

## SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES) - CONSULTATIVE MEETING

TUESDAY, 7TH SEPTEMBER, 2021

**PRESENT:** Councillor A Marshall-Katung in the Chair

Councillors C Anderson, J Bentley,  
L Cunningham, J Dowson, J Gibson,  
N Harrington, M Iqbal, W Kidger, G Latty  
and K Renshaw

Co-opted Member present - Dr John Beal

### 13 Declaration of Interests

There were no declarations of interests.

### 14 Meeting Note of 27th July 2021

**RECOMMENDED** – That the note of the meeting held on 27<sup>th</sup> July 2021 be noted.

### 15 Update on the development of the local Integrated Care System

The Head of Democratic Services submitted a report to provide an update on the development of the local Integrated Care System.

The Chair reminded everyone that the Director of Adults and Health had provided a report to the Board at its last meeting on 27th July 2021, which summarised the main points of the new Health and Care Bill 2021-22 in context for health and social care in West Yorkshire and Leeds, particularly with regard to the development of the local Integrated Care System (ICS). In considering the next steps and key milestones linked to the development of the ICS, the Scrutiny Board had requested a further update for today's meeting.

In attendance for this item were:

- Cllr Salma Arif – Executive Member for Public Health and Active Lifestyles
- Cllr David Jenkins – Deputy Executive Member
- Victoria Eaton – Director of Public Health
- Shona McFarlane – Deputy Director Social Work and Social Care
- John Tatton - Associate Director of Network Development, NHS Leeds CCG

The update was provided in the form of a PowerPoint presentation during the meeting and included the following information:

- Summary of main changes – the Board was reminded that the existing CCG will cease to exist and be replaced by an Integrated Care System

which will be made up of an Integrated Care Partnership, an Integrated Care Board and Place Based Partnerships (PBP's)

- It was highlighted that the West Yorkshire ICS Partnership was also holding a meeting on 7<sup>th</sup> September to consider a progress update report. This report had been shared with Scrutiny Board Members too.
- It was highlighted that the appointment of ICS Chair and Chief Executive would take place during September/ early October. Approximate timings were also shared in relation to the ongoing development and consultation surrounding the ICS constitution.
- A Leeds PBP Development Board is in place. Linked to this, it was recognised that Leeds already works well as a place-based partnership under the Health and Wellbeing Board. An effective Leeds PBP would become accountable for funding normally allocated to CCGs (it was reported that the existing budget of NHS Leeds CCG is £1.4bn), as well as the delivery of statutory duties associated in line with the Health and Wellbeing Strategy.
- It is proposed that the Leeds PBP be a sub-committee of the ICB, with full delegated powers and membership mirroring the ICB with independent members and representatives of partners including NHS, LCC, Public Health, voluntary, community and social enterprise sector (VCSE) and ICB Officers.
- The key next steps were set out as:
  - Recruitment to the Leeds PBP Board and sub-Committees by end of October
  - Operating in Shadow Form from November onwards
  - Final version, post consultation, fully operational by April 2022

Members discussions included:

- The importance of establishing strong and effective governance arrangements based on transparency, independent challenge and accountability;
- Acknowledging that national guidance continues to emerge surrounding the development of ICS arrangements. It was highlighted that a recent document, published on 2<sup>nd</sup> September 2021 by NHS England and NHS Improvement and Local Government Association (LGA), had provided guidance to support all partner organisations in integrated care systems to collectively define their place-based partnership working.
- The need for collaboration across the healthcare, public health and social care system, as well as ensuring that the voice of patients and the third sector is also captured. Linked to this, reference was also made to the valuable role of Local Care Partnerships.
- An appropriate timeframe to receive a further progress update. It was suggested that an update be provided in November/December.

**RECOMMENDED –**

- (a) That the contents of the report and presentation, along with Members comments, be noted.
- (b) That a further update is provided to the Scrutiny Board in November/December.

