of care. This will include in-depth feedback from individuals, highlighting the stories of care evident in people’s case records and improved routes for people to give feedback. Findings from these exercises will be explored within our health and care partnership on a regular basis with recommendations for change, to support a constant cycle of quality improvement.

Stories and people’s experiences

Being assured that people’s experiences are good.

Example: “experience of the journey of care between different services”

Focused indicators or our “obsessions”

We will use a small number of ‘bellwether’ indicators to share widely to focus action and share progress. They have been chosen on the basis that if we make improvements here, then other positive changes will likely follow.

Obsession	Indicator	
Increase the health and care contribution to the prevention of ill health		Measuring of lifestyle activity in Primary Care including brief advice offered and onward referral to services e.g. smoking, weight management, physical activity and alcohol use
Increase the number of people who live well in their own homes and communities		Safely and appropriately reduce the number of hospital bed days utilised per 100,000 people
Improve the mental health of people living in Leeds		Reduced the number of people from Black, Asian and Minority Ethnic (BAME) backgrounds who are detained under the Mental Health Act

[Editorial note: The new MH Strategy is in development. The MH obsession and corresponding indicators may need to be revised accordingly]

How we will know if we are connecting with a wider agenda – our shared obsessions

We know everything is connected, and that whilst our obsessions serve to inform us how we are performing as a health and care system, to really improve and transform the health and wellbeing of people in Leeds we need an all-encompassing approach that considers not only health inequalities but inclusive growth and climate change alongside other factors that impact our health on a daily basis including community safety and the environment.

Obsession areas across other aspects to improve health and wellbeing are:

- Increasing the number of people with mental health problems accessing employment, training and education).
- Reducing the number of street homeless people in Leeds
- Safely and appropriately reducing the number of children looked after

[Editorial note: we will need to say more on these e.g. indicators etc]

Call to action

[Editorial note: the following needs strengthening considerably to become a call to action]

Our plan is only the start. The responsibility now sits with every single one of us to make this change happen. We are all empowered to do this. The time is now. And through working with our strong communities and harnessing the power of our partnerships and strong community and voluntary sector and consistently working beyond organisational boundaries we can improve the health and wellbeing of people in Leeds both now and for generations to come.

Our Leeds Health and Care Plan invites every single one of us, wherever we work, whatever our roles may be, to be a system leader. We already do what we do in order to make a difference. This is about viewing the bigger picture, working with people and partners, as if we are one organisation, which can make an even bigger impact. So if you're designing, delivering, or evaluating services, you will be playing an important role in making change happen. You have permission to do this, to think creatively, to work differently. In this way, you'll be building on our strong and successful history of delivering change in partnership. We have collectively learned that the key to working in this way is not 'what' you do but 'how' you do it.

Being a system leader

"I work beyond the boundaries of my own organisation to deliver the best health and wellbeing outcomes with the people of Leeds"

WORKING DRAFT

Appendix 1 - People's voices at the heart of the Leeds Plan

In Leeds we put the voices of local people at the heart of the future of health and care, and the views of local people have helped inform the refreshed Leeds Plan.

In writing the refreshed Leeds Health and Care Plan we used the key findings of some of our most recent engagement across the city, including the findings of the Big Leeds Chat event in 2018, engagement on the NHS Long Term Plan, and engagement as part of a 2019 scrutiny inquiry into whether Leeds is a child friendly city.

It should be noted the following summary does not aim to outline how we have used all of the engagement insight that we have collected in the city, but just the headline feedback that has impacted the Leeds Health and Care Plan. Insight we collect through our engagement continues to influence different strategies and services across the city, and where possible we aim to demonstrate how we have used the findings of engagement.

Promoting good health	
What people told us	Our response
More support is required from the NHS and its partners to make it easier and affordable for people to live healthier lives.	<ul style="list-style-type: none"> Integrating prevention into all clinical pathways. Our estates will provide green spaces, promote active travel and mitigate against air pollution. Social prescribing services are connecting people to non-medical services and activities in their local area.
Barriers to improving lifestyle choices include a lack of time and motivation, and poor health.	<ul style="list-style-type: none"> Better Conversations approach is helping local people use their strengths and assets to make healthy lifestyle changes. The new physical activity ambition for the city is being co-produced by local people, and changing the conversation on what being active means. Links in with the wider determinants of health through the Leeds Health and Wellbeing Strategy, and other city-strategies and boards including Inclusive Growth.
Supporting mothers during pregnancy, supporting families with new-born babies, early diagnosis of conditions and support through childhood.	<ul style="list-style-type: none"> Best Start is a preventative programme from conception to age 2, aiming to ensure a good start for every baby, with early identification and targeted support for vulnerable families early in the life of the child. Children's Hubs are bringing organisations together to improve the health and wellbeing of children and families, with more focussed support in areas of highest need. Maternity Strategy - sets out city action for high quality, safe and personalised maternity services. Children and Young Peoples Plan - our plan for Leeds to be the best city for Children and Young People to grow up in and to become a child friendly city. Improved perinatal mental health provision through the Mental Health Strategy. Think Family approach recognises the impact that adult mental health needs can have on children's health and wellbeing

Addressing street drinking, drugs and mental health.	<ul style="list-style-type: none"> • A new Leeds Drug and Alcohol Strategy has been launched. The new strategy has a number of priorities, including providing better health support for people misusing alcohol and drugs, and reducing crime and disorder as a result of misuse. The Leeds Alcohol and Drug Strategy will help achieve some of the priorities identified in the Leeds Health and Wellbeing Strategy.
Better promotion of activities in local communities.	<ul style="list-style-type: none"> • Social prescribing services are connecting people to non-medical services and activities in their local communities. • Building prevention into our clinical pathways will help health professionals to better signpost people to activities and services in their local communities. • Targeted communication campaigns, co-designed with local people, will strengthen the outcomes of our promotional activity. • A continued commitment to the Leeds Directory, which is used by local people and professionals, and promotes local activities and community groups.
More prevention of mental ill health.	<ul style="list-style-type: none"> • In our Health and Wellbeing Strategy, one of the key priorities is to promote good physical and mental health equally. This is reflected in our Plan goal of promoting good health, which includes mental health as well as physical health. • Connecting with the Best Start programme and the Future in Mind plan we recognise that getting it right for children benefits the whole population throughout the life course. • We address the wider determinants of mental health, specifically reducing risk factors and increasing protected factors, targeting communities with the poorest mental health through good accessible information, self-care, peer support and social prescribing. • Targeted support for people from BAME communities to reduce hospital admission for mental health issues.

People at the centre of their care

What people told us	Our response
People's additional needs and personal circumstances need to be taken account when accessing services.	<ul style="list-style-type: none"> • Our Better Conversations approach will enable health and care professionals to work with local people to help them better utilise their strengths and assets. • Implementation of personalisation will ensure people with long-term conditions or illnesses receive support that is tailored to their individual needs and wishes. • We are improving the lives of people living with frailty by taking a population outcomes approach and overseeing the implementation of an integrated model which has been developed by providers. This programme includes the implementation of virtual frailty wards across the city. • Our work on patient experiences will help us understand what it feels like to be a patient in our services, including for those with particular additional needs.

	<ul style="list-style-type: none"> We will continue to use data and insight through our various satisfaction and complaints processes to inform service design.
<p>Digital technologies have an important role to play, but digital services need to be better joined-up and easier to use, and we need to be mindful of digital inclusiveness.</p>	<ul style="list-style-type: none"> We continue to be committed to the Leeds Care Record, which enables health and care providers to link people's data, and provider better and safer services and advice. HELM is the city's personal health record which is currently being developed. It will be tested with a small cohort of users, and developed in an iterative way to ensure it is easy for people use. The city's Smart City approach is committed to achieving a 100% digitally enabled population. The Leeds Repository will bring together health and care information onto one platform, meaning it will be easier for people and professionals to access. Digital choices for appointments will be introduced, particularly for GP and outpatients appointments.
<p>Patient-driven and patient-managed care, enabled by more empowered patients.</p>	<ul style="list-style-type: none"> Our Population Health Management approach means we will bring together health-related data to identify specific populations which will allow us to prioritise our services to meet their needs and deliver personalised services. HELM is the city's personal health record which is currently being developed. This will give people greater access to credible health information, data and knowledge, meaning they can better improve their health and manage their health conditions. Our Better Conversations approach enables health and care professionals to work with local people, to empower them to live healthier lives, and better manager their health conditions.
<p>Data has an important role to play in our ambition to deliver more personalised care.</p>	<ul style="list-style-type: none"> Our Population Health Management approach means we will bring together health-related data to identify specific populations which will allow us to prioritise our services to meet their needs and deliver personalised services.
<p>Children's mental health services need to be easier to access.</p>	<ul style="list-style-type: none"> Improving the social, emotional, mental health and wellbeing of children and young people is a priority of the Mental Health Strategy. Think Family approach recognises the impact that adult mental health needs can have on children's health and wellbeing One of the core passions of the Mental Health Strategy is to increase the numbers of people with mental health needs in education, training and employment

Connected care closer to home

What people told us	Our response
<p>A wider range of professionals from the NHS, local authority,</p>	<ul style="list-style-type: none"> We will continue to implement the 18 Local Care Partnerships across Leeds, which bring together

<p>private health and social care organisations, and the community and voluntary sector, working closer together to plan and deliver health and care services.</p>	<p>professionals from the health and care sector, third sector, and decision-makers who influence the wider determinants of health. LCPs will enable a more person-centred care model, closer to a person's home.</p>
<p>Access to GP surgeries and specialist services.</p>	<ul style="list-style-type: none"> • Digital choices for appointments will be introduced, particularly for GP and outpatients appointments. • Specialist services will be a core part of the Local Care Partnerships, meaning these services can better accessed in communities. These services will be based on the needs of the local communities that the LCPs serve. • The Urgent Treatment Centres will provide specialist services for urgent care in communities. • We are developing new services in GP surgeries, such as Cancer screening, meaning people can access these services closer to home. • LCPs, UTCs, and new services in GP surgeries (e.g. cancer screening) will help improve waiting times at hospitals.
<p>Health services to embrace digital technologies.</p>	<ul style="list-style-type: none"> • Digital choices for appointments will be introduced, particularly for GP and outpatients appointments. • Online booking systems have been introduced at GP surgeries, and these will continue to be promoted. Online bookings will also be explored in other health settings.
<p>More investment in community mental health services.</p>	<ul style="list-style-type: none"> • As part of the Community Mental Health service redesign that is being implemented across the city, home-based treatments are being introduced where it is safe for them. • Developing more community based crisis support services. • Reduce of the numbers of people from BAME backgrounds who are detained under the Mental Health Act is a core obsession of the Plan. • IAPT services continue to provide valuable mental health services in local communities.
<p>There are concerns that moving outpatient appointments into community settings could impact quality of service, this was particularly raised when engaging on cancer services.</p>	<ul style="list-style-type: none"> • Services will be co-produced with people, so that they are person-centred. • Services implemented into communities will be subject to risk assessment, and only implemented when appropriate.
<p>People find it confusing which services to use for unplanned care, for example whether to attend Minor Injury Units, A&E Departments, or Walk-In Centres.</p>	<ul style="list-style-type: none"> • Five Urgent Treatment Centres will be introduced across the city. These will make it easier for people to know where to go for unplanned care. • In implementing the UTCs we will continue to engage with people using the services to better understand their experiences, which will help improve communication within the centres – for example through signage. • Robust referral pathways and communication mechanisms will be implemented, aligning the LCPs and PCNs to the UTCs.

[Editorial note: The following table will be presented as a graphic in the finalised version]

<p>Children and Young Peoples Plan - our plan for Leeds to be the best city for Children and Young People to grow up in and to become a child friendly city.</p>	<p>Leeds Mental Health Strategy - sets our ambition and plan to be a mentally healthy city for all ages.</p>	<p>Autism Strategy - our actions for improving support and care for people living with autism.</p>
<p>System Resilience Plan - our actions to manage and improve hospital flow including improved urgent care and rapid response services.</p>	<p>Frailty Vision – our vision and model for people living with Frailty in Leeds.</p>	<p>Diabetes Strategy – sets out how as a system we will work together to deliver the best outcomes for people at risk of or living with Diabetes.</p>
<p>Maternity Strategy - sets out city action for high quality, safe and personalised maternity services.</p>	<p>Age Friendly Leeds Strategy - sets out the strategic context and approach for Leeds to be the Best City to Grow Old in.</p>	<p>Future In Mind Leeds: Local Transformation Plan - explains how people will work together, across the system to improve children and young people's emotional and mental health in the city, from birth up to age 25.</p>
<p>Best Start Plan - our broad preventative programme from conception to age 2, which aims to ensure a good start for every baby, with early identification and targeted support for vulnerable families early in the life of the child.</p>	<p>Leeds Drug and Alcohol Strategy – our framework for how we work with individuals, families and communities to address drug and alcohol misuse.</p>	<p>Leeds Digital Roadmap – our health and care digital vision for the city.</p>
<p>Learning Disabilities ‘Being Me’ Strategy - describes the things that we need to do together to improve the lives of people living with Learning Disabilities in Leeds.</p>	<p>Leeds Carers Strategy - our approach to putting carers at the heart of everything we do.</p>	<p>Dementia Strategy - describes how we want Leeds and our local services to be for people living with dementia. This includes family members and other carers of people with dementia.</p>
<p>Citywide Workforce Strategy - describes the citywide strategic shift we need to make in capacity, capability and culture across the health and care workforce in Leeds.</p>	<p>LAHP Strategic Framework - outlines the shared priorities for universities and the health and care system, to accelerate the adoption of research and new approaches to improve service outcomes, reduce inequalities and create Investment and jobs.</p>	<p>Integrated Commissioning Framework - outlines the mechanisms for supporting further integrated commissioning between the health and care, and the processes through which we will continue to develop this in the future.</p>

Appendix 2 – Some of our system wide strategies and plans

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Report of Director of Adults and Health

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

Date: 22nd October 2019

Subject: Update on the CQC Leeds System Review Action Plan

Are specific electoral wards affected? If yes, name(s) of ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has consultation been carried out?	<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
Will the decision be open 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

Summary

1 Main Issues

The 2018 CQC Local System Review resulted in the Health and Wellbeing Board (HWB) agreeing thirty six actions to improve people’s experience of care across the Leeds system.

This report provides an update on progress of these actions against the highlighting areas of development and challenge.

Good progress is being made across all of the actions which has resulted in improved quality and outcomes for people with the any further work to be undertaken detailed within the updates per action.

2 Best Council Plan Implications

- The CQC Action Plan supports the Health and Wellbeing Strategy ambition of people who are the poorest improving their health the fastest. It also supports the Inclusive Growth Strategy, Best Council Plan and actions to tackle Climate Emergency.

3 Resource Implications

- There are no direct resource and value for money implications arising from this report.

4 Recommendations

The Scrutiny Board (Adults, Health and Activity Lifestyles) is invited to:

- (a) Consider and comment on the details set out in this report and the progress presented in the accompanying action plan (Appendix 1).
- (b) Identify and agree any specific scrutiny actions arising from this report.
- (c) Agree the timing of any further updates on progress against the action plan.

1 Purpose of this report

- 1.1 In September 2018 Leeds was informed that the Care Quality Commission (CQC) were intending to undertake a Local System Review (LSR) of Leeds on how services are working to care for people aged 65 and over, including those living with dementia.
- 1.2 The LSR report published in December 2018 recognised a range of strengths in Leeds while acknowledging system challenges that required addressing. A workshop of key stakeholders developed a robust action plan owned by the Health and Wellbeing Board with cross system actions embedded within our existing partnership boards / groups.
- 1.3 Attached is the updated action plan of which the Health and Wellbeing Board received and approved on 23rd January 2019. This report aims to provide a summary of the progressions made to date.
- 1.4 The Scrutiny Board (Adults Health and Active Lifestyles) is asked to consider and comment on progress against the action plan and agree any scrutiny actions, including the timing of any future progress updates.

2 Background information

- 2.1 The government commissioned CQC to work beyond its single agency quality inspection role to review health and social care systems based on the footprint of local authority areas. The purpose was to find out how services are working together as a system to care for people aged 65 and older. There was a particular emphasis on the experience, quality and consistency of people's journeys of care across agencies in a system. The reviews were carried out under Section 48 of the Health and Social Care Act 2008. CQC have already carried out similar reviews in other local authority areas across the country.
- 2.2 Within a Local System Review CQC are looking at how hospitals, community health services, GP practices, care homes and home care agencies work together to provide seamless care. They look at how well systems are:
 - maintaining people's health and wellbeing at home;
 - providing care and support when people experience a crisis;
 - supporting people when they leave hospital;
 - how people move between health and social care; and
 - how services are commissioned and how funding is used.
- 2.3 The reviews test if the support and services offered in each local system are safe, effective, caring and responsive. They also assess the leadership across services and across the local system – asking the question, are they well led?
- 2.4 The choice for CQC to review Leeds was made by the Secretary of State for Health and Care and was predicated on data indicators that suggested Leeds was facing local pressures particularly in patient flow. Leeds (at the time of the data analysis) was a national outlier for average lengths of stay in hospital, and Delayed Transfers of Care (DToc).

