

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

**TUESDAY, 9TH FEBRUARY, 2021**

**PRESENT:** Councillor H Hayden in the Chair

Councillors C Anderson, J Elliott,  
N Harrington, C Knight, G Latty, S Lay,  
D Ragan, A Smart, P Truswell, A Wenham  
and P Wray

Co-optee present – Dr John Beal, Healthwatch Leeds

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

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

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

The agenda contained no exempt information.

### **67 Late Items**

There were no late items of business.

### **68 Declaration of Disclosable Pecuniary Interests**

No declarations of disclosable pecuniary interests were made.

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

Apologies for absence were received from Councillor M Iqbal. Councillor P Wray attended as substitute.

### **70 Minutes - 5th January 2021**

An amendment to minute 61 “Initial Budget Proposals for 2021/22” relating to the Neighbourhood Network Service was requested to reflect that the annual budget for the Neighbourhood Network Service is £3.0 million, not £2.5 million.

**RESOLVED** – That subject to the amendment to minute 61 “Initial Budget Proposals for 2021/22” relating to the Neighbourhood Network Service recorded above, the minutes of the previous meeting held 5<sup>th</sup> January 2021 be approved as a correct record.

### **71 Matters Arising**

Draft minutes to be approved at the meeting  
to be held on Tuesday, 16th March, 2021

## Minute 61 Initial Budget Proposals for 2021/22

The Board noted that the Phase 2 Scrutiny Response Statement had been submitted within the Budget proposals for consideration by Executive Board on 10<sup>th</sup> February 2021. Members were invited to receive any updates made to the Budget proposals since their consideration by this Board in January as follows:

- Active Leeds – Councillor M Rafique, Executive Member for Environment and Active Lifestyles provided a commitment to continue discussions to find suitable permanent solutions to the proposals for Chippendale Pool, Leeds Sailing Centre and the Tennis Centre at John Charles Centre for Sport in response to the outcome of consultation.  
The Chief Officer – Operations (City Development) confirmed that progress on the initial proposals for the three centres was paused whilst a process of due diligence was undertaken on the viability of the potential third party interest identified during the consultation process, which could result in alternative delivery models. An update on the alternative solutions would be provided to the Scrutiny Board in due course.
- Adult Social Care – The Director of Adults and Health highlighted the amendments made to the initial Budget proposals and the Head of Finance Adults & Health outlined a number of changes made to the Budget submission for the Directorate, including the impact of the National Minimum Wage on the proposed Care Home fee uplift, funding proposals for the Shop Mobility scheme and deferral of proposed charges to the appointee service.

### **RESOLVED –**

- a) To note the updates provided
- b) To thank officers for their collaborative work with the Scrutiny Board and for their efforts to achieve a positive Budget outcome.

## **72 Winter pressures across Health and Social Care including and during Covid-19**

The Director of Adults and Health submitted a report presenting an update on system winter and resilience planning and the actions taken during the third peak of the Coronavirus pandemic as it affected the Leeds NHS system. The report outlined how the system – NHS and social care services dealing with urgent care, inpatient care and discharge and rehabilitation community services – remained flexible in response to winter pressures, Covid-19 infection rates and the consequent impact on health and social care services. Additionally, the report highlighted the governance system in place and the close and effective interaction between the Bronze, Silver and Gold groups, ensuring that information flow and decision making remained swift and effective.

The following were in attendance:

- Councillor Fiona Venner - Interim Executive Member for Health, Wellbeing and Adults
- Cath Roff - Director of Adults and Health
- Victoria Eaton - Director of Public Health
- Shona McFarlane - Deputy Director Social Work and Social Care Services
- Helen Lewis - Director of Pathway Integration, NHS Leeds CCG
- Mike Harvey - Deputy Chief Operating Officer, Leeds Teaching Hospitals NHS Trust
- Sam Prince - Executive Director of Operations, Leeds Community Healthcare NHS Trust

The Executive Member introduced the report, highlighting the impact of the unique requirements of Covid-19, such as social distancing measures, on the treatment of Covid-19 and the impact on wider health service provision.