## 16 Same Day Response Services in Leeds

The Head of Democratic Services submitted to the Board a report on Same Day Response (SDR) services in Leeds.

On introducing the item, the Chair explained that when the Board was considering priority areas of work for this forthcoming municipal year, Members had expressed an interest to understand how the Covid-19 pandemic has impacted Same Day Response services, including the effects of coming out of lockdown, and to consider the actions being taken to address such impacts.

Appended to the report was a briefing paper produced by NHS Leeds Clinical Commissioning Group. This provided further information surrounding the current situation of SDR services, including actions to address current demand and also longer-term plans linked to the development of the Same Day Response Strategy for Leeds.

In attendance for this item were:

- Cllr Salma Arif - Executive Member for Public Health and Active Lifestyles
- Cllr David Jenkins - Deputy Executive Member
- Victoria Eaton - Director of Public Health
- Shona McFarlane - Deputy Director Social Work and Social Care
- Kirsty Turner - NHS Leeds CCG
- Gaynor Connor - Leeds GP Confederation

The Board were advised of the following points:

- The impact of the pandemic has seen a move to remote triage, an increase in demand has caused an increase in visits to A & E with a rise of 17% for major presentations and a rise of 10% in minor presentations. There has also been an increase in 999 and 111 calls.
- While the figures show a significant decrease in face to face GP appointments during 2020 due to the pandemic, more recent figures do show an increasing number of face to face GP appointments as well as a significant increase in GP appointments in general.
- With the increase in demand for SDR services, there is a focus on how to build greater capacity in primary care and A & E services, such as greater use of minor illness services to stream patients away from emergency departments if not required and also greater use of community pharmacy consultation services.
- It was highlighted that other short terms actions, as set out within the briefing paper, are set within the context of the longer-term plan to transform SDR services to deal effectively with future demands. Linked to this, particular reference was made to the use of the 111 service in providing advice and to make it easier for patients to choose and access the right service.
- The longer term strategy also focuses on developing and diversifying the workforce.

Members discussions included:

- *Pre-booking of GP appointments* – To help alleviate demand for same day response services, Board Members recognised the value of being able to pre-book GP appointments and felt that GP surgeries should now be facilitating this again for patients.
- *Dentistry* – The Board expressed concerns about the impact of the pandemic on accessing dental care, particularly in paediatric dentistry. The Board sought clarification of GP referral rates to the Leeds Dental Hospital during the pandemic period and recognised the need to strengthen the relationship between GPs and Dentists moving forward. In recognition of previous issues raised by the Board in relation to dentistry, the Chair suggested that this matter be addressed in greater detail at a future Board meeting with colleagues from NHS England.
- *Development of primary care workforce roles* – The Board sought clarification of GP vacancy figures, but also discussed the aspiration to develop the primary care workforce in general which aims to cover various roles across the service. Linked to this, it was suggested that the Board schedules a focused discussion around primary care workforce at a future meeting.
- *Access to a named GP* – It was noted that it was still in the contract for Patients to have a named GP, however, it was acknowledged that it was not always the case that patients saw their named GP.
- *Communication* – The Board recognised that communication was key to patients being provided with service choice and being given access to the right service. It was acknowledged that triage and roles within primary care assisted in providing the right choice and right service for patients.
- *Social prescribing* – The Board requested information on the number of referrals for social prescribing across the city. The Board was advised that the Social Prescribing Group would be able to provide more details to future meetings. It was acknowledged that there was now more opportunity to provide and enhance provision for social prescribing across all practices within the city.
- *Urgent Treatment Centres* – While particular reference was made to the location of an Urgent Treatment Centre in East Leeds, it was acknowledged that the general work surrounding new Urgent Treatment Centres had been put on hold during the pandemic but will be starting up again.

**RECOMMENDED** – That the content of the report and the comments and requests made by the Board be noted.

**17 Restart and prioritisation plans for the delivery of the NHS Health programme.**

The report submitted by the Director of Public