- 2.5 During the CQC review, CQC were provided with a summary of local information, including local plans and data sets, as background information about the current position of the health and care system in Leeds, and the likely future direction. A summary of current health and care partnership meetings was submitted (Appendix 2). Note this diagram will be reviewed as part of the refresh of the current Leeds Plan arrangements.
- 2.6 The review team visited Leeds during September and October 2018 to hear the experiences of service-users and community groups. They returned to listen to the views of our workforce and strategic leaders and decision-makers. They also carried out a number of site visits to our health and care settings (including hospitals, care homes and nursing homes).
- 2.7 The timetable for the CQC visits included:
- Engaging and meeting service users from older adults groups and those living with dementia, carers and independent care providers.
 - Visits to Wykebeck Day Centre, Crossgates Neighbourhood Network, The Arch Age Concern and Carers Leeds.
 - Host focus groups with Yorkshire Ambulance Service, representatives from the Third Sector, health and social care professionals, commissioners and providers.
 - 1-2-1 interviews with key leaders and partners.
 - Acute hospital visits including emergency teams, discharge management, Chapeltown Health Centre, Church View Surgery Crossgates, Recovery Hub@South Leeds, Pennington Court and BAME Hub, Leeds Community Healthcare.
- 2.8 In total, CQC hosted 34 interviews, held 18 focus groups and completed 15 site visits. They received three presentations, and interviewed 250 people (1-2-1 or in focus groups). They also received 170 completed questionnaires by private providers and staff.
- 2.9 The CQC report is published on their website. The full version of the report can be seen at:
https://www.cqc.org.uk/sites/default/files/20181219_local_system_review_leeds.pdf%20. All other system review reports for the other areas can be found at:
<https://www.cqc.org.uk/local-systems-review>
- 2.10 On 17th December, a Summit of key stakeholders was convened where CQC shared their findings and senior leaders from across health and care came together to discuss how Leeds would respond to the recommendations
- 2.11 Using the feedback during the Summit and further discussions across the partnership, a draft action plan was developed. The HWB agreed the action plan on 23rd January 2019 and takes oversight and responsibility for the driving forward the implementation, using the findings to challenge the system to deliver the outlined actions.
- 2.12 The action plan is a local process. Leeds has no formal requirement after the review to further update CQC on progress with actions. It should also be noted that some systems have been revisited by CQC after their initial review.

2.13 The Health and Wellbeing Board agreed actions would be progressed within existing partnership governance structures, e.g. System Resilience Assurance Board (SRAB), Integrated Commissioning Executive (ICE) and Partnership Executive Group (PEG).

3 Main issues

- 3.1 Appendix 1 details the progress made on the plan actions. Each of the original action owners in the plan have agreed a brief description of progress and a determination of whether progress matches the action objective (yes – green, in progress – orange, insufficient or no progress – red)
- 3.2 Of the 36 actions that were agreed within the CQC action plan, 27 are rated as green, 9 amber and none rated as red.

Progress highlights

- 3.3 At its meeting in January 2019, the Health and Wellbeing Board was clear that in its view the most important action and finding from the CQCs work was highlighting a lack of the collective understanding of people’s experiences of care across the Leeds system.
- 3.4 Progress in this area has been good. Leaders in the city agreed to delegate progress to a newly constituted “How Does it Feel for Me?” group. The Group has full partnership representation and has agreed three key actions which are well underway:
- (1) To develop a better route to in-depth recording of people’s experiences. Starting with four individuals initially, video and audio records are being made across time by the participants providing verbatim feedback on their current care journey in Leeds.
 - (2) To agree a rolling programme of comprehensive, multi-agency case reviews to understand across partners how professional decision-making has influenced the experience of care.
 - (3) To systematically think about how to capture, hear and act on people’s experiences of health and care services when they move in and out of health and care settings. The focus of this work is to particularly identify and work with those mechanisms where people are already telling their story/sharing their experiences. The experiential stories and case note review results will be shared in a planned sequence including partner agencies, partnership groups and Health and Wellbeing Board.
- 3.5 The CQC challenged the clarity across the partnership that the hospital pressures are recognised as a system issue. Progress has been made by way of a full review of the governance supporting the system resilience agendas and by ensuring this is reflected in system-wide strategic plans.
- 3.6 There has been extensive partnership development and support for the 2018-19 System Resilience Plan. Actions that had been previously planned and completed through the review process helped Leeds to significantly shift the experience of people needing hospital care in winter 2018. Actions challenged growth in admissions and a more proactive bed planning strategy and improved discharge arrangements helped ensure no person was required to stay in a non-designated bed area in the hospital. Analysis of the winter response is being used to refine and improve plans for 2019-20 to ensure progress is maintained and improved upon.

3.7 There has been development and action to embed a culture of 'Home First' – challenging all partners to think why can a person not be at home today (allowing home to be a variety of health enhancing options). The purpose is to share a collective ambition to ensure people wherever appropriate can move away from hospital needs to a community setting. Key updates to note include:

- The Home First strategy was agreed by the PEG in May 2019. The Home First work stream is now established with all system partners represented.
- Leeds Clinical Commissioning Group (CCG) has commissioned primary care to ensure that all care homes could be supported by targeted resources enhancing care and increasing capacity to remain in the care home for a range of conditions that may otherwise lead to a hospital visit. The commitment increasing the resource available with effect from 1 April 2019. Additional detail can be found in the update on action 12.
- Continued plans to work with Primary Care Networks (PCNs) during quarter three to ensure a 100% coverage of targeted resources for the care home population in preparation for the national specification to be implemented from 1 April 2020.
- A re-audit was undertaken by Newton Europe in May 2019 of the destinations people reach after a stay in hospital. The review demonstrated modest progress with 41% of people reaching a non-ideal outcome on discharge compared with 56% a year earlier.

3.8 The CQC challenged the Leeds system to have a more coherent and jointly agreed strategy for workforce matters.

3.9 Progress made to date on the Workforce Strategy includes:

- Co-creating and finalising shared workforce priorities with final reporting to PEG due in October 2019. This work is being linked to the Leeds Plan refresh, and the ongoing national and system work on the NHS Long Term Plan implementation.
- The "one workforce" approach encompasses all partners including the NHS, social care, public health and the independent and voluntary sectors. It is recognised that the majority of Leeds' health and care workforce operate outside of the statutory sector and this part of the workforce is increasingly being relied upon to deliver the new service model of care – focused on prevention and care closer to home. As such, this part of the workforce is integral to any future workforce planning. Whilst the NHS People Plan is focused on "Making the NHS the best place to work" the approach in Leeds is focused strongly on making "health and care" the best place to work.
- There is strong agreement that by focussing some of the workforce activity in priority neighbourhoods, especially employability and outreach programmes, there can be a significantly impact on the wider determinants of health and help transform those communities' health outcomes.
- Leeds health and care place-based representation now confirmed for Local Workforce Action Board to support the West Yorkshire and Harrogate Integrated Care System workforce priorities and Organisational Development programmes.

- In June 2019 partnership governance for workforce matters was streamlined in Leeds. Agreement was reached to jointly appoint a Director role to coordinate workforce matters across the Leeds footprint.
- Leeds and the West Yorkshire and Harrogate Integrated Care System has been selected to participate in the national pilot to test and develop the workforce readiness assessment tool - supporting NHS Interim people plan operating model workstream. The impact and funding of any resource implications of the citywide workforce strategy are yet to be finalised.

3.10 Work is underway to develop a 'one' system dashboard/scorecard for health and care that will provide an indication of day to day progress against achieving agreed outcomes. This work will be finalised in-line with the refresh of the Leeds Health and Care Plan. Recognising the holistic nature of the Health and Wellbeing Strategy, a simple way of providing regular assurance to the HWB of progress against all of the priorities and indicators within our Health and Wellbeing Strategy is in development.

Health and Wellbeing Board Consideration

3.11 Health and Wellbeing Board reviewed progress of the CQC action plan on 16th September 2019; and commented positively on the overall progress made. Health and Wellbeing Board challenged that further work be undertaken to collate and report on system measures on a regular basis. HWB asked for a further update in March 2020. There was recognition that the actions applied in response to the CQC findings, particularly in relation to hospital flow, may over time need to be revised to further address the improvement area as demand continues to rise in the system.

4 Corporate considerations

4.1 Consultation and engagement

- 4.1.1 Please refer to points: 2.6 – 2.8 which provides more detail of the engagement undertaken by the CQC Review Team who visited Leeds during September and October 2018.
- 4.1.2 The CQC Review Team met with service-users, community groups, our workforce and strategic leaders and decision-makers. They also carried out a number of site visits to our health and care settings (including hospitals, care homes and nursing homes).
- 4.1.3 The CQC Action Plan has been developed based on the findings of the review, subsequent discussions and the Summit (17th December 2018)
- 4.1.4 Any specific changes undertaken within the CQC Action Plan affecting any areas of the system will be subject to agreed statutory organisational consultation and engagement processes.
- 4.1.5 Please also refer to the actions noted in the key progress (point 3.4) which details improvements made to citizen engagement, experiences and journeys.
- 4.1.6 Following previous engagements with Community Committees, further public facing community workshops are planned in some areas. Further joint development is planned between Elected Members and Local Care Partnership leads (comprising local GPs).

4.2 Equality and diversity / cohesion and integration

4.2.1 The CQC Action Plan embodies actions to review and improve our health and social care system to the benefit of people aged 65 and older. This contributes to improving health of the poorest the fastest in line with the Leeds Health and Wellbeing Strategy.

4.3 Council policies and the Best Council Plan

4.3.1 The CQC Action Plan supports the Health and Wellbeing Strategy priorities in: promoting the best care in the right place at the right time; a stronger focus on prevention; support for self care with more people managing their own conditions; and a valued and well trained and supported workforce. Older people experience significant health inequalities in the city and improved experiences of health and care may help reduce these. It supports the Inclusive Growth Strategy Best City ambition for health and wellbeing and boosting productivity.

Climate Emergency

4.3.2 If the CQC Action Plan were ineffective the potential impact would be increased use of hospital bed stays when not of benefit to people, increased transits to hospital and therefore additional use of transport and health resources. Strategic long term consequences of an ineffective response would be less efficient use of energy intensive hospital estate.

4.4 Resources, procurement and value for money

4.4.1 There are no direct resource and value for money implications arising from this report.

4.4.2 High rates of admissions and poor or slow journeys of care are recognised resource and financial risks for the Leeds system. The agreed actions will help to ensure that these are minimised.

4.4.3 The CQC Action Plan supports actions to encourage integrated commissioning frameworks putting people's experiences central to the framework. This approach promotes the efficiency of the collective Leeds £.

4.5 Legal Implications, access to information and call in

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

4.6 Risk management

4.6.1 The CQC Action Plan is a system responsibility with oversight from the Health and Wellbeing Board. The Health and Wellbeing Board agreed to delegate day to day risk management and progress management to appropriate partnership boards in the city. These boards have used a range of risk management methodologies to ensure action progress.

4.6.2 The Leeds Health and Wellbeing Board are requested to use the findings on progress to support and challenge the system if there are risks that actions are not delivered or are no longer correct as target areas for improvement.

5.0 Conclusions

- 5.1 At the end of 2018, the Care Quality Commission (CQC) undertook a Local System Review (LSR) of Leeds on how services are working to care for people aged 65 and over, including those living with dementia.
- 5.2 This has led to the system responding by developing a robust action plan owned by the Health and Wellbeing Board with cross system actions embedded within our existing partnership boards / groups.
- 5.3 The CQC Action Plan has provided in the main a successful approach to capturing and sharing partnership priorities and progressions. This has allowed for efficient and effective working in the city and linking enabling and supporting programmes together.
- 5.4 There is further opportunity to drive forward and implement the actions detailed which will improve how services are working to care for people aged 65 and over, including those living with dementia.

6.0 Recommendations

- 6.1 The Scrutiny Board (Adults, Health and Activity Lifestyles) is invited to:
- 6.2 Consider and comment on the details set out in this report and the progress presented in the accompanying action plan (Appendix 1).
- 6.3 Identify and agree any specific scrutiny actions arising from this report.
- 6.4 Agree the timing of any further updates on progress against the action plan.

7.0 Background documents¹

- 7.1 None used.

¹ 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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CQC Leeds System Review Action Plan: Progress Update

#	CQC system wide recommendation	Leeds comments and actions to be completed in 2019	Alignment with a current work stream, group or Board, including Lead	Progress made Sept 2019	RAG
Strategic areas for improvement					
A.	The review highlighted above all a need to strengthen the focus on people's experiences across their journeys of care. As a partnership we feel this requires the highest emphasis, with specific actions and is a theme throughout our action plan.	1. By the end of March to have completed an assessment of the current approaches to capturing people's experiences across partners.	People's Voices Group (Hannah Davies)	Assessment completed and shared with PEG April 2019. Further assessment completed July 2019 which in process of being written up to inform future options for better collation of people's experiences across health and care journeys.	G
		2. By the end of April to agree an approach to the development and monitoring of collective quantitative and qualitative intelligence to give better assurance of patient's experience across their journey of health and care across organisations.	Jo Harding, Shona McFarlane, Paul Bollom and Hannah Davies	Cross partner group set up and meeting monthly which is chaired by Healthwatch. Three actions underway including i) video blog of small sample of older people who are likely to move between care settings, ii) a rolling programme of case note review using a multi-agency review protocol, iii) Options appraisal of how to both improve current capture of experience, identify gaps and potential to develop new/improved tools. A quality process is being developed that will provide assurance as well as areas for service improvements directed by these three mechanisms.	G
		3. By June ensure that the findings of action 2 are incorporated into the Leeds Frailty Strategy, in ensuring that people's experience outcomes, are the basis for commissioning and performance managing relevant services.	PEG (Chris Mills)	Agreement with chair of Clinical Frailty Strategy Group that this item is on the forward plan. To discuss at Frailty Programme Board 8th August. A number of patient experiences measures are in development linked to the Frailty person-focused outcomes. Work is underway to co-ordinate this work to action 2.	A

CQC Leeds System Review Action Plan: Progress Update

#	CQC system wide recommendation	Leeds comments and actions to be completed in 2019	Alignment with a current work stream, group or Board, including Lead	Progress made Sept 2019	RAG
B.	The HWB should continue to maintain oversight and hold system leaders to account for the delivery of the health and wellbeing strategy.	4. By the end of March develop an easy to follow flowchart of governance, remit and flow of risk at both operational and system level incorporating any lessons which can be learned from other high-performing systems.	Health Partnerships Team (Tony Cooke)	Existing charts of governance provide flow of governance, remit and risk between key system groups. Leeds Plan refresh is considering current city governance and mapping 'as is' state and how it will provide coherent progress reporting in light of refreshed plan.	A
		5. By the end of April agree 'one' system suite of measures dashboard / scorecard and accompanying process for ensuring that all appropriate Boards/groups are regularly sighted and inform decisions taken.	Health and Wellbeing Board (Cath Roff)	HWB have asked for action to improve HWS reporting based on clearer metrics reporting trend and health inequalities. Operational system has developed metrics suite around key operational measures (SRAB dashboard). System has moved towards headline measures for system change. Approach supported and agreed by HWB but further work required.	A
		6. Through 2019 participate with WY&H ICS peer review process.	Health Partnerships Team (Tony Cooke)	Leeds has engaged with conversations on peer review programme within WY and Harrogate ICS with ICS colleagues. Request for deferment from late Spring / early Summer date was agreed. Peer review programme has slower pace whilst implications of new ICS and LTP performance management structures emerging.	A
C.	The remit of the ICE should be further developed so that it extends more widely to underpin the development of wider integrated working.	7. By April develop an Integrated Commissioning Framework and review the role and function of the Integrated Commissioning Executive (ICE) inline with the Integrated Commissioning Framework. This will also include we ensure people's experience is placed at the heart of commissioning activities.	Integrated Commissioning Executive - ICE (Cath Roff and Phil Corrigan > Tim Ryley)	Commissioning Framework developed and agreed. Reporting on a regular basis to ICE for progress. Consideration given to development requirements for senior / strategic commissioning the city and the resources required. People's experiences central to framework. Evidence from complaints, incidents, and information from action 1 above are regular discussion at ICE.	G
D.	There is a recognition from system partners that hospital pressures should	<ul style="list-style-type: none"> Also covered by action 5. 			