The Board received a presentation in three parts. The Director of Pathway Integration, NHS Leeds CCG; introduced the first segment and highlighted the following key points:

- The system operating principles which placed an emphasis on working together to share data and plans; address system challenges; to maximise the skills and capability of the collective workforce and ensure clear lines of communication across all levels.
- The command and control structure.
- Long term planning undertaken during Summer 2020 which included winter scenarios and risk assessments, with an initial 'worst case' identifying areas of greatest pressure - plans had focussed on admission avoidance; reduction in length of stay; alternatives to continued stay in hospital; additional Covid and critical care capacity within LTHT and cohort arrangements within LYPFT.
- The need to identify the Covid-19 status of a new patient quickly in order to allocate treatment appropriately and safely.

The Deputy Chief Operating Officer, Leeds Teaching Hospitals Trust, presented the second segment and highlighted the following:

- Advice received from SAGE and modelling informed planning on a weekly basis for Covid-19 capacity, taking into account prevalence and local case rates; and the rate and ability to discharge patients.
- The April peak saw 247 beds in use for Covid-19 patients, the 2<sup>nd</sup> wave peak was 320 in November and currently there are approximately 240 patients in the hospital.
- The pressures of care, in terms of the numbers of patients, type of care required, pressure on staff to provide care and the physical space required to accommodate Covid-19 patients and the restrictions that brought.

The Deputy Director, Adults and Health, Social Work and Social Care Services, introduced the third segment of the presentation. The following key issues were highlighted:

- The Home First and Discharge to Assess principles embedded in the approach used throughout the pandemic.

- Changes to the Social Work structure made in conjunction with Leeds Community Healthcare NHS Trust had supported more patient discharges to home and community, leading to teams being both hospital and community based.
- Daily review meetings were implemented to ensure system flow and sharing of data and communication channels using effective multi-disciplinary working across social care, therapy, nursing and community services.
- Increased Home Care capacity meant fewer and shorter delays in discharge from hospital, thus releasing bed capacity.
- Social work systems were in place to ensure people who are admitted to a community bed through a 'light touch' approach in LTHT are quickly supported to go home first, and only by exception admitted permanently to residential or nursing care.

Additionally, the following matters were brought to Members attention:

*The importance of the Mental Health Service* - acknowledging increased demand and expectations of the Service as those admitted displayed an increased acuity and as there was little flexibility in acute bed provision, Covid-19 brought additional space requirements which had a negative impact on the service available. The Service had responded by working West Yorkshire wide to use all available capacity and by enhancing intensive home treatment teams to enable people to stay safely at home. Staffing had also been prioritised to the areas under the greatest pressure.

*Impact of Covid-19 on surgery and outpatients* - Elective surgery had been significantly impacted by the pandemic and capacity fluctuated depending on the pressures from Covid-19. Although urgent cancer surgery continued throughout the pandemic, the Board were provided with an outline of the number of patients currently on a Cancer Pathway and waiting more than 62 days from referral to treatment.

Members discussed a number of matters, including:

*The focus of the impact of the Pandemic on staff* - although the public expressed support for NHS staff and carers, the pressure on staff brought by the failure to suppress the pandemic was not felt to be widely understood. Members suggested that hearing directly from staff would enable the Board to gain an understanding of stress, effect on mental health, staff vacancies and the impact of 'Long Covid' alongside an outline of how staff will be supported during the period of service and staff recovery. The Board also acknowledged the impact of loss and bereavement on Care Home staff who have cared for residents over long periods, and on those non-community care staff who were redeployed into the community to meet the care challenge presented by the pandemic, particularly those who had not experienced end of life care pathways before.

*Covid-19 testing for patients* – the Board heard that, due to improvements in technology and processes, the waiting time to receive a result had reduced to

30 minutes – this was essential to ensure new patients are tested so they can be assigned care and a bed if needed. Care can be provided in relevant areas under a red amber green system; with 9 red wards across Leeds; patients are tested daily for 5 days to minimise risk.