CQC Leeds System Review Action Plan: Progress Update

#	CQC system wide recommendation	Leeds comments and actions to be completed in 2019	Alignment with a current work stream, group or Board, including Lead	Progress made Sept 2019	RAG
	<p>be addressed as a system. This should be reflected in system-wide strategic plans.</p>	<p>8. By the end of March ensure there is a clear document that explains which groups are in place, their role, frequency of meeting, membership etc, which in turn will be used to ensure that all of these groups/boards are clear of their responsibilities for delivering the Leeds Resilience Plan.</p>	<p>System Resilience and Assurance Board (SRAB) - Leeds Resilience Plan (Phil Corrigan > Tim Ryley)</p>	<p>A full review of governance supporting the System Resilience Agendas commenced in June 2019. The recommendations have been signed off by the System Resilience Assurance Board August 2019.</p>	<p>G</p>
		<p>9. By the end of May complete a lessons learned of the impact on citizens experience and system performance of the 2018/19 Leeds Resilience Plan and begin development of the Leeds Resilience Plan for 2019/20.</p>	<p>SRAB - Leeds Resilience Plan (Phil Corrigan > Tim Ryley)</p>	<p>Lessons learnt exercise completed with sharing within SRAB, PEG and board level partnership discussions. Improved performance basis for future plan but recognising further work to do / not complacent approach. 19/20 plan is in development. The Leeds system conducted a full winter evaluation exercise in May, this involved gathering all system partners' challenges and experience of the past winter. A full report will form part of the 19/20 System Resilience Plan for Leeds which is currently in development with a sign off date in October 2019 across the Leeds system and will be submitted to NHS England.</p>	<p>G</p>
		<p>10. By the end of summer 2019, to have a refreshed Leeds Plan reflecting the Leeds Resilience Plan 2019/20, Frailty and End of Life Strategy and the NHS 10 Year Plan. This will provide the place based contribution into the West Yorkshire and Harrogate Integrated Care System planning.</p>	<p>Health Wellbeing Board (Paul Bollom, Tim Ryley, Katherine Sheerin, Chris Mills)</p>	<p>Leeds Plan refresh set in context of LRP, LTP, JSA, Big Leeds Chat, MH needs assessment, CYP MH needs assessment. Refresh is the place based contribution to the ICS in response to NHS LTP.</p>	<p>G</p>

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#	CQC system wide recommendation	Leeds comments and actions to be completed in 2019	Alignment with a current work stream, group or Board, including Lead	Progress made Sept 2019	RAG
E.	The culture of 'home first' and moving people away from hospital needs to be embedded throughout the system, especially in the hospital setting where there remains a risk averse approach to discharge and a lack of understanding of community support.	11. By the end of February set out a plan to embed the 'home first' approach and the implications for the workforce and citizens, which is supported by all partners.	Decision Making Workstream (Julian Hartley)	The Home First strategy was agreed by the Partnership Executive Group in May 2019. Home first workstream now established with all system partners attending.	G
		12. By the end of March, develop an OD, communications and engagement plan to support the embedding of the 'home first' approach. This needs to link with the work also being undertaken by the Clinical Strategy Group around training to better support people to manage their frailty in community / home settings.	Decision Making Workstream (Julian Hartley)	<p>CCG made provision to commission primary care to ensure that all homes could be covered by increasing the resource available with effect from 1 April 2019:</p> <ul style="list-style-type: none"> • New service specification has been implemented reflecting the outcome of the CQC report and aligning the previous 3 schemes into 1. • Some new practices are delivering the scheme • Some practices have opted not to deliver (minimum of 10 patients prevents some practices from participation). Other practices are offering an enhanced service out with the scheme. • Retains choice for patients • Approx. 70% of all care home beds covered by the scheme (49 practices) <p>All patients in homes registered with a Leeds GP will respond to urgent / acute primary care needs and continue to roll out the provision of telemedicine in care homes (currently in 30 homes). A 3 year phased plan for 100% coverage of telemedicine is in development.</p> <p>A three stage OD, communications and engagement plan has been developed based on gathering insight through a deliberative event, refining home first messages and embedding these in routine communications.</p>	G

CQC Leeds System Review Action Plan: Progress Update

#	CQC system wide recommendation	Leeds comments and actions to be completed in 2019	Alignment with a current work stream, group or Board, including Lead	Progress made Sept 2019	RAG
		13. By the end of June undertake 80 case file audit (i.e. re-run of the Newton Europe analysis) to assess the embedding of 'Home First' within a managed risk way, and that we have demonstrated we have taken the right action with our service users.	Decision Making Workstream (Julian Hartley)	Plans to continue to work with Primary Care Networks during quarter 3 to deliver the scheme across the care home population in preparation for the national specification to be implemented from 1 April 2020 which will ensure 100% coverage A re-audit was undertaken by Newton Europe in May 2019. The review demonstrated modest progress with 41% of people reaching a non-ideal outcome on discharge compared with 56% a year earlier.	G
		14. By the end of February to identify any learning from other areas around patient risk management protocols to prioritise patients for discharge. Evaluate if they offer an improved approach for Leeds.	Clinical Senate (Yvette Oade, Simon Stockill)	Criteria for virtual wards has been reviewed and in collaboration with community partners more patients are now eligible.	G
F.	Communication between health and social care professionals and their leaders needs to be addressed across the system. Although there are good relationships at system leader level, and where multidisciplinary working is embedded, this can become fragmented at other levels leading to a breakdown in communication which can impact on people's care.	15. By the end of July, partnership to agree communications approach which encompasses recommendation G (see below) and flow of information between all levels of the organisations. Key products will include: <ul style="list-style-type: none"> • Approach for developing 'one pager' explainers of key terms, concepts, groups, processes etc. • Clear communication, engagement and OD plans for each key partner of what they individually need to action to deliver the partnership vision. 	Citywide Comms and Engagement Group (Jane Westmorland)	City-wide communications, engagement and marketing strategy approved by PEG. The strategy outlines our partnership approach to workforce communications and engagement with an accompanying action plan. The first product to come out of that strategy is a regular partnership e-bulletin update aimed at the workforce. Further actions including 'one page' guides, case studies etc in appropriate digital/audio/visual materials to support flows of information are being scoped and then developed. The publicly available partnership website and a staff collaboration site will be updated and act as a hub of up-to-date information for the workforce.	G

CQC Leeds System Review Action Plan: Progress Update

#	CQC system wide recommendation	Leeds comments and actions to be completed in 2019	Alignment with a current work stream, group or Board, including Lead	Progress made Sept 2019	RAG
		<ul style="list-style-type: none"> Clear consistent narrative and case studies for all partners (including the 3rd sector) to use. 	<p>OD Hub</p> <p>(Steve Keyes)</p>	<p>The agreed workforce engagement approach and processes will be implemented for the Leeds Plan once the process for the refreshed Leeds Plan is completed.</p> <p>Leeds has continued to rollout its System Leadership Programme which is open to all staff from all partners at all levels and allows for sharing of ideas The programme also enables developing a consistency of understanding of the partnership ambitions and agreeing action for the delivery of the ambition. To date around 400 staff and service user reps have been part of the programme. A business case is in the process of being developed to continue the rollout of the programme for 2020.</p> <p>The System Leadership Programme has been enhanced with the addition of complimenting system leadership modules which are being incorporated into individual partnership leadership programmes.</p> <p>Leeds has delivered a Shadow PEG programme for aspiring execs. One of the benefits of this programme is broadening understanding of the work of the partnership, flows of information between levels of organisations and what action we need to take to deliver the partnership vision. Links to a more detailed succession planning in the system and talent development programme are being considered.</p>	
		<p>16. As part of the ongoing development of Leeds Care Record, ensure that there are robust processes for assessing the use, benefit and identifying any</p>	<p>Informatics Board</p>	<p>Activity including a breakdown of users and areas accessed is reviewed monthly and analysed to understand any issues. Reported benefits are also analysed at this point in the citywide Leeds Care Record Board meetings. We are in the process of updating our overall benefits analysis</p>	<p>G</p>

CQC Leeds System Review Action Plan: Progress Update

#	CQC system wide recommendation	Leeds comments and actions to be completed in 2019	Alignment with a current work stream, group or Board, including Lead	Progress made Sept 2019	RAG
		improvement requirements of the Leeds Care Record in sharing information accurately, safely, securely and timely to ensure good patient care the gaps of the use of the Leeds Care Record.	(Alistair Walling)	(including estimated cost saving). Interim reviews are undertaken after significant developments- eg following the recent switch to GP connect as a richer source of GP data- this showed clear benefit in enhanced data for admitting teams in hospitals, this has led to a review of the need for letters from admitting GPs. All providers of data have been consulted as part of the annual review to identify current and future needs to develop the next years roadmap. A wider stakeholder event is planned for September 2019 to shape the 3-5 year plan taking regards of new developments such as LHCRE, and a move to greater access to data from clinical systems. We regularly assess if further rollout across the city is appropriate to support the sharing of information accurately, safely and securely, e.g community pharmacy, commissioned providers in the third sector. Currently supporting the Leeds City Council adult social care digital pathfinder's work to see if the Leeds Care Record could be used to support person centred planning and the sharing of information.	
G.	The workforce strategy for Leeds should be developed at pace, pulling together the different strands of activity to develop deliverables and timescales which include the independent social care sector.	17. By the end of April have developed, finalised and agreed the citywide workforce strategy and action plan for Leeds. This will develop and contribute to the West Yorkshire and Harrogate Integrated Care System workforce plan during the summer.	Citywide Workforce Group (Sara Munro, Sheree Axon)	Work on co-creating and then finalising the shared workforce priorities and plans is well developed, with final reporting to PEG in October. This work is being linked to the Leeds Plan refresh, and the ongoing national and system work on the Long term plan implementation. A detailed briefing was provided to Councillor Charlwood on 24 July, and feedback sought in respect of HWB. Leeds health and care place-based representation now confirmed for LWAB and WY&H ICS workforce and OD programmes. In June streamlined decision-making and leadership arrangements for workforce also agreed with further investment from partners – formal delegation from PEG as sub group. Leeds part of WY&H ICS national pilot of workforce readiness assessment tool – supporting NHS Interim people plan operating model workstream. Impact and funding of any resource implications of the citywide workforce strategy yet to be finalised. RAG rating reflects this and slippage from April to October.	A

CQC Leeds System Review Action Plan: Progress Update

#	CQC system wide recommendation	Leeds comments and actions to be completed in 2019	Alignment with a current work stream, group or Board, including Lead	Progress made Sept 2019	RAG
H.	There should be improved engagement with GPs and adult social care providers in the development of the strategies and delivery of services in Leeds.	18. By the end of February produce communication material bespoke for GPs that describe the Leeds Health and Wellbeing Strategy and Leeds Plan in the context of primary care. Include the processes by which GPs can shape the plans and delivery and future iterations of the Strategy. Use the existing GP Confederation Strategic Board and Locality Leadership to share materials.	GP Confederation (Jim Barwick, Chris Mills)	The governance structure for the Confederation is fully established. This has allowed specific agenda items the Health & Wellbeing Strategy. There is a two way feedback mechanism being developed between the Health & Wellbeing Board and the Confed Strategic Board. We will use the Confed website to share and publish materials for GPs, this work is ongoing.	G
		19. From March onwards, enact a process of improved engagement with GPs, via their localities and the GP Confederation Strategic Board, whereby GPs can shape the refreshed Leeds Plan and future iterations of the Strategy. This being in the context of Local Care Partnership and Population Health Management approaches.	GP Confederation (Jim Barwick, Chris Mills)	The Confeds governance and communication approach encompasses full engagement with GPs, localities and Primary Care Networks. There is significant leadership by GPs, facilitated by the Confed, in the development of LCPs. The Confed has contributed to the refresh of the Leeds Plan, based on its members strategic voice. Updates on the Leeds Plan refresh have been shared with the Confed	G
		20. Use existing provider forums to engage providers on how social care providers can contribute to delivering the Health and Wellbeing Strategy and to shape the refreshed Leeds Plan. Existing forums include: the Strategic Directions Care Homes meeting; Care Homes Provider Forum; Home Care Providers meetings, Third Sector Partnership Forum.	Adults and Health (Caroline Baria)	Discussions being held regularly with providers at relevant forums, with the inclusion of providers' response to LCC's commitment to Climate Emergency.	G

CQC Leeds System Review Action Plan: Progress Update

#	CQC system wide recommendation	Leeds comments and actions to be completed in 2019	Alignment with a current work stream, group or Board, including Lead	Progress made Sept 2019	RAG
		21. By end of February 2019, discuss with the forums referenced in action 16, how the social care provider sector would like to be involved in ongoing conversations for example, further discussions at forum meetings, engagement events, questionnaires, contract management meetings etc.	Adults and Health (Caroline Baria)	Work is being progressed through the Leeds Care Homes System Oversight Board and Delivery Group	A
		22. From January 2019, use the existing Care Homes Strategic Directions meeting to engage with care home providers on market shaping of care home services and in the development of the Integrated Market Position Statement.	Leeds Care Homes Strategic Direction meeting (Cath Roff)	Care home strategic direction meeting well attended by system organisations and representatives from care home providers. Integrated Market position statement now developed and signed off.	G

CQC Leeds System Review Action Plan: Progress Update

#	CQC system wide recommendation	Leeds comments and actions to be completed in 2019	Alignment with a current work stream, group or Board, including Lead	Progress made Sept 2019	RAG
Operational Areas for Improvement					
I.	A clear process, such as a risk stratification tool, should be implemented so that health and social care professionals can be assured that they are able to identify and support the members of their communities who are most at risk.	23. By the end of June, review the use of the Risk Stratification approach used in primary care and ensure that the tool, process and communications (to ensure understanding and consistency of language) are effective and fit for purpose. Ensure that the developing population health management (PHM) approach adopted in Leeds provides a partnership approach to the early identification of people at risk of poorer health and care outcomes. Implement Person Led Proactive Care Plans to address the risks identified.	Clinical Senate (Simon Stockill, Yvette Oade) PHM Programme (Chris Mills, Tim Ryley, Lucy Jackson)	Leeds has participated in Wave 1 of the national Population Health Management programme and has worked with 4 Local Care Partnerships to test interventions for people living with frailty. PHM techniques were developed and applied to identify cohorts within frail populations where the greatest impact can be made. Wave 2 of the programme is aiming to work with 7 further LCPs from autumn 2019 and will be fully rolled out during 2020.	A
J.	Signposting to services needs to be clearer so that people can access the wide range of services in the community and get the support that they need.	24. Healthwatch to evaluate how the effectiveness of Leeds Directory and other sign-posting resources which provide information to citizens and staff. Make recommendations on how sign-posting can be improved to ensure that staff and citizens feel they have sufficient on the range of community services, ensuring that the wide range of 3 rd sector provision is included.	Healthwatch Leeds (Hannah Davies)	Healthwatch is a member of the Leeds Directory steering group and is working in partnership with LCC around measuring the effectiveness of the Leeds Directory post launch in October 2019. In addition, Leeds Directory will be an integral part of the Big Leeds Chat 2019	G
		25. By April launch the redesigned Leeds Directory which will improve information available to citizens and staff (including NHS Choices and 111).	Adults and Health (Caroline Baria)	Leeds Directory has now been successfully relaunched. The service now sits within LCC. The Leeds Directory Team are attending team meetings and liaising with LCPs and GP practices about the directory	G

CQC Leeds System Review Action Plan: Progress Update

#	CQC system wide recommendation	Leeds comments and actions to be completed in 2019	Alignment with a current work stream, group or Board, including Lead	Progress made Sept 2019	RAG
		26. By October assess the recommissioned social prescribing service for activity and effectiveness, including that these services are reaching the diversity of people in Leeds.	Leeds CCG (Simon Stockill)	The referrals to the social prescribing service are monitored by the CCG and reported through CCG quality and performance committee	G
		27. By July ensure that there are clearer processes and easily accessible clear information for ensuring that front-line staff are aware of support available in the community in order to signpost people. This will be informed by recommendations from action 24 and emerging proactive community support model through the Population Health Management work.	SRAB / ORG (Phil Corrigan > Tim Ryley)	Leeds Providers' Integrated Care Collaborative has sponsored the development of a new integrated proactive community model for people living with frailty. This is being tested and implemented using Population Health Management approaches (see 23 above). The model describes a case management / care coordination function in all LCP areas which will be key in managing and supporting people living with frailty. Once implemented, this will result in streamlined processes for linking community services with hospital staff enabling coordinated care to be delivered. A clear priority for the System Resilience Assurance Board (A&E delivery Board) is to ensure that front line staff are aware of services to support people in the community. This was evidence through the diagnostic work Leeds carried out and will be taken forward as a clear priority in 2019/20	G
			Urgent Care & Rapid Response Programme (Sue Robins, Cath Roff) Self-management and Proactive Care Programme (Chris Mills, Jim Barwick)		
K.	There should also be consistent and proactive input from GPs to support care homes.	28. By January agree a phased approach to re-specify the primary care support to care homes in Leeds – to include all care homes and provision of rapid response.	Leeds Care Homes System Oversight Board (Jo Harding, Caroline Baria)	A Care homes support team has been commissioned from community provider LCH. The Care homes oversight group is now well established with a matrix working approach in place. They have a clear system wide action plan.	G
		29. Following the completion of action 28, commission primary care support provision as specified.	Leeds CCG (Simon Stockill)	All Care homes in Leeds have a primary care support offer. This is under review to increase standardisation. Pharmacy support to care homes also planned.	G

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#	CQC system wide recommendation	Leeds comments and actions to be completed in 2019	Alignment with a current work stream, group or Board, including Lead	Progress made Sept 2019	RAG
L.	Specific pilot schemes were helping people to receive support in the community. There should be evaluations and exit plans in place to reassure or inform people who benefitted from good support about what their future options were.	30. By April develop consistent approach for evaluations and exit plans. Lessons learned to be used to inform the strategy and commissioning of future services. Consistent approach must include how services and service users are engaged with future options. Linked to action 7 and action 27.	ICE (Cath Roff, Tim Ryley) Leeds Plan Delivery Group (Paul Bollom, Sue Robins, Steve Hume)	Leeds Plan Delivery Group around iBCF projects has a decision making approach to mainstream proven interventions based on data and outcomes. The approach is based on robust evidence collation of impact, strategic alignment and shared recommendations to ICE. Recommendations enacted by commissioning prioritisation / commissioning planning processes in partners. The root of this particular recommendation came from looking at the Time to Shine Projects - each of which now have an exit plan. LOPF are reviewing in September.	G
M.	Wards for people who are medically fit for discharge should have a plan in place to reduce the numbers of beds on these and to reduce the reliance on these as part of the discharge process.	31. By May have an agreed trajectory to reduce beds and plan agreed between providers and commissioners of how to achieve this.	Decision Making Workstream (Julian Hartley) SRAB - Leeds Resilience Plan (Phil Corrigan) LTHT Contract Management Board	From November 1st 2018 to June 2019 we have closed 60 MOFD beds. We are implementing the NHSI Super Stranded patient review process and anticipate that this will lead to a further reduction in the requirement for MOFD beds. The system has a clear trajectory for reducing the number of stranded and super stranded and reducing the number of beds occupied by people who are medically fit for discharge. Since May we have closed one ward and are working closely with our community bed providers to increase flow. Community bed criteria have been reviewed and expanded and we are working to promote the discharge to assess pathway.	G
N.	Systems should be put in place to ensure that people who go into hospital are seen in the appropriate	32. By March agree sample audit process and metrics for monitoring moves out of hours to ensure that the processes in place are effective.	Decision Making work stream	A daily audit of patients who move for non-clinical reasons out of hours (22:00 - 07:00) has been undertaken since June 2019 and is reported to the weekly quality meeting chaired by the Chief Nurse/Chief Medical Officer. The focus of the work is at St	G

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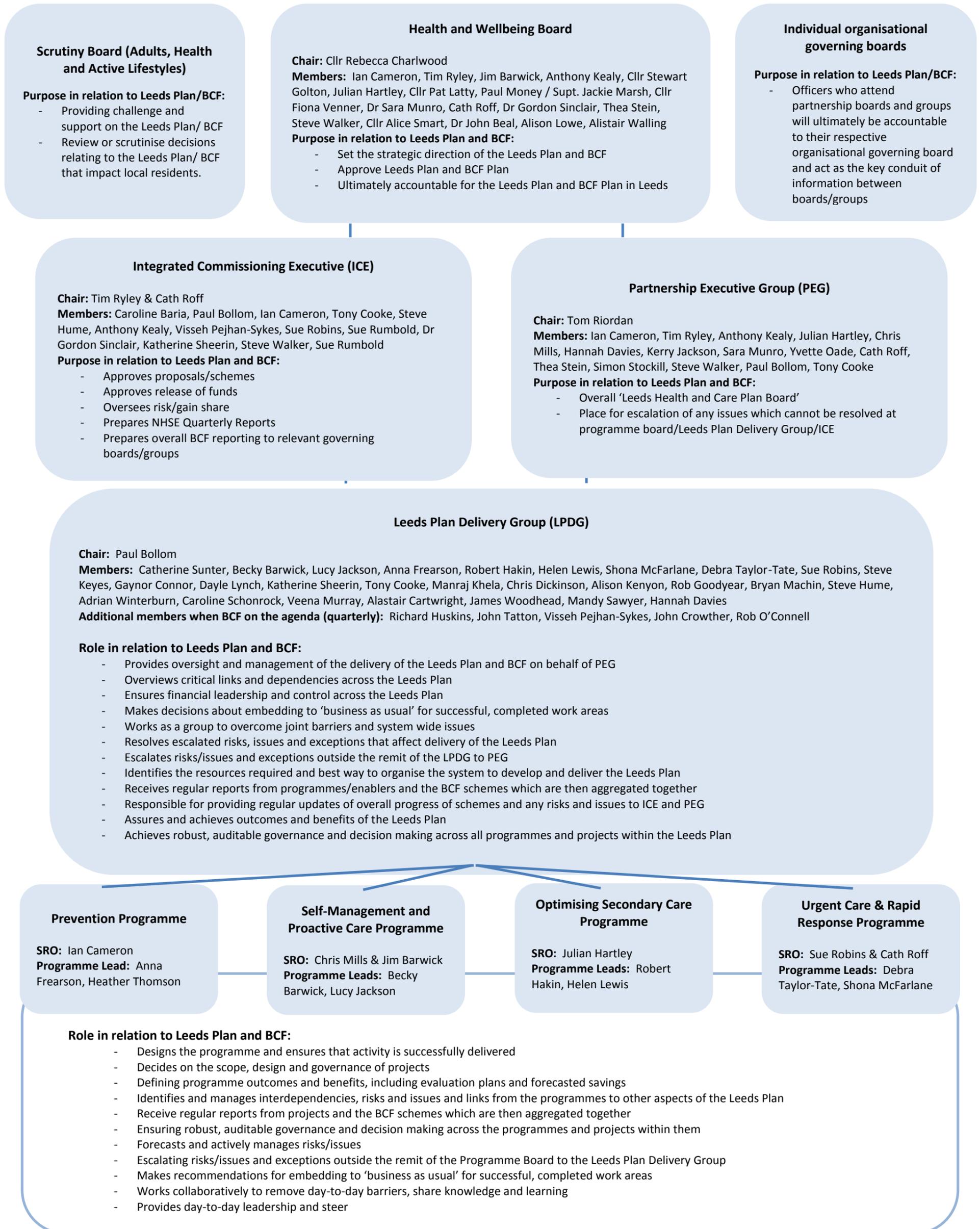
#	CQC system wide recommendation	Leeds comments and actions to be completed in 2019	Alignment with a current work stream, group or Board, including Lead	Progress made Sept 2019	RAG
	wards and remain there until they are medically fit for discharge without multiple moves.		SRAB - Leeds Resilience Plan (Julian Hartley)	James's Hospital where we have seen a step change reduction in the number of patients being moved.	
O.	System leaders should continue the work to reduce hospital admissions as admissions are higher than the England average.	33. By July, Newton Europe to return to Leeds to look at complete additional analysis on admissions and repeat the original analysis to assess the actions in the Leeds Resilience Plan are being delivered effectively and the right impact being made.	SRAB	Re-audit of the Newton Europe diagnostic demonstrated that the system has made progress against the agreed actions within the Resilience Plan. It is recognised that there is still improvement to be made for both discharge and admissions avoidance. A full review of the actions in conjunction with the winter evaluation will inform the System Resilience Plan for 2019/20 currently in development.	G
		34. Data needs to be assessed regarding the effectiveness of the Crisis Café, 'See, Hear and Treat,' Frailty Unit and other initiatives etc, results to be used by commissioners and the Hospital Avoidance Group to make recommendations for further admissions avoidance.	(Phil Corrigan > Tim Ryley)	As above	G
P.	The patient choice policy should be rolled out as a priority and leaders should have a system to gain assurance that this is understood and implemented.	35. Implementation of the Transfer of Care Policy has been signed off by all CEO's and rolled out. By March will agree an ongoing process for auditing case files to ensure adherence to policy.	Decision Making work stream (Julian Hartley) SRAB - Leeds Resilience Plan (Phil Corrigan > Tim Ryley)	The Transfer of Care policy has been implemented. Audits have taken place and identified that letters are being issued however the process of escalation is not yet fully embedded. The operational leadership responsible for the TOC policy implementation is currently being reviewed and this process will require further agreement. Roll out of TOC policy being overseen by the Decision making workstream in LTHT, attended by CCG commissioners.	A

CQC Leeds System Review Action Plan: Progress Update

#	CQC system wide recommendation	Leeds comments and actions to be completed in 2019	Alignment with a current work stream, group or Board, including Lead	Progress made Sept 2019	RAG
Q.	<p>The system should ensure that staff, particularly hospital staff understand and respect the dignity of people who use services and to understand the impact that issues such as multiple ward moves can have on people's wellbeing.</p>	<p>36. By the end of February agree the approach and timeline for assuring system-wide quality and ensuring that all staff are clear of the dignity and respect expectations. This will include:</p> <ul style="list-style-type: none"> • System statement of expectation agreed to by all CEOs • Continuing and developing the regular senior manager walk-about approach to provide greater system assurance of quality. • Ensure that all front line staff have current dignity and privacy training / awareness. 	<p>Cross-partner group which will include leads for quality is being established.</p> <p>Jo Harding, Dawn Marshall, Paul Bollom and Hannah Davies</p>	<p>The development of a city wide system for assurance of quality of experience is detailed in responses to action 1 in this plan. Further work is underway to create system alignment on broader quality improvement approaches (for example joining the Leeds Improvement Method in the hospital to initiatives in other partners).</p> <p>LTHT undertakes weekly leadership walkrounds and the corporate nursing team oversee a programme of assurance visits, which includes observations re privacy and dignity. There has been a specific focus on the wards managed by Villa Care (patients medically optimised for discharge) following the CQC inspection visits.</p> <p>There is an embedded approach to training on dignity and respect issues across staff working in the hospital. This takes place across issues specific training (eg falls) or more generic courses for aspiring leaders the importance of dignity and respect for people is reinforced. Audit processes across wards supporting older adults include a review of the experiences of five patients a week. The responses are documented and reviewed. Initiatives for people leaving hospital have included in the Bexley Wing using donated clothes to ensure those who do not have their own clothes with them to leave hospital do so wherever possible in normal dress.</p>	A

High-level Overview of Leeds Plan and BCF Governance - April 2019

The following sets out at a high-level the governance in relation to Leeds Plan and BCF



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Report of Head of Democratic Services

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

Date: 22 October 2019

Subject: Chairs Update – October 2019

Are specific electoral wards affected? If yes, name(s) of ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has consultation been carried out?	<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
Will the decision be open 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 provide an opportunity to formally outline some of the areas of work and activity of the Chair since the previous Scrutiny Board meeting in July 2019.

2. Background information

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

3. Main issues

3.1 This report provides an opportunity to formally update the Scrutiny Board on the Chair's activity and actions since the previous Scrutiny Board meeting held in September 2019. It also provides an opportunity for members of the Scrutiny Board to identify and agree any further scrutiny activity that may be necessary.

3.2 The Chair and Principal Scrutiny Adviser will provide a verbal update at the meeting on the above matters and any further issues that might arise, as required.

3.3 The Scrutiny Board is asked to consider the update provided and identify/ agree any matter where specific further scrutiny activity may be warranted, and therefore subsequently incorporated into the work schedule.

Developing the work schedule

- 3.4 As detailed elsewhere on the agenda; 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.

4. Corporate Considerations

4.1 Consultation and engagement

- 4.1.1 The update provided at the meeting is a factual report and therefore is not subject to consultation. However, it should be noted that matters often identified as part of the update can arise as a result of specific engagement activity with the Scrutiny Board that requires specific action from the Chair between the Scrutiny Board’s formal meeting cycle.
- 4.1.2 Any specific consultation and engagement activity will need to be taken into account if/ when any additional scrutiny activity is deemed appropriate

4.2 Equality and diversity / cohesion and integration

- 4.2.1 The Scrutiny Board Procedure Rules state that, where appropriate, all work undertaken by Scrutiny Boards will ‘...review how and to what effect consideration has been given to the impact of a service or policy on all equality areas, as set out in the Council’s Equality and Diversity Scheme’.
- 4.2.2 Matters set out in the Council’s Equality and Diversity Scheme will need to be taken into account if/ when any additional scrutiny activity is deemed appropriate.

4.3 Council policies and the Best Council Plan

- 4.3.1 The terms of reference of the Scrutiny Boards promote a strategic and outward looking Scrutiny function that focuses on the best council objectives.

Climate Emergency

- 4.3.2 This report has no specific climate emergency implications at this time. Any appropriate matters will need to be taken into account if/ when any additional scrutiny activity is deemed appropriate.

4.4 Resources, procurement and value for money

- 4.4.1 This report has no specific financial implications at this time. Any appropriate matters will need to be taken into account if/ when any additional scrutiny activity is deemed appropriate.
- 4.4.2 Experience has shown that the Scrutiny process is more effective and adds greater value if the Board seeks to minimise the number of substantial inquiries running at one time and focus its resources on one key issue at a time.
- 4.4.2 The Vision for Scrutiny, agreed by full Council also recognises that like all other Council functions, resources to support the Scrutiny function are under considerable pressure and that requests from Scrutiny Boards cannot always be met. Consequently, when considering any additional detailed inquiry activity Scrutiny Boards should:
- Seek the advice of the Scrutiny officer, the relevant Director and Executive Member about available resources;
 - Avoid duplication by having a full appreciation of any existing forums already having oversight of, or monitoring a particular issue;
 - Ensure any Scrutiny undertaken has clarity and focus of purpose and will add value and can be delivered within an agreed time frame.

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

- 4.5.1 This report has no specific legal implications. Any appropriate matters will need to be taken into account if/ when any additional scrutiny activity is deemed appropriate.

4.6 Risk management

- 4.6.1 This report has no specific risk management implications. Any appropriate matters will need to be taken into account if/ when any additional scrutiny activity is deemed appropriate.

5. Conclusions

- 5.1 All Scrutiny Boards are required to determine and manage their own work schedule for the municipal year. This update provides an opportunity to highlight any emerging issues for the Scrutiny Board to consider.

6. Recommendations

- 6.1 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 or activity.

7. Background documents¹

7.1 None.

¹ 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.

Report of Head of Democratic Services

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

Date: 22 October 2019

Subject: Work Schedule – October 2019

Are specific electoral wards affected? If yes, name(s) of ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Has consultation been carried out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Will the decision be open 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 Scrutiny Board’s work schedule for the remainder of the current municipal year.

2. Background information

2.1 All Scrutiny Boards are required to determine and manage their own work schedule for the municipal year. In doing so, the work schedule should not be considered a fixed and rigid schedule, it should be recognised as something that can be adapted and changed to reflect any new and emerging issues throughout the year; and also reflect any timetable issues that might occur from time to time.

3. Main issues

3.1 During the Board’s initial meeting in June 2019, Members discussed a number of possible areas of work for the Board to undertake during the current municipal year. These matters are reflected in the latest iteration of the work schedule – attached at Appendix 1.

Developments since the previous Scrutiny Board meeting

3.2 The latest iteration of the Board’s work schedule is attached as Appendix 1 for consideration.

3.3 While there are no significant additions to report since the previous Scrutiny Board meeting in September 2019, some matters that may subsequently impact on the work schedule will also be outlined as part of the Chair's update report, considered elsewhere on the agenda.

3.4 Other specific matters to consider are detailed below.

Women's Reproductive Health

3.5 At its meeting in July, the Board agreed to give specific consideration to Reproductive Health identified within the Women's Health Matters report. This followed a specific request for scrutiny in relation to endometriosis. Arrangements to progress this work are being taken forward. More details will be available in the near future and an update will be provided to the Board at the meeting.

Unscheduled matters

3.6 A number of other potential matters for consideration by the Scrutiny Board remain unscheduled. The Scrutiny Board is specifically invited to consider these matters and determine matters the Board wishes to pursue.

Executive Board and Health and Wellbeing Board

3.7 Executive Board minutes from the meeting held on 18 September 2019 are appended to this report.

3.8 Health and Wellbeing Board minutes from the meeting held on 16 September 2019 are appended to this report.

3.9 West Yorkshire Joint Health Overview and Scrutiny Committee minutes from the meeting held on 10 September 2019 are appended to this report.

3.10 Insofar as the minutes from other Boards and Committees appended to this report relate to the remit of the Scrutiny Board, Members are asked to consider and note the content; identifying any matters where specific scrutiny activity may be warranted, and therefore subsequently incorporated into the work schedule.

Developing the work schedule

3.11 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.

- 3.12 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.
- 3.13 As mentioned above, the latest iteration of the Board’s work schedule is attached as Appendix 1 for consideration. The Scrutiny Board is asked to consider the details in this report, the associated appendices and matters discussed at the meeting in order to agree its future work schedule for the remainder of the municipal year.

4. Consultation and engagement

- 4.1.1 The Vision for Scrutiny states that Scrutiny Boards should seek the advice of the Scrutiny officer, the relevant Director(s) and Executive Member(s) about available resources prior to agreeing items of work.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 The Scrutiny Board Procedure Rules state that, where appropriate, all terms of reference for work undertaken by Scrutiny Boards will include ‘to review how and to what effect consideration has been given to the impact of a service or policy on all equality areas, as set out in the Council’s Equality and Diversity Scheme’.

4.3 Council policies and the Best Council Plan

- 4.3.1 The terms of reference of the Scrutiny Boards promote a strategic and outward looking Scrutiny function that focuses on the best council objectives.

Climate Emergency

- 4.3.2 When considering areas of work, the Board is reminded that Active Travel now forms part of the Health, Wellbeing and Adults portfolio area.