*Standards of care within 'own home'* – An increased number of people now choose care being provided within their own homes and it was confirmed that there were no concerns regarding own home care standards. Close working between Social Workers, Home Care Providers and Community Healthcare professionals was being piloted to develop a good joint approach. It was acknowledged that there had been issues in the past achieving 'good' rating; but with new ways of working and 'spot checks' this had improved. Some Home Care Providers had previously struggled to recruit and retain staff, but that was less of an issue now.

*Flu vaccination uptake* – In acknowledging that there had been an increased uptake of the flu vaccination, it was agreed that more detailed data reflecting age and ethnicity on a ward level basis would be provided to Board Members.

In conclusion and on behalf of the Scrutiny Board, the Chair extended thanks to staff; Third Sector and volunteers, working in hospitals; care home and community settings for the tremendous effort in supporting patients of Covid-19 and patients requiring care.

#### **RESOLVED –**

- a) That the contents of the report and accompanying presentation, along with Members comments, be noted;
- b) That the information requested from Members (as set out above) be provided.

### **73 Overview of the Leeds COVID-19 Vaccination Programme**

The Board received the report of the Leeds Bronze COVID-19 Vaccination Steering Group, which provided a high level overview of the Leeds COVID-19 Vaccination Programme and rollout. The Board also received a 'just in time' presentation produced by the Leeds COVID-19 Vaccination Programme outlining the dynamic nature of the programme, which included information on the following:

- Arrangements for the Leeds COVID-19 Vaccination Programme
- Types of vaccination settings
- Prioritisation of people and staff and tackling health inequalities
- Workforce implications

The following were in attendance:

- Councillor Fiona Venner - Interim Executive Member for Health, Wellbeing and Adults
- Cath Roff - Director of Adults and Health
- Victoria Eaton - Director of Public Health

- Shona McFarlane - Deputy Director Social Work and Social Care Services
- Tony Cooke - Chief Officer Health Partnerships
- Sam Prince - Executive Director of Operations, Leeds Community Healthcare NHS Trust
- Shak Rafiq - Interim Head of Communications and Engagement, NHS Leeds Clinical Commissioning Group

The Interim Executive Member for Health, Wellbeing and Adults introduced the item and took the opportunity to focus on health inequalities and the need for work to address vaccine hesitancy in some communities. The work undertaken by some of Leeds' student population to support the vaccination programme and the work of Leeds Healthwatch during the pandemic were also highlighted.

The Executive Director of Operations, Leeds Community Healthcare NHS Trust and Senior Responsible Officer, Leeds COVID-19 Vaccination Programme provided an overview of the roll out of the vaccination programme in Leeds, culminating in 23 vaccination sites now being operational along with a roving team targeting health inequalities and the harder to reach communities.

The presentation included a video walk through of a vaccination procedure at a vaccination hub and provided the following details:

- Initial priority groups - The phased vaccination programme initially prioritised care home staff and residents, patients aged 80 and above and frontline health and social care staff. The priority group has now been expanded to cover over 50's and Clinically Extremely Vulnerable. The priority groups will be broadened following advice from the JCVI.
- The order of vaccine delivery
- The prioritisation of the workforce
- The recruitment campaign to support the delivery of the vaccine

The Chief Officer, Health Partnerships and Chair of LCC COVID-19 Vaccine Co-ordination Group provided an overview of the far reaching impact of the programme in terms of management of unrelated issues such as ensuring gritters treat the roads during recent bad weather and discussions with WYCA regarding bus routes leading to vaccination hubs. Additionally, the Board received assurance that focus remains on Care Home residents and staff, with the programme aware of the variations in Care Home uptake of the vaccine and work was underway to address the reasons for this. Details on the following points were provided:

- Tackling health inequalities exacerbated during the pandemic;
- Communications with a strategic focus on improving public and staff knowledge, perceptions and motivations to vaccines but also to ensure information is provided in a range of languages and supported by effective communications and a network of trusted individuals to provide messages to their communities.