4.4 Resources, procurement and value for money

- 4.4.1 Experience has shown that the Scrutiny process is more effective and adds greater value if the Board seeks to minimise the number of substantial inquiries running at one time and focus its resources on one key issue at a time.
- 4.4.2 The Vision for Scrutiny, agreed by full Council also recognises that like all other Council functions, resources to support the Scrutiny function are under considerable pressure and that requests from Scrutiny Boards cannot always be met. Consequently, when establishing their work programmes Scrutiny Boards should:
- Seek the advice of the Scrutiny officer, the relevant Director and Executive Member about available resources;
 - Avoid duplication by having a full appreciation of any existing forums already having oversight of, or monitoring a particular issue;
 - Ensure any Scrutiny undertaken has clarity and focus of purpose and will add value and can be delivered within an agreed time frame.

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

4.5.1 This report has no specific legal implications.

4.6 Risk management

4.6.1 This report has no specific risk management implications.

5. Conclusions

5.1 All Scrutiny Boards are required to determine and manage their own work schedule for the municipal year. The latest iteration of the Board's work schedule is attached as Appendix 1 for consideration and agreement of the Scrutiny Board – subject to any identified and agreed amendments.

6. Recommendations

6.1 Members are asked to consider the matters outlined in this report and agree (or amend) the overall work schedule (as presented at Appendix 1) as the basis for the Board's work for the remainder of 2019/20 and further discussion.

7. Background documents¹

7.1 None.

¹ 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)

Work Schedule for 2019/20 Municipal Year (October 2019)

25 June 2019	23 July 2019	August 2018
Meeting Agenda for 25/06/19 at 1.30 pm.	Meeting Agenda for 23/07/19 at 1.30 pm.	No Scrutiny Board meeting scheduled
Appointment of Co-opted members (DB) Scrutiny Board Terms of Reference (DB) Request for Scrutiny – Health Impacts of 5G Performance Report (Adults, Health & Active Lifestyles) (PM) Quality of services for adults and older people, including CQC Inspection Outcomes (Feb– April 2019) (PM) Proposals for Community Dentistry (C)	Request for Scrutiny – Inquiry into Endometriosis NHS Integrated Performance Report (PM) Mental Health Services for Adults and Older People in Wetherby (PSR) Dementia Strategy (PSR) Adults & Health – Financial Outturn (2018/19) – (PM)	
Working Group Meetings		
Site Visits / Other		

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)

Work Schedule for 2019/20 Municipal Year (October 2019)

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17 September 2019	22 October 2019	26 November 2019
Meeting Agenda for 17/09/19 at 1.30 pm.	Meeting Agenda for 22/10/19 at 1.30 pm.	Meeting Agenda for 26/11/19 at 1.30 pm.
Development of Leeds Mental Health Strategy (PSR) Mental Health Crisis in Leeds – Healthwatch Leeds report (DB) Local Care Partnerships – progress report (PM) Bereavement Arrangements at LTHT – Action Plan (PSR)	Proposals for Community Dentistry – update on engagement / consultation and proposed next steps (C) IAPT – mobilisation arrangements (PM) Leeds Health and Care System Review – progress against action plan (PM) Leeds Health and Care Plan – Progress Report (PM)	Quality of services for adults and older people, including CQC Inspection Outcomes (May – Sept 2019) (PM) Mental Health Services for Adults and Older People in Wetherby – update on engagement / consultation and proposed next steps (C) Urgent Treatment Centres – update (PSR) Winter Plans (PDS)
Working Group Meetings		
		Bereavement Arrangements at LTHT – Action Plan Review (PM)
Site Visits / Other		
West Yorkshire JHOSC – 10 September 2019		West Yorkshire JHOSC – 19 November 2019
December 2018	7 January 2020	11 February 2020

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)

Work Schedule for 2019/20 Municipal Year (October 2019)

No Scrutiny Board meeting scheduled	Meeting Agenda for 7/01/20 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) Urgent Treatment Centres – progress update (PSR) IAPT – progress update (PM) Get Set Leeds – conversation feedback (PSR)
Working Group Meetings		
Site Visits / Other		
		West Yorkshire JHOSC – 18 February 2020
31 March 2020	April 2020	UNSCHEDULED

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)

Work Schedule for 2019/20 Municipal Year (October 2019)

Meeting Agenda for 31/03/20 at 1.30 pm.	No Scrutiny Board meeting scheduled	
<p>Leeds Safeguarding Adults Board Annual Report and Strategic Plan – mid-year review (PSR)</p> <p>Quality of services for adults and older people, including CQC Inspection Outcomes (Oct 2019 – Jan 2020) (PM)</p> <p>Leeds Health and Care System Review – progress against action plan (PM)</p> <p>Local Care Partnerships – progress report (PM)</p>		<p>Congenital Heart Disease Services – Implementation of National Review/Update (RT/ PM)</p> <p>CAMHS (PSR)</p> <p>Yorkshire Ambulance Service NHS Trust – service capacity and transformation programme (PM)</p> <p>Dental Services in Leeds (PM)</p> <p>Transitions – including CAMHS to AMHS (PSR) – precise scope to be determined</p> <p>Response to the request for a Scrutiny Inquiry into Endometriosis (extended to include reproductive health).</p> <p>Future provision of Homecare Services in Leeds</p> <p>GP appointment availability</p> <p>The progress of the NHS Northern Gambling Clinic</p> <p>The role of the private sector within the NHS</p> <p>The single CCG approach following the merge of the three Leeds CCGs</p> <p>Gaining an understanding of life as a</p>

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)

Work Schedule for 2019/20 Municipal Year (October 2019)

31 March 2020	April 2020	UNSCHEDULED
Meeting Agenda for 31/03/20 at 1.30 pm.	No Scrutiny Board meeting scheduled	
		career in Leeds A partnership approach to the Climate Emergency Bereavement Arrangements at LTHT – Action Plan Review and developing access to non-invasive post mortems (PM/ PSR)
Working Group Meetings		
	24 April 2020 – Joint Workshop – Quality Accounts (TBC)	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))
Site Visits / Other		
	West Yorkshire JHOSC – 14 April 2020	

Scrutiny Work Items Key:

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

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EXECUTIVE BOARD

WEDNESDAY, 18TH SEPTEMBER, 2019

PRESENT: Councillor J Blake in the Chair

Councillors A Carter, R Charlwood,
D Coupar, S Golton, J Lewis, L Mulherin,
J Pryor, M Rafique and F Venner

58 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 1 to the report entitled, 'Disposal of Land located on Westerton Walk, Ardsley and Robin Hood, for Extra Care Housing Delivery and Final Terms of Delivery Agreement', referred to in Minute No. 78 be designated as being 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 appendix contains information relating to the financial or business affairs of a particular person (including the authority holding that information). It is considered that since this information was obtained through one to one negotiations for the property/land then it is not in the public interest to disclose this information at this point in time as this could affect the integrity of the disposal of the property/land. It is considered that the public interest in maintaining the content of the Appendix 1 as being exempt from publication outweighs the public interest in disclosing the information, as doing so would prejudice the Council's commercial position and that of third parties, should they be disclosed at this stage;
- (b) That Appendix 1 to the report entitled, 'Disposal of Site of Former Matthew Murray School', referred to in Minute No. 79 be designated as being 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 appendix contains information which relates to the financial or business affairs of a particular person, and of 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 was obtained through one to one negotiations for the property/land then it is not in the public interest to disclose this information at this point in time as this could affect the

Draft minutes to be approved at the meeting
to be held on Wednesday, 16th October, 2019

integrity of the disposal of the property/land. 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 offers 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.

59 Late Items

There were no late items of business for consideration at this meeting.

60 Declaration of Disclosable Pecuniary Interests

With regard to agenda item 23 (Disposal of Site of Former Matthew Murray School), Councillor Lewis drew the Board's attention to the fact the he was a season ticket holder at Leeds United Football Club (Minute No. 79 refers).

61 Minutes

RESOLVED – That the minutes of the meeting held on 4th September 2019 be approved as a correct record, and that the minutes of the meeting held on 24th July 2019 be approved as a correct record, subject to the correction of a typographical error in the first paragraph of Minute No. 40, 24th July 2019 (Council Housing Growth – Property Acquisitions Programme), to replace 'up to 180 property acquisitions' with 'circa 150-200 property acquisitions'.

CLIMATE CHANGE, TRANSPORT AND SUSTAINABLE DEVELOPMENT

62 Cookridge Street Public Realm Proposals and Design Cost Report

The Director of City Development submitted a report which presented proposals regarding the redevelopment of Cookridge Street as a new area of public realm, being brought forward through the opportunity provided by The Leeds Public Transport Investment Programme (LPTIP) Headrow Gateway scheme, and which was in line with the vision and ambition set out within the 'Our Spaces' Strategy.

RESOLVED –

- (a) That the progress which has been made regarding the development of the public realm schemes for Cookridge Street, linked to the delivery of the LPTIP Programme for the Headrow Gateway, be noted;
- (b) That the proposed injection of the S106 contributions of £94,197 be approved, and that approval also be given for the authority to spend of up to £1.7m from the LPTIP programme, S106 and existing public realm feasibility fund within the existing Capital Programme;
- (c) That subject to ongoing consultation with relevant Executive Members as appropriate, it be noted that the Chief Officer for Highways and

Draft minutes to be approved at the meeting
to be held on Wednesday, 16th October, 2019

Transportation will be responsible for the implementation of the resolutions arising from the submitted report.

COMMUNITIES

63 Financial Inclusion Update

Further to Minute No. 130, 19th December 2018, the Director of Communities and Environment submitted a report providing an update on the current financial inclusion projects which were taking place across the city, whilst the report also outlined the significant amount of work which was ongoing in Leeds to both reduce poverty and mitigate its impact on people's lives.

Responding to a Member's enquiry, the Board received further information on the actions being taken to ensure that the accessibility of the service provision in this area was being maximised for all who needed it. Members also noted that 100% of the income received from the Social Inclusion Fund was being invested into this area, with some of it being utilised to support projects which looked to mitigate against the possible harmful effects of gambling.

In conclusion, the Board paid tribute to the officers who continued to undertake the valuable work in this area.

RESOLVED –

- (a) That the significant progress being made and the projects being developed through the partnerships between the Council and the third sector, as outlined in the submitted report, which has helped in the delivery of the Council's strategic objectives on financial inclusion and poverty alleviation, be noted and welcomed;
- (b) That it be noted that future reports regarding the progress of the Illegal Money Lending Team will be included as part of the annual report to the Executive Board which provides an update on progress regarding financial inclusion and poverty alleviation, rather than as a free standing item;
- (c) That the Board's agreement be given that the future reporting on the Social Inclusion Fund will be considered by the Executive Member for Communities.

64 Domestic Violence and Abuse Progress Report 2018/19

Further to Minute No. 117, 13th December 2017, the Director of Communities and Environment submitted a report which provided details of the work being undertaken and the progress being made across the city in response to domestic violence and abuse, with details of some of the ongoing challenges being highlighted.

Responding to a Member's enquiry, the Board received further detail on the provisions in place regarding the re-housing of victims of domestic violence and abuse, and in which cases victims would qualify for 'statutory homeless'

status. It was noted that the Council also offered a 'sanctuary scheme' which enabled victims and children to stay put if they consider it safe to do so.

In noting the significant increase from 2017 to 2018 in the number of victims being supported who were at high risk of harm from domestic violence, it was acknowledged that although there was a range of socio-economic factors contributing towards this increase, it was highlighted how actions had been taken to reduce underreporting and raise the profile of this agenda.

Responding to a Member's comments regarding the level of criminal prosecutions which had been taken in this area, officers undertook to provide the Member in question with further information on this.

The effectiveness of the Front Door Safeguarding Hub initiative was also highlighted, and the multi-agency approach it took towards addressing this issue.

RESOLVED –

- (a) That the progress made in this area, as detailed within the submitted report, be noted, and that in considering the continued challenges, as highlighted in the submitted report, specifically those detailed at paragraph 5.3, the comments made by the Board during discussion on such matters, be noted;
- (b) That it be noted that the Director of Communities and Environment is responsible for the implementation of the resolutions arising from the submitted report.

ENVIRONMENT AND ACTIVE LIFESTYLES

65 Adapting Parks and Green Spaces for Climate Change

The Director of Communities and Environment submitted a report which outlined the proposed approach being taken in Parks and Countryside for the adaptation of parks and green spaces across the city to help address the effects of climate change and make contributions towards the corporate targets to make Leeds carbon neutral by 2030.

Members highlighted the need to ensure that an effective communications strategy accompanied this initiative, to ensure that the public were made aware of the reasons for taking the proposed actions.

Responding to a Member's enquiry regarding the resource implications of this proposal, it was noted that where appropriate, funding may need to be sought in order to deliver specific improvement projects. A Member also highlighted the importance of the Authority looking to maximise any potential funding opportunities which may be available in this area.

Also in response to a Member's enquiry regarding the provision of staffing resource in this area, it was highlighted that the submitted report was the beginning of the process to set out the Council's ambitions, and specifically, it

was emphasised that appropriate training for officers would be provided where required to ensure the delivery of the new approach.

In acknowledging the importance of Ward Member engagement as part of this process, it was noted that in addition to any liaison with Community Committee sub groups and 'Champions', officers would look to schedule a Member seminar on this issue.

RESOLVED –

- (a) That the approach, as outlined within the submitted report, which looks to adapt and improve parks and green spaces so as to contribute towards the Council's commitment to make Leeds carbon neutral by 2030, be approved;
- (b) That it be noted that the Chief Officer, Parks and Countryside is responsible for the implementation of the resolutions arising from the submitted report;
- (c) That a Member seminar to inform Councillors of the proposals in this area be scheduled.

66 Approval for the design and construction of a scheme to reduce flood risk to properties in Mickletown

The Director of City Development submitted a report which provided an update of the work that had already been undertaken in respect of the scheme to reduce flood risk in Mickletown and which specifically highlighted the flooding issues within the area. Also, the report sought authority to incur expenditure which was required to take the scheme through to completion.

The Board noted a Member's comment that the proposals would be welcomed by the local Flood Group who had been engaged throughout the process.

RESOLVED –

- (a) That authority be provided to incur expenditure of £1,159,000 for a capital scheme to develop a design for a flood alleviation scheme at Mickletown and for the construction of the scheme;
- (b) That the authority required to drawdown the Section 106 contribution to fund the delivery of this scheme, be approved;
- (c) That the necessary authority be delegated to the Director of City Development, to enable the Director to agree authority to spend (ATS) approvals for the scheme, subject to agreement with the Executive Member for Environment and Active Lifestyles.

67 'Get Set Leeds – Local' – Physical Activity Localities project

Further to Minute No. 68, 19th September 2018, the Director of City Development submitted a report which provided an update on the development of the new physical activity ambition as well as presenting an

overview of the Active Leeds, 'Get Set Leeds – Local' project application to Sport England, with the report also seeking support to accept the funding, should the submission be successful.

As part of the introduction to the submitted report, the Board viewed a video which accompanied the initiative, and which looked to promote a conversation about making Leeds a more active city.

A Member highlighted the importance of linking the initiative to the appropriate planning and highways processes in order to look to maximise the delivery of related infrastructure and facilities. Responding to this, emphasis was placed upon the actions which were being taken in this area, with the promotion of the 'Active Travel' agenda being highlighted.

Responding to an enquiry regarding the outcomes which were envisaged, it was noted that the aim of the submitted report, the video and other actions such as liaison with Community Committees was to consult with local communities and Members in order to gain a better understanding of the issues involved and the needs of specific communities so that the initiative could look to respond to them.

Regarding timescales, the Board was advised that it was envisaged that a response from Sport England in relation to the Council's bid would be received by the end of October 2019, with the Chair inviting that the matter be brought back to the Board when the outcome was known.

RESOLVED –

- (a) That the overview of the Sport England project application, as detailed within the submitted report, be noted;
- (b) That the Board's support be provided for the submission of a bid to Sport England for £475k, to develop understanding of locality based approaches to improving levels of Physical Activity;
- (c) That the Board's agreement be given to the delivery of the project commencing before the end of 2019, with the project being delivered over a three year period up until the end of 2022;
- (d) That it be noted that the Head of Active Leeds is the officer responsible for this project.

- 68 All-Weather Pitch Provision in Leeds and Parklife Programme Update**
Further to Minute No. 111, 13th December 2017, the Director of City Development submitted a report providing an update on the progress made regarding the delivery of the proposed Parklife Programme, particularly with regards to the Fullerton Park project, and which noted the interdependency of this scheme with the proposed disposal of land at Brown Lane East (former Matthew Murray school site) to Leeds United Football Club, which is subject to a separate report submitted to this Executive Board (Minute No. 79 refers).

With regard to the proposals for the Woodhall Lane site, emphasis was placed upon the need to ensure that a consultation exercise with the local community was undertaken.

In response to an enquiry regarding the proposals for the Fullerton Park site, assurance was provided in terms of the sufficient levels of car parking provision which would remain on the site, with it also being highlighted that Leeds United FC were currently working on an updated travel plan, which would look to establish a range of more sustainable match day travel arrangements.

RESOLVED –

- (a) That the progress made with the development of the Parklife Programme to date, be noted;
- (b) That the selection of the four shortlisted Parklife sites, as contained within the submitted report, be approved;
- (c) That approval be given to the principle that the funding for the City Council's financial contribution for Fullerton Park will be funded as part of the Capital Programme, to be agreed in February 2020, with approval also being given to the proposal that a detailed Design and Cost Report will be presented to Executive Board in due course;
- (d) That approval be given to authorise the ongoing design progression at the Woodhall Lane and Green Park Parklife projects, with it being noted that the match funding for the City Council's contribution for the Parklife projects at these sites will be considered as a pressure as part of the Capital Programme report in February 2020;
- (e) That the Director of City Development, in discussion with the Executive Member, be authorised to support the submission of planning applications for Fullerton Park and Woodhall Lane Parklife projects, based upon the facilities mix, as contained within the submitted report;
- (f) That it be noted that the Director of City Development and the Director of Communities and Environment are responsible for the delivery of the programme.

HEALTH, WELLBEING AND ADULTS

69 Leeds Drug & Alcohol Strategy & Action Plan 2019-2024

The Director of Public Health submitted a report which presented the updated Leeds Drug & Alcohol Strategy and Action Plan 2019 – 2024 for the purposes of the Board's approval.

As part of the introduction to the report, the Executive Member for Health, Wellbeing and Adults extended her thanks to organisations such as 'Forward Leeds' and others for the key role that they played in supporting those with drug and alcohol issues across the city.

Members considered the proposed main outcomes from the 2019-2024 Action Plan and Strategy when compared with its predecessor, with it being highlighted that although the focus of the refreshed outcomes remain similar, the delivery of provision was constantly being reviewed to ensure that the most effective intervention was provided. The positive recovery rates which had been achieved in this area were also highlighted.

With regard to a Member's enquiry regarding drug related crime and disorder, officers undertook to provide the Member in question with further data in this.

RESOLVED –

- (a) That the Leeds Drug and Alcohol Strategy and Action Plan 2019-2024, as appended to the submitted report, be approved;
- (b) That the proposed governance arrangements for the strategy, as detailed within the submitted report, be noted, with the Board specifically noting the connections made to key partnerships, including Safer Leeds and the Children and Families Trust Board;
- (c) That it be noted that the officer responsible for the implementation of such matters is the Chief Officer/Consultant Public Health, Adults and Health.

CHILDREN AND FAMILIES

70 The Leeds – Kirklees Children's Services Improvement Partnership and next steps in sector led improvement

The Director of Children and Families submitted a report providing an update on the Kirklees – Leeds Improvement Partnership, and which set out the current position in respect of Leeds' continued role in the area of sector led improvement.

In response to a Member's enquiry, officers undertook to provide the Member in question with information on the other Local Authorities judged as 'requiring improvement' by Ofsted that Leeds was to support.

Responding to a Member's comment and in reviewing the performance of the Children and Families directorate in Leeds during the period of the improvement partnership with Kirklees, it was highlighted that during this time Ofsted reviewed its rating of Leeds from 'Good' to 'Outstanding'.

With regard to the peer led process generally, emphasis was placed upon the value for money it could provide, and how potentially this model could be more widely utilised across the public sector, with reference being made to the NHS.

In terms of the lessons learned from this exercise, the Board noted that further consideration would need to be given to ensuring that robust arrangements were in place to mitigate against any associated risks, with specific reference

being made to ensuring sufficient capacity always remained at a leadership level, so as to continue to ensure that any involvement in such partnerships was not at the detriment to the services provided in Leeds.

In conclusion, it was requested that Leeds' experiences in this area be relayed to the Local Government Association in support of the sector led approach, in order to contribute towards related reviews and so that it could be used as a case study to demonstrate the benefits of the model.

RESOLVED –

- (a) That the contents of the submitted report, be noted;
- (b) That Leeds' experiences in this area be relayed to the Local Government Association in support of the sector led approach, in order to contribute towards related reviews and so that it can be used as a case study to demonstrate the benefits of the model.

LEARNING, SKILLS AND EMPLOYMENT

71 Local Government and Social Care Ombudsman report on the provision of suitable education for a child absent from school due to anxiety

The Director of Children and Families submitted a report which provided the outcomes arising from a recent Local Government and Social Care Ombudsman report and which also provided the Board with assurances regarding the actions which had been taken by the Council in response to this matter.

In presenting the submitted report, it was highlighted by the Executive Member for Learning, Skills and Employment that the matter was scheduled to be considered by the Scrutiny Board (Children and Families) at its next meeting, however, it was suggested by the Executive Member that it returns to the Scrutiny Board in the new year to provide Scrutiny with an opportunity to review the progress being made on the recommendations for improvement. It was also requested that details of the actions taken in response to the associated recommendations be submitted to Executive Board in due course.

RESOLVED –

- (a) That the report of the Local Government and Social Care Ombudsman, together with the recommendations for improvement, as appended to the submitted report, be noted;
- (b) That it be noted that the Deputy Director for Learning, Children and Families, is responsible for ensuring that all actions agreed in response to this matter are completed;
- (c) That in noting that the matter is scheduled to be considered by the Scrutiny Board (Children and Families) at its next meeting, it be recommended that the matter returns to the Scrutiny Board in the new year in order to provide Scrutiny with the opportunity to review the progress being made on the recommendations for improvement, and

that details of the actions being taken in response to the associated recommendations be submitted to Executive Board also, in due course.

72 Exclusions, Elective Home Education and Off-rolling

The Director of Children and Families submitted a report which presented data regarding patterns of exclusions and elective home education in Leeds over the past three years, and the progress being made in this area, with particular reference to permanent exclusions. The report also outlined the work that would be undertaken through the '3A's Strategy' to work with schools to reduce exclusions and to improve outcomes for children and young people.

In presenting the report, the Executive Member for Learning, Skills and Employment proposed that in addition to sharing the data contained within the submitted report with both the Department for Education and the Children's Commissioner, all schools be contacted with the aim of the Council working in partnership with them to protect the most vulnerable children and young people.

Members welcomed the submitted report and the approach being taken to bring the fact based information to the Board's attention, to enable the Council to provide challenge in this area.

Responding to a Member's specific enquiry, officers undertook to provide the Member in question with further information regarding the issue of elective home education.

Members highlighted the statutory responsibilities of the Local Authority in this area, and the need to ensure that the Council continued to fulfil its role as required. As such, it was requested that further reports be submitted to the Board on such matters, as appropriate.

Responding to Members' comments, the Board received further details of the range of ongoing actions being taken by the directorate to monitor and address the issues highlighted within the report.

RESOLVED –

- (a) That the information contained within the submitted report, together with the recommendations in the Timpson Review (as detailed at Appendix 2) and the issues raised by the Children's Commissioner in her report "Skipping School: Invisible Children - How children disappear from England's schools", as referenced in the submitted report, be noted;
- (b) That it be noted that the Children and Families directorate will produce an annual report on the issue of exclusions and elective home education;
- (c) That it be noted that the remit for monitoring exclusions and elective home education falls under the Head of Learning Inclusion;

- (d) That the Board's support be provided to the Children and Families directorate as it seeks to drive down the rate of fixed term exclusions across the city and to reduce the average length of time pupils are excluded for;
- (e) That the Board confirms its ambitious expectations towards ensuring that the city's most vulnerable children and young people are not prevented from accessing a full education through any of the methodologies listed in the submitted report;
- (f) That agreement be given for the data contained within the submitted report to be shared with both the Department for Education and the Children's Commissioner, as they both have a clear interest in this issue, and that all schools also be contacted with the aim of the Council working in partnership with them to protect the most vulnerable children and young people;
- (g) That further update reports be submitted to the Board on this matter, as appropriate.

73 Leeds City Council vote in the Leeds Business Improvement District 2020-2025 renewal ballot

Further to Minute No. 10, 26th June 2019, the Director of City Development submitted a report that presented the completed business plan from LeedsBID (Business Improvement District), as appended, for the consideration of Executive Board, in order to inform the recommendation that the Council vote in favour of the renewal of LeedsBID in the upcoming ballot.

RESOLVED –

- (a) That LeedsBID business plan (2020-2025), as appended to the submitted report, which sets out the organisation's plan of delivery in its second term, be noted;
- (b) That approval be given for Leeds City Council, as a BID levy payer, to vote in favour of the renewal of LeedsBID for its second term (2020-2025), based upon the business plan appended to the submitted report, thereby enabling the opportunity for significant investment of circa £15m in Leeds city centre through the activities and themes of LeedsBID;
- (c) That the responsibility for the vote be delegated to the Director of City Development;
- (d) That the Director of City Development be requested to write to LeedsBID to ask for a greater emphasis on supporting the city's 'Leeds 2023' programme as part of their planned activities.

74 Outcome of consultation to establish a new secondary School in East Leeds from September 2021

Further to Minute No. 177, 20th March 2019, the Director of Children and Families submitted a report presenting the outcome of the consultation undertaken regarding a proposal to establish a new 8 form entry secondary free school (1,200 places – 240 pupils per year group) for learners aged 11-16, including a Resourced Provision for young people with Autism Spectrum Condition and Moderate Learning Difficulties. In addition, the report sought permission to launch the competition stage of the free school presumption process in order to identify a preferred sponsor to run the new school. Finally, the report sought a decision to fund delivery of a scheme to create the additional learning places required.

In response to a Member's enquiries, and having noted that the proposals did not include sixth form provision, the Board received details of the current position regarding such provision in the area. Also, the Board received information relating to the ongoing negotiations with relevant parties regarding the potential purchase of the site, with Members requesting that should there be any problems experienced in this area then Board Members be informed as appropriate.

With regard to the development of education provision to accommodate demand arising from the East Leeds Extension, officers undertook to provide the Member in question with a briefing on the actions being taken in this area, with a request being made that a further report be submitted to the Board on such matters in due course.

RESOLVED –

- (a) That the outcome of the consultation undertaken on the proposal to establish a new 8 form entry (1,200 place – 240 pupils per year group) secondary free school for pupils aged 11-16, including a Resourced Provision for young people with Autism Spectrum Condition and Moderate Learning Difficulties, within the boundary of a 2.7 hectare parcel of unused land close to Torre Road and Trent Road, from September 2021, be noted;
- (b) That the commencement of a free school presumption process, be approved, under the terms set out in the Education and Inspections Act 2006 (section 6a), allowing the Local Authority to launch a competition seeking to identify a preferred sponsor to run the new free school;
- (c) That provisional approval be granted for authority to spend (ATS) £25-30m in order to deliver the proposed new free school;
- (d) That it be noted that the implementation of the proposal is subject to funding being agreed, based on the outcome of further detailed design work and planning applications, as indicated in section 4.4.2 of the submitted report, and that the proposal has been brought forward in time for places to be delivered for 2021;

- (e) That it be noted that the responsible officer for the implementation of such matters is the Head of Learning Systems;
- (f) That a further report be submitted to the Board in due course regarding the work being undertaken to develop education provision to accommodate demand from the East Leeds Extension.

75 Outcome of consultation on the expansion of East SILC onto two additional sites

The Director of Children and Families submitted a report presenting the outcome of a consultation exercise undertaken regarding a proposal to expand generic specialist school provision at East SILC (Specialist Inclusive Learning Centre) – John Jamieson at two new additional sites, creating an additional 150 places, with a proposal of 50 primary places at the Oakwood building and 100 secondary places at the former Shakespeare site.

RESOLVED –

- (a) That the publication of a Statutory Notice on a proposal to permanently expand specialist provision at East SILC – John Jamieson by a combined total of 150 additional places, accommodated across two new additional sites, with effect from January 2020, be approved;
- (b) That it be noted that the implementation of such proposals is subject to funding being agreed based upon the outcome of further detailed design work, as indicated at section 4.4.1 of the submitted report;
- (c) That it be noted that the responsible officer for the implementation of such matters is the Head of Learning Systems.

76 Approval to Spend for the Learning Places Programme 1FE Permanent Expansion at Cockburn John Charles Academy

The Director of Children and Families and the Director of City Development submitted a joint report presenting details of a proposed expansion at Cockburn John Charles Academy. Also the report sought provisional 'Approval to Spend' for the high level budget, in order to undertake the related works, as detailed.

In noting that the school was currently operating under a PFI contract, and in response to a Member's enquiry, officers undertook to provide the Member in question with details of any fees which would be incurred as a result of the proposals.

RESOLVED –

- (a) That capital expenditure be authorised for the 'provisional sum' of £2,278,732 from Capital Scheme number 33178/JCA/000 for the construction work and associated fees to facilitate a permanent increase of the Published Admission Number by 30 pupils at Cockburn John Charles Academy, with the 'provisional sum' including the value for the main hall expansion as detailed within the submitted report, the interim solution as approved via a previous Design and Cost Report,

legal costs for all parties, ICT related costs and a client held contingency commensurate with a project of this complexity;

- (b) That it be noted that a subsequent Design and Cost Report / Tender Acceptance Report will be submitted following the design freeze and final confirmation of budget requirements;
- (c) That the implementation of a City Council Change under the PFI contract with Investors in the Community (Leeds Schools) Limited for the works at the Cockburn John Charles Academy School PFI building, be noted, together with the requirement to approve the entering in to of any associated documentation including without limitation a deed of variation (if required), with the relevant authority being provided to the Head of Service, Learning Systems to enable the Head of Service to review and approve any such documentation;
- (d) That the programme dates, as identified in section 3.2 of the submitted report in relation to the implementation of the Board's resolutions, be noted;
- (e) That it be noted that the lifecycle and maintenance allowance, under the Unitary Charge, will increase as a consequence of the works detailed within the submitted report, with it also being noted that the increase will reflect the changes in additional catering / cleaning staff and the associated 'life cycling', as identified in the terms of the existing PFI contract. This value however will be the responsibility of the academy and is a 'straight through charge' that will not burden the authority;
- (f) That it be noted that the officer responsible for the implementation of such matters is the Head of Projects and Programmes.

RESOURCES

77 Improving Air Quality in the City (Clean Air Zone update)

Further to Minute No. 15, 26th June 2019, the Director of Resources and Housing and the Director of City Development submitted a joint report which presented the outcomes from the recent Statutory Consultation exercise undertaken on several areas regarding the Clean Air Zone (CAZ) and as a result, sought approval of specific consequential amendments which were required for certain elements of the CAZ Charging Order. The report also provided a progress report on both the implementation of the CAZ, including an update on the 'go-live' date, confirmed progress on the distribution of financial support to affected sectors and provided an update on other air quality measures which continued to be progressed.

Members discussed the proposed road signage which was to be used for the Clean Air Zone (CAZ). It was noted that although there was no flexibility around the signage given that it was provided by the Department for Transport, it was emphasised that a communications campaign needed to be

put in place, especially with the most affected industries, to raise awareness of the CAZ and its associated branding.

RESOLVED –

- (a) That the outcome of the Statutory Consultation exercise, as detailed within the submitted report, be noted, and that the resulting amendments to the Charging Order as detailed within the submitted report and as follows, be approved:-
- The creation of a local Specialist Heavy Goods Vehicle exemption and “qualifying criteria”;
 - The widening the scope of sunset periods in the taxi and private hire sector, to include out-of-town vehicles;
 - The extension of the Wheelchair Accessible Vehicle (WAV) sunset period to 2028; and
 - The making of formal amendments to the Leeds Clean Air Zone Charging Order arising from the outcome of the consultation process.
- (b) That the implementation progress update, as detailed within the submitted report, and the revised ‘go-live’ date of no earlier than 1 July 2020, be noted;
- (c) That regarding the consultation feedback in relation to setting the future emissions standard at zero in 2028, it be noted that it is the intention to consider this matter at the first CAZ annual review.

78 Disposal of land located on Westerton Walk, Ardsley and Robin Hood, for Extra Care Housing delivery and final terms of Development Agreement

Further to Minute No. 131, 19th December 2018, the Director of City Development, the Director of Adults and Health and the Director of Resources and Housing submitted a joint report seeking approval to dispose of a Council owned site on Westerton Walk in Ardsley and Robin Hood Ward, to facilitate the development of new Extra Care Housing in support of the ‘Better Lives Programme’. Specifically, approval was sought to sell the land to the recommended Consortium at the less than best purchase price, as identified in Appendix 1 to the submitted report, which had been designated as being exempt from publication under the provisions of Access to Information Procedure Rule 10.4(3).

In her capacity as a local Ward Member for Ardsley and Robin Hood Ward, the Executive Member for Climate Change, Transport and Sustainable Development welcomed the proposal.

Following the consideration of Appendix 1 to the submitted report, designated as being exempt from publication under the provisions of Access to Information Procedure Rule 10.4(3), which was considered in private at the conclusion of the meeting, it was

RESOLVED –

- (a) That the sale of the subject land to the Consortium, as identified within exempt Appendix 1 to the submitted report, at a less than best purchase price and on the terms as detailed, be approved;
- (b) That it be noted that the Director of City Development, in consultation with the Executive Member for Resources, will progress with the disposal of the subject land;
- (c) That in principle approval be given to the final terms of the Development Agreement for use on all Package One sites, as detailed in exempt Appendix 1 to the submitted report;
- (d) That approval be granted to enter into the Development Agreement with the Consortium;
- (e) That agreement be given for any subsequent amendments to the terms of the disposal to be delegated to the Director of City Development, to enable the Director to approve such matters under the scheme of officer delegation, in consultation with the Executive Member for Resources;
- (f) That it be noted that following a successful procurement exercise, the Director of Resources and Housing has entered into an agreement with the Consortium, under the necessary delegated authority, in respect of delivering Package One: *Extra Care Housing for Older People contract DN336766*;
- (g) That the use of s106 commuted sums, as previously allocated by Executive Board, be noted.