Members discussed a number of matters including:

*The methods to approach frontline workers* – Members queried whether the NHS or GPs had up to date employment data by which to contact frontline workers to receive a vaccination and, acknowledging vaccine hesitancy, the approach to take. The challenge of identifying health and social care staff was acknowledged, initial figures suggested 42,000 but the real total in Leeds was nearer to 60,000. Those employed through NHS or LCC received an invitation through their employer and work undertaken with the Third Sector and independent Care Sector had identified remaining staff. In terms of vaccine hesitancy amongst staff, the NHS had determined that vaccination should not be mandatory but a choice to be encouraged and this informed work to encourage take up, through peer to peer discussions, use of social media and highlighting positive experiences. Although no figures were available on any incidents mandating a vaccine in order to keep working in the sector, there was awareness that a number of Care Homes were taking legal advice and this issue was being debated at a national level.

*Identifying trusted local voices to reach communities* – the Board discussed the importance of working with local community leaders or local celebrities to encourage groups most hesitant to receive the vaccine. It was acknowledged that some communities do not make use of social media or engage with national media as much as others, so targeting those communities requires new ways of communicating.

*Frontline workers not in the top four groups identified for early vaccination* – Members questioned whether there was flexibility to encompass other frontline workers not currently identified, such as police officers and supermarket staff. While noting the NHS was only licensed to deliver the vaccine to identified groups, it was reported that work had been done to provide flexibility to encompass Third Sector, Voluntary Sector and unpaid carers within the ‘social care providers’ group, however the categories reflect those most affected by the First Wave of the pandemic and therefore deemed at greater risk. Discussions were being held at a national level, recognising the support to extend the categories but any change would need to have regard to the timing of the cohort to be vaccinated.

*The efficacy of some vaccines against some strains of the virus* – Reference was made to studies undertaken however the key message remained that all vaccines are a protective measure against all strains of the virus prevalent in the UK. The spread of the different strains was monitored and in Leeds, 80% of the cases were the ‘Kent strain’ against which the Oxford Astra Zeneca vaccine works well. There was no evidence to suggest that the ‘South African’ strain would surge like the Kent strain.

*The capacity required to facilitate the second vaccine dose and availability of the vaccine* – planning had begun to structure the roll out of the second dose to the four high priority groups at the same time as administering first doses to the lower priority groups. Sufficient vaccine was available to complete the planned vaccinations and supply will be reviewed once Government guidance is available on the expanded cohorts. The current challenge remained vaccine

hesitancy and encouraging high level of community confidence in the vaccine rather than lack of supply

*(Councillor Latty and Councillor Lay left the meeting at this point)*

*Vaccination programme within prisons and for the Homeless* – With regards to HMP Wealstun, HMP Leeds and Wetherby Young Offenders Institute, all healthcare staff had been vaccinated and discussions were ongoing over how to reach residents over the age of 65. It was noted that the city centre Primary Care Network had taken the decision to offer the vaccine to all Homeless persons within the city.

The Chair acknowledged the amount of work undertaken to achieve the current position regarding the vaccination programme and expressed the thanks of the Board to all the teams involved in the programme.

**RESOLVED** – That the contents of the update report and the comments made by the Scrutiny Board be noted.

*(Councillor Wray left the meeting at this point)*

#### **74 Work Schedule**

The Head of Democratic Services submitted a report that invited Members to consider the Board's Work Schedule for the remainder of the current municipal year. It was noted that the March meeting would predominantly focus on women's health. However, following a request made by the Board, it was also highlighted that there would be an additional agenda item scheduled for March in relation to the Leeds Hearing and Balance Centre.

**RESOLVED** – That the report and outline work schedule presented be agreed.

#### **75 Date and Time of Next Meeting**

Tuesday, 16th March 2021 at 1.30 pm (pre-meeting for all Board Members at 1.00 pm)