79 Disposal of Site of former Matthew Murray School

Further to Minute No. 80, 18th October 2017, the Director of City Development submitted a report which sought approval to the provisionally agreed Heads of Terms for the freehold disposal of the Matthew Murray site, which would facilitate Leeds United Football Club's (LUFC) proposals to relocate its training facilities and the Leeds United Foundation (LUF) and Academy facilities back into the heart of the city and the Elland Road environment.

Responding to a Member's enquiry, the Board received an update on the current position regarding the remaining term of LUFC's current lease at the Thorp Arch site and the relationship between this and the proposals regarding the use of the Matthew Murray School site.

Members discussed the current position regarding what facilities the club intended to relocate to the Matthew Murray site, with it being highlighted that further clarity was required in this area. In response, it was noted that such matters could be picked up as part of the ongoing negotiations with the club.

With regard to the commitment of the club around the support it was proposing

to provide for the benefit of the local community as part of this relocation, it was requested that further discussion be held with the club in order to enable such commitments to be confirmed in writing.

With regard to how the proposals would potentially affect the Thorp Arch site, a request was made that relevant Ward Members be kept informed of developments.

In conclusion, the Board was assured that the Executive would be kept up to date with developments on such matters, as appropriate.

Following the consideration of Appendix 1 to the submitted report, designated as being exempt from publication under the provisions of Access to Information Procedure Rule 10.4(3), which was considered in private at the conclusion of the meeting, and in taking into consideration all of the matters raised during the discussion on this item, it was

RESOLVED –

- (a) That the disposal of the Council's freehold interest in the Matthew Murray site, for use as a training facility for LUFC to Greenfield Investments (a wholly owned company of the owner of LUFC), on the draft terms as set out in exempt Appendix 1 to the submitted report, be approved;
- (b) That the approval of the final disposal boundary and terms, including that relating to part of the playing fields of the Ingram Road Primary School and any requirement by Highways England, be delegated to the Director of City Development, with the concurrence of the Executive Member for Resources and, where applicable, the Head Teacher of Ingram Road Primary School;
- (c) That it be noted that the receipt from the disposal of the Matthew Murray site has already been ring-fenced to the Consolidation Schools Programme;
- (d) That it be noted that a separate report is being presented to this Executive Board regarding the 'Parklife Project', which is proposed on Council owned land at Fullerton Park adjacent to LUFC's stadium, which provides for associated training facilities.

(Under the provisions of Council Procedure Rule 16.5, Councillor A Carter required it to be recorded that he abstained from voting on the decisions referred to within this minute)

80 Best Council Plan Annual Performance Report - Looking Back on 2018/19

The Director of Resources and Housing submitted a report presenting a year-end review which looked back on performance during 2018/19 with regard to the delivery of the Best Council Plan.

The '*What we set out to do*' and '*How did we perform?*' commentary for each Best City Priority was welcomed.

RESOLVED – That the Best Council Plan 2018/19 Annual Performance Report, as submitted, be received, and that the progress made during 2018/19 in delivering the ambitions and priorities set out in the Best Council Plan, as detailed in the submitted report, be noted.

81 Financial Health Monitoring 2019/20 – Month 4

The Chief Officer (Financial Services) submitted a report which presented the Council's projected financial health position for 2019/20 as at Month 4 of the financial year, detailed proposals identified by the Director of Children and Families to address the projected directorate overspend and which sought approval of a proposed release from the Council's General Reserve.

In noting that Veolia had failed to meet agreed recycling targets and as such there may be an obligation on Veolia to pay a penalty to the Local Authority subject to DEFRA's agreement (Department for Environment, Food and Rural Affairs), a Member made an enquiry about how such a potential sum would be invested. In response, it was noted that discussions with relevant parties were ongoing and that once further clarity had been received, officers undertook to ensure that Executive Members would be fully briefed on such matters prior to any proposals being progressed.

RESOLVED –

- (a) That the projected financial position of the authority, as at Month 4 of the financial year, as detailed within the submitted report, be noted;
- (b) That the proposals identified by the Director of Children and Families to address the projected overspend, as reported to the Board in July 2019 and as detailed within the submitted report, be noted;
- (c) That the release of £1m from the General Reserve, be approved in order to take advantage of record low interest rates, and to create savings for the Medium Term Financial Strategy, with it being noted that the officer responsible for the implementation of this resolution is the Chief Officer (Financial Services) and that the release from the reserves will be actioned before the next reporting period.

DATE OF PUBLICATION: FRIDAY, 20TH SEPTEMBER 2019

LAST DATE FOR CALL IN OF ELIGIBLE DECISIONS: 5.00 P.M., FRIDAY, 27TH SEPTEMBER 2019

HEALTH AND WELLBEING BOARD

MONDAY, 16TH SEPTEMBER, 2019

PRESENT: Councillor R Charlwood in the Chair

Councillors G Latty, A Smart and F Venner

Representatives of Clinical Commissioning Group

Dr Gordon Sinclair – Chair of NHS Leeds Clinical Commissioning Group

Tim Ryley – Chief Executive of NHS Leeds Clinical Commissioning Group

Directors of Leeds City Council

Victoria Eaton – Deputy Director of Public Health

Cath Roff – Director of Adults and Health

Sue Rumbold – Chief Officer, Children and Families

Third Sector Representative

Ruth Kettle – Community Links

Representative of Local Health Watch Organisation

Dr John Beal - Healthwatch Leeds

Hannah Davies – Healthwatch Leeds

Representatives of NHS providers

Sara Munro - Leeds and York Partnership NHS Foundation Trust

Dr Philip Wood - Leeds Teaching Hospitals NHS Trust

Thea Stein - Leeds Community Healthcare NHS Trust

Safer Leeds Joint Representative

Paul Money - Chief Officer, Safer Leeds

Representative of Leeds GP Confederation

Jim Barwick – Chief Executive of Leeds GP Confederation

12 Welcome and introductions

The Chair welcomed all present and brief introductions were made.

The Chair encouraged Members and public present to attend the next Big Leeds Chat event due to take place at Kirkgate Market on 7th November 2019, to have their say on the development of health plans and strategies in the city.

The Chair also noted the publication of the latest Suicide Audit in Leeds, which echoed finding from previous years that those living in the most deprived areas of Leeds, particularly middle-aged men, are most at risk of dying through suicide.

Draft minutes to be approved at the meeting
to be held on Wednesday, 11th December, 2019

13 Appeals against refusal of inspection of documents

There were no appeals.

14 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

15 Late Items

There were no formal late items. However, the following supplementary information was distributed to Members after agenda publication:

- Item 12.2 Appendix 1 (Draft Leeds Health and Care Plan 2019 – 2024)
- Item 14 Appendix 1 (Draft Better Care Fund Plan 2019/20)

16 Declarations of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

17 Apologies for Absence

Apologies for absence were received from Councillor Golton, Alison Lowe, Ian Cameron, Steve Walker, Julian Hartley and Anthony Kealy.

Ruth Kettle, Victoria Eaton, Sue Rumbold and Dr Philip Wood were in attendance at the meeting as substitutes.

18 Open Forum

Tom Fellows, Head of NHS relations at Nuffield Health, informed the Board of the not-for-profit programmes run by invited Members of the Board to contact him following the meeting on matters. Specific programmes included wellbeing provision in schools and support groups for children and young people with cystic fibrosis.

Dr John Puntis, Leeds Keep our NHS Public, raised some concerns regarding the West Yorkshire and Harrogate Five Year Strategy for Health and Care, specifically in relation to the national context of funding arrangements including the impact of Private Finance Initiative (PFI) on NHS hospital trusts and restrictions to patient access. The Chair recognised the potential for the digital exclusion to contribute to health inequalities and highlighted the positive work occurring through a number of programmes in Leeds including the 100% Digital Leeds movement. The Chair also highlighted the importance of better understanding the local implications of PFI in Leeds and regionally. Furthermore, the Chair informed Dr Puntis of the opportunity to engage with the West Yorkshire and Harrogate Five Year Strategy for Health and Care and to provide feedback via the West Yorkshire Partnership website.

19 Minutes

RESOLVED – That the minutes of the meeting held 14 June 2019 be approved as an accurate record.

20 Priority 12 - The best care, in the right place, at the right time: Palliative and End of Life Care for Adults in Leeds

The Leeds Palliative Care Network submitted a report that provided an overview of the work of the network, including the Dying Matters programme.

The following was appended to the report:

- Leeds Palliative and End of Life Care Framework for Adults
- Leeds Palliative and End of Life Care Draft Outcomes Framework

The following were in attendance:

- Dr Mike Stockton, Chair of the Leeds Palliative Care Network
- Lucy Jackson, Chief Officer, Public Health, Leeds City Council
- Diane Boyne, Leeds Palliative Care Network Manager at St. Gemma's Hospice

Members were provided with a presentation, which highlighted the following:

- Access issues, in Leeds and nationally;
- Key milestones in 2018/19;
- Draft outcomes and priorities for the future.

Members discussed a number of matters, including:

- Opportunity to strengthen the framework through an all age approach, to include children and young people and challenges around transitions and engaging them on talking about palliative care and end of life as key influences in their homes and communities;
- The need for consideration of economic impact in line with the identified projections for future need;
- The need for better integration between hospitals and hospices to ensure early identification of need and a focus on 'Leeds Left Shift' in the framework;
- Support for the think family approach around palliative and end of life care particularly in relation to carers and bereavement services;
- The need for consideration of how Leeds can better resource community palliative care in line with the Leeds Left Shift, which is currently significantly dependent on the third sector explored through the Integrated Commissioning Executive (ICE).
- The need for consideration of how the city provides care at home utilising frontline staff through a more holistic approach to care.

- The importance of better understanding and addressing why lower proportions of mixed and black ethnic groups have a preferred place of death recorded and die in their preferred place of death when compared to other ethnic groups.
- The importance of better understanding and addressing the linkages of areas experiencing higher levels of deprivation that have a lower proportion of people dying in their preferred place of death.
- The need for the health and care system to challenge itself in reducing the inequality gaps highlighted in the Health Needs Assessment.
- Suggestions for further consideration of the quality of life of those living in poverty and who are homeless in relation to palliative and end of life care. Representatives present sought more support with data blockages, to enable them to identify the needs are different populations. The Chair suggested that a session be held focused on reducing inequalities in end of life care.

RESOLVED –

- a) To note the breadth of work driven by the Leeds Palliative Care Network including the work of the Dying Matters Partnership;
- b) To note the Board's recognition of people receiving palliative care and those at end of life as a key priority population in city plans;
- c) To note the Board's comments on the draft population level outcomes for people at end of life and draft Leeds Palliative and End of Life Framework.

21 Leeds Carers Partnership Strategy

The Leeds Carers Partnership submitted a report that presented a new draft Leeds Carers Partnership Strategy, including details of how the strategy will help deliver the Leeds Health and Wellbeing Strategy and Leeds Health and Care Plan.

The following was appended to the report:

- Draft Leeds Carers Partnership Strategy Plan on a Page
- Draft Leeds Carers Partnership Strategy

The following were in attendance:

- Val Hewison, Chief Executive of Carers Leeds
- James Woodhead, Head of Commissioning for Adults and Health, Leeds City Council
- Martin Earnshaw, Head of Primary Care (Proactive Care), NHS Leeds CCG

The Head of Commissioning (Adults and Health) introduced proposed interactive strategy and five key priority areas, as well as proposals for consultation. The Chief Executive of Carers Leeds noted the importance of a

meaningful strategy for carers, which gives them confidence that actions will be fulfilled.

Members discussed a number of matters, including:

- The need for the strategy to be fully aligned to the Young Carers Strategy, to ensure that all carers are supported consistently throughout their lives;
- Support for the interactive format as a more accessible form of engagement with communities;
- Opportunity for the strategy to be linked to the Inclusive Growth, recognising the importance of supporting carers in the workplace and economic health and wellbeing;
- The development of the additional incentive scheme for GP practices to become involved. Jim Barwick, the GP Confederation representative, noted that they would like to join the partnership, and would make contact.
- Opportunity for the strategy to challenge the health and care system to address longstanding issues and holding each other to account for actions, pledges and performance. In particular, working with our wider workforce to create a cultural change in health and care in Leeds around carers.
- Importance of putting carers' voices and experiences at the heart of the strategy and in how the strategy measures progress.

RESOLVED –

- a) To note the progress made by the Leeds Carers Partnership in developing the draft strategy;
- b) To note Members comments on the development of the strategy, including the public engagement proposal.

22 Annual Refresh - Future in Mind: Leeds Local Transformation Plan for children and young people's mental health and wellbeing

The Director of Operational Delivery (NHS Leeds CCG) and the Director of Children and Families (Leeds City Council) submitted a joint report that provided an update on driving forward the strategy to transform how we support and improve the emotional and mental health of children and young people and therefore, ultimately impact on the wellbeing of all of the population through the annual refresh of the Leeds Local Transformation Plan.

The following was appended to the report:

- Future in Mind: Leeds Local Transformation Plan for children and young people's mental health and wellbeing – Draft Annual Refresh October 2019

Jane Mischenko, Lead Commissioner for Children & Maternity Services at NHS Leeds CCG, introduced the report, highlighting the prevalence of mental health problems amongst children and young people, particularly in areas of high deprivation, and the projections for rapid growth in coming years.

Members discussed a number of matters, including:

- The success of the MindMate programme in schools, but equally the need to address support for schools in relation to managing exclusions and off-rolling;
- The challenge of investment into services, and the need to continue to commit to delivering a Leeds Left Shift and effectively using additional funding outlined in the NHS Long Term Plan. Particularly actions to mitigate the risk of a projected rise in numbers of children experiencing poor mental health due to demographic challenges and the higher proportion of increasing numbers of children and young people occurring in areas experiencing the highest levels of deprivation in Leeds where they are more likely to experience Adverse Childhood Experiences (ACEs).

RESOLVED –

- a) To endorse the refreshed Leeds Local Transformation Plan for publication before 31 October;
- b) To note the Board's recognition of the achievements over the last 4 years;
- c) To note the Board's recognition of the strength of the child and young person's voice, in particular the impact of the MindMate Ambassadors;
- d) To note the breadth and connection between partners and practitioners across the system and thank them for their continued commitment;
- e) To note the Board's recognition of the strong contribution this strategy and plan delivers to the core prevention agenda of the city;
- f) To note the Board's recognition of further work in the next year and through the subsequent plan to:
 - To embed a 'think family' approach in the city
 - To address the lack of parity of investment in children and young people's mental health
 - To transform services for those in adolescence and approaching young adulthood (16-25)

23 Our approach to improving health and wellbeing across Leeds and West Yorkshire and Harrogate

12.1 Leeds Health and Care Plan: Continuing the Conversation

The Head of the Leeds Health and Care Plan (Health Partnerships) submitted a report that provided an overview of the review of the Leeds Plan and the significant engagement to date which has supported its development.

The following was appended to the report

- Leeds Health and Care Plan 2019 – 2024 Improving health: transforming the system, Working Draft Version 9

The Head of Leeds Plan introduced the report, highlighting the set of qualities and behaviours set out in the report and the city ambitions. Members were informed that an action plan was currently being developed.

Members discussed a number of matters, including:

- The need to further engage front line staff around the culture change envisaged;
- The need to clarify and define what is meant by a whole system 'left shift' in Leeds for future documents.

RESOLVED –

- a) To note the engagement and progress to date in developing a draft Leeds Plan;
- b) To note the Board's comments in relation to the draft Leeds Plan.

12.2 Development of the WYH 5 Year Strategy for Health and Care

The West Yorkshire and Harrogate Health and Care Partnership submitted a report that presented a draft of the narrative of the Five Year Strategy and the process for further developing and refining it.

The following was appended to the report

- Draft Five Year Strategic Plan

The following were in attendance:

- Ian Holmes, Director for West Yorkshire and Harrogate Health and Care Partnership
- Rachael Loftus, Head of Regional Health Partnerships

The Director introduced the report and the Five Year Strategic Plan, highlighting the opportunity to engage with the Board at the earliest opportunity along with the planning timetable leading up to implementation.

Members discussed a number of matters, including:

- Support for the overall approach, specifically the improved references to tackling health inequalities in all programmes at West Yorkshire and Harrogate level and having a greater focus on the conditions needed for health and working with wider partners.

- Support for the integration and recognition of oral health in primary care within the draft plan and the need for similar consideration within the Leeds Plan.
- The Chair also queried whether any of the unspent dentistry budget from the national Specialist Commissioning budget could be potentially re-invested locally on in-school dentist provision, as opposed to being returned to central government. An update would be provided to the Chair in due course on this matter.
- Concerns around the direction of travel being suggested nationally to rationalise the number of CCGs to one per Integrated Care System, which Members felt would not be appropriate for West Yorkshire and Harrogate given the large geography of the partnership. The Director responded that a strong message has been sent back to NHSE/I from the WYH Partnership that a single CCG would not be suitable.

RESOLVED –

- a) To note the timescale and process for the further refinement and sign-off of the strategy;
- b) To note the Board's comments and feedback on the draft 5 Year Strategy.

24 Update on CQC Leeds System Review Action Plan

The Lead for CQC System Review & Leeds CQC System Review Task and Finish Group submitted a report that provided a summary of the progressions of the Board's action plan made to date.

The following was appended to the report

- CQC Leeds System Review Action Plan

The following were in attendance:

- Paul Bollom, Head of Leeds Plan
- Emma Geary, Project Officer, Health Partnerships

The Head of Leeds Plan introduced the report, explaining that the self-judged action plan was developed following a Local System Review (LSR) of Leeds carried out by the Care Quality Commission (CQC).

Members discussed a number of matters, including:

- Members welcomed the progress made, particularly in relation to 'How Does it Feel for me?' group;
- The need for some of the actions to be integrated into the Leeds Plan ensuring that a positive difference has been made to the health and care system as a result of completed actions and continued focus.

- Cath Roff provided an overview of Action 5: development of a one' system suite of measures dashboard / scorecard as action lead, which will be brought to the Board at a future meeting.

RESOLVED – To note the Board's comments and feedback.

25 Draft Leeds Better Care Fund Plan 2019/20

The Chief Officer of Adults & Health (Leeds City Council) and the Director of Operational Delivery (NHS Leeds CCG) submitted a report that sought approval of the draft Leeds BCF Plan 2019/20.

The following was appended to the report:

- Draft Leeds Better Care Fund Plan 2019/20

The following were in attendance:

- Steve Hume, Chief Officer for Resources and Housing, Leeds City Council

The Chief Officer introduced the report, noting the continued financial challenge associated with mental health residential placements. Members were advised that there was still opportunity for comments to be incorporated into the plan if Members wished to submit comments following the meeting.

RESOLVED – To agree the draft Leeds Better Care Fund Plan 2019/20.

26 For information: Leeds Drugs & Alcohol Strategy & Action Plan 2019-24

The Board received, for information, the report of the Director of Public Health (Leeds City Council) that presents the updated Leeds Drug & Alcohol Strategy and Action Plan 2019-2024.

RESOLVED – To note the contents of the report.

27 For information: Connecting the wider partnership work of the Leeds Health and Wellbeing Board

The Board received, for information, the report of the Chief Officer (Health Partnerships) that provides a public account of recent activity from workshops and wider system meetings, convened by the Leeds Health and Wellbeing Board (HWB). It contains an overview of key pieces of work directed by the HWB and led by partners across the Leeds Health and Care System.

RESOLVED – To note the contents of the report.

28 Any Other Business

No matters were raised on this occasion.

29 Date and Time of Next Meeting

Wednesday 11th December 2019 at 2 pm.

The meeting ended at 4:40 pm

WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

TUESDAY, 10TH SEPTEMBER, 2019

PRESENT: Councillor H Hayden in the Chair

Councillors S Baines, Godwin, Griffiths,
Hutchinson, G Latty, B Rhodes and
L Smaje

1 **Welcome**

The Chair welcomed all present to the first meeting of the West Yorkshire and Harrogate Joint Health Overview and Scrutiny Committee for the 2019/20 Municipal Year. Brief introductions were made.

2 **Appeals Against Refusal of Inspection of Documents**

There were no appeals against the refusal of inspection of documents.

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

The agenda contained no exempt information.

4 **Late Items**

With the agreement of the Chair, the report and appendix pertaining to Item 11 Work Programme 2019/20 were provided to the Joint Committee prior to the start of the meeting (minute 13 refers).

5 **Declaration of Disclosable Pecuniary Interests**

No declarations of disclosable pecuniary interests were made.

6 **Apologies for Absence and Notification of Substitutes**

Apologies for absence were received from:

- Councillors Greenwood and Hargreaves (Bradford Council)
- Councillors Clark and Solloway (North Yorkshire County Council)
- Councillor Whitehouse (Wakefield Council)

Councillor P Godwin (Bradford Council) was welcomed as a substitute for Councillor Greenwood.

7 **Public Statements**

The Joint Committee received the following statements:

Rosemary Hedges, Calderdale & Kirklees 999 Call for the NHS – Made a representation on the Terms of Reference for the Integrated Care System Board (ICS Board), focussing on the perceived contradiction between any statutory regulatory and oversight powers to be delegated by NHS England and NHS Improvement to the ICS Board, and that Board's own Terms of Reference that state it has no formal delegated powers from the organisations

that make up the Integrated Care System. Additionally, she highlighted the role of American health support services company Optum in the development and recent trial of a population health management system in primary and community health services.

Jenny Shepherd, Calderdale & Kirklees 999 Call for the NHS – Made a representation setting out her concerns on the inclusion of the new ‘Improving Population Health’ priority in the draft 5 Year Strategy; the availability of technology to support the population health management priority; and incentivising and the introduction of commercialisation into health service provision – stating this could reduce patient access to professional health care and worsen population health.

Dr John Puntis, Leeds Keep Our NHS Public – Made a representation on the 5 Year Strategy and identified funding elements which he felt were not addressed; including the existing deficits experienced by two thirds of Trusts; and recognition that any new Government funds could be absorbed to balance books rather than provide additional services. He queried how the un-costed and ambitious service developments set out in the NHS Long Term Plan will be delivered when cuts to Public Health budgets will impact on the ability of the public health sector to support the prevention agenda –identified as the solution to reducing demand on the health service.

8 Minutes 8 April 2019

RESOLVED – That the minutes of the meeting held 8th April 2019 be agreed as a correct record.

9 Matters Arising

Minute 59 West Yorkshire and Harrogate Cancer Alliance – Cervical Cancer Screening – The Chair reported that Yorkshire will no longer have a cervical screening laboratory from December this year after NHS England made the decision to move the Leeds, Sheffield and York services to Gateshead as part of proposals to reduce the 46 labs currently operating in England to seven.

The Chair commented that at a time when there was growing concern amongst authorities over the decrease in cervical screening nationally, she was disappointed that the Joint Committee had not been consulted on this change to provision, particularly when a key priority for the Cancer Alliance was to make ‘more cancers curable by supporting ways of achieving earlier diagnosis, promoting greater awareness of signs and symptoms and increasing the uptake of screening’.

Members joined the Chair in expressing their frustration that this matter had been brought to their attention through the media and not by the decision makers. The Joint Committee supported the Chair's suggestion that more information be requested (including any implications on screening activity) with a view to the decision maker being invited to attend a future meeting to discuss the matter in more detail.

10 West Yorkshire and Harrogate Health and Care Partnership - Draft 5-Year Strategy

The Joint Committee received a report from West Yorkshire and Harrogate Health and Care Partnership presenting the first iteration of the Draft Five Year Strategy as considered by the West Yorkshire and Harrogate Health and Care Partnership Board meeting on 3rd September 2019.

The following were in attendance to present the report; outline the outcome of discussions at the Partnership Board; and contribute to discussions:

- Councillor Tim Swift – Chair, West Yorkshire and Harrogate Health and Care Partnership Board.
- Rob Webster – Chief Executive Officer Lead for West Yorkshire and Harrogate Health and Care Partnership.
- Ian Holmes – Director, West Yorkshire and Harrogate Health and Care Partnership.
- Hannah Davies – Chief Executive, Healthwatch Leeds (representing West Yorkshire Healthwatch).

In presenting the report, the following matters were reported:

- Development of the 5 Year Strategy would satisfy the requirement of the NHS Long Term Plan Implementation Framework for Local Health and Care Partnerships to agree a plan for delivery through to 2023/24
- The draft Strategy incorporated updated priorities; building on the existing work of the Partnership and also incorporated a first draft of two new priorities - improving population health; and children, young people and families.
- The timeframe for consultation, including engagement with Health and Wellbeing Boards during autumn 2019; presentation to NHS England on 27th September 2019 and expected publication date in December 2019.
- The importance of local places and their individual local plans
- The role of Healthwatch in the development of the Strategy
- The need to address issues raised during the consultation, including the importance of prevention; population health management and addressing matters that lead to health inequalities

The Joint Committee considered and discussed a range of matters regarding the draft Strategy and its development, including:

- The need for the draft Strategy to better reflect the balance of service delivery between the Health Service, the Local Authority and Care givers; as such the role of local government and community care should be strengthened in the Strategy narrative.
- When addressing the first section of the NHS Long Term Plan on primary care networks, the Strategy should reflect social care and in doing so, recognise the shortage of community care teams to provide 24 hour care, including Community Health and District Nursing staff. Where proposed service changes or developments are likely (such as development of Urgent Treatment Centres or revising entry points into

unplanned care) the Strategy should seek to identify likely timescales, including when proposals will be available for engagement / consultation with relevant Scrutiny Boards and/or the Joint Committee.

- Concern that the report and presentation contained little information on the outcome of the discussions of the Partnership Board's consideration of the draft Strategy at its meeting on 3rd September 2019. The Joint Committee was advised that the Partnership Board sought more emphasis on prevention work and the role of social care in the delivery of the Strategy.
- The role and costs of external consultants involved in the development of the Strategy. The Joint Committee received assurance that, although Optum supported Leeds in its development of a population health management system, each of the 6 places within the Partnership would develop its own local system. It was confirmed that Optum had played no part in the development of the draft 5 Year Strategy.
- Concern that the Strategy placed significant emphasis on the Third Sector/community networks and social prescribing, while these were not universally or consistently developed across the Partnership.
- The need to ensure services were located in areas of need and were accessible by public transport. The Joint Committee received assurance that current transport routes and the financial impact of accessing services across the WYH HCP footprint were being considered with partners.
- The likely role of the "Hospitals Working Together" programme which provides opportunities for hospitals and Trusts to share staff to strengthen services and direct support to where specific pressures exist across the Partnership footprint, rather than hospitals and service providers competing to provide services.
- The need for communication and engagement to be accessible for all, with one Member reporting they had not been aware of any public consultation conducted in Wakefield. The Joint Committee sought confirmation of the consultation and engagement undertaken at local level, including any specific care providers, alongside evidence of engagement with patients/care recipients.

The Joint Committee also highlighted the following specific matters where members felt more detail or greater emphasis was needed within the draft Strategy:

- The management of pathways into care.
- In respect of the children and young people priority – health visitors and the school nursing service to be included.
- The ambition for all children and young people to be able to access mental health support by 2023/24 was not ambitious enough.
- How the Strategy could help address the inequality of service provision across the Partnership's footprint.
- Where specific targeted services and good practice has been identified and will be rolled out across the Partnership (for example, targeted autism services in Wakefield).

- Greater consistency in identifying and distinguishing between matters as “innovations” or as “business as usual”.
- End of life care

RESOLVED -

- a) To note the contents of the report and the discussions held at the meeting.
- b) To note the requests for the Joint Committee to receive further information on the matters identified during discussions in due course.
- c) To receive a report to the 19th November 2019 meeting of the Joint Committee, providing the latest iteration of the West Yorkshire and Harrogate Health and Care Partnership Board: Draft Five Year Strategy.

11 Proposed changes to specialised commissioned vascular services across West Yorkshire - update

The Joint Committee received a report from Leeds City Council’s Head of Democratic Services providing an update on NHS England’s proposed changes to specialist vascular services across West Yorkshire. The Chair of the Joint Committee had been engaged in a number of discussions with NHS England (Specialised Commissioning) regarding the proposed changes and the report included the following relevant documents:

- Appendix 1- a letter from the Chair to NHS England (15 04 19)
- Appendix 2 - The NHS England (Specialised Commissioning) response to the JHOSCs queries and concerns (27 08 19)
- Appendix 3 – A revised copy of the “Consultation and Business Case on proposals for the future of vascular services across West Yorkshire” document submitted to the Chair 27 08 19.
- Appendix 4 - A letter from NHS England dated 02 09 19, clarifying the requirement for North Yorkshire County Council to form part of the mandatory JHOSC arrangements in relation to vascular services.
- Appendix 5 – Proposed Terms of reference for a mandatory North Yorkshire and West Yorkshire Joint Health Overview and Scrutiny Committee (Vascular Services).

The Principal Scrutiny Adviser advised on the work undertaken with partner authorities to establish a North Yorkshire and West Yorkshire Joint Health Overview and Scrutiny Committee (Vascular Services), highlighting that different interpretations of the regulations dealing with the establishment of mandatory Joint Health Overview and Scrutiny Committees (JHOSC) had been identified.

Members input and direction was sought to ensure there would be a shared, mutually agreed and consistent interpretation of the regulations around establishing any future mandatory JHOSCs that may be required.

The Joint Committee noted that approval for the establishment of a mandatory JHOSC (Vascular Services) was currently being considered by the constituent authorities.

The Joint Committee noted the correspondence between the Chair and NHS England and the revised consultation and business case documents included within the report and identified the following key issues for consideration by the mandatory JHOSC at an appropriate time:

- Workforce proposals / projections and the availability of specialist staff.
- The possible impact of the reconfiguration of vascular services on other service areas, including Accident & Emergency and Maternity services.
- How the proposals would deliver future services at the point of need.

The Joint Committee also considered the timeframe for responding to the consultation, noting that a potential extension to the consultation deadline was being discussed with NHS England – due to the timescales for the formal establishment of the mandatory JHOSC (Vascular Services) arising from the decision-making processes and timescales of the constituent authorities.

RESOLVED –

- (a) To note the content and details presented in the submitted report and the associated appendices.
- (b) To highlight the key issues identified for consideration by the mandatory JHOSC, once established.
- (c) To request that appropriate officers of the constituent authorities consider mechanisms to help ensure there is a shared, mutually agreed and consistent interpretation of the regulations around establishing any future mandatory JHOSCs that may be required.

12 West and North Yorkshire Joint Health Overview and Scrutiny Committee - Governance Update

The Joint Committee considered the report of Leeds City Council's Head of Democratic Services providing an update on the review of the West Yorkshire Joint Health Overview and Scrutiny Committee (the JHOSC) governance arrangements, focussing on refreshing the Terms of Reference for the discretionary JHOSC; and interpretation of the regulations that deal with establishing mandatory joint committees.

The Principal Scrutiny Adviser gave a brief overview of the progress made in reviewing the current Terms of Reference and associated working arrangements. The Principal Scrutiny Adviser reiterated that different interpretations of the regulations dealing with the establishment of a mandatory JHOSC had been identified during the process of establishing the North Yorkshire and West Yorkshire Joint Health Overview and Scrutiny Committee (Vascular Services), and highlighted the need for a shared, mutually agreed and consistent interpretation of the regulations around establishing any future mandatory JHOSCs.

Members of the Joint Committee considered and discussed the details presented in the report and outlined at the meeting.

RESOLVED –

- a) To note the content of the submitted report and discussions on the review of the Joint Committee's governance arrangements.
- b) To request that appropriate officers of the constituent authorities consider any mechanisms necessary to help ensure there is a shared, mutually agreed and consistent interpretation of the regulations around establishing any future mandatory JHOSCs that may be required.

13 Work Programme (2019/20)

The Joint Committee received a report from Leeds City Council's Head of Democratic Services on the continuing development of the Joint Committee's future work programme.

The Principal Scrutiny Adviser highlighted matters previously identified by the Joint Committee for consideration at future meetings and précised additional issues raised at this meeting.

The Joint Committee identified the need to retain focus on the emerging 5 Year Strategy. In noting the overall timetable presented earlier in the meeting, the Joint Committee requested that a further iteration of the Strategy be presented to the November Joint Committee meeting prior to it being considered by the December 2019 Partnership Board.

Members indicated their wish to specifically review the draft System Delivery Plan that supported the narrative of the draft Strategy. Members also noted the option for the Joint Committee to report its views on the proposed 5 Year Strategy and System Delivery Plan to the Partnership Board.

The Joint Committee also identified the following areas for early consideration:

- An update on the work of West Yorkshire Association of Acute Trusts (WYATT), including how the work of WYAAAT will fit with the Partnership's emerging 5 Year Strategy (The Joint Committee also considered the merits of establishing a working group to review the 5 Year Strategy); and,
- An update on matters associated with potential changes to dermatology services, following receipt of some concerns highlighted by dermatology patients.
- Matters associated with proposed changes to the number and location of cervical screening laboratories across West Yorkshire and Harrogate, highlighted earlier in the meeting.

Members of the Joint Committee were also requested to consider the future workplan and report their individual priorities and interests to the Principal Scrutiny Adviser and the Chair to help inform a more detailed discussion at the next meeting in November.

RESOLVED –

- a) To note the report and appendix presented to the meeting.

- b) That the specific matters highlighted at the meeting be prioritised for early consideration by the Joint Committee.
- c) Members of the Joint Committee be requested to provide their individual work programme priorities and interests to the Principal Scrutiny Adviser and the Chair for inclusion within a further iteration of the work programme; and to help inform a more detailed discussion at the next meeting in November.

14 Date and Time of Next Meeting

RESOLVED - To note the schedule of future meetings:

Tuesday, 19th November 2019

Tuesday, 18th February 2020

Tuesday, 14th April 2020

All meetings to start at 10:30 am (with pre-meeting for all members of the Joint Committee at 10:00 am) and are currently scheduled to be held at Leeds Civic Hall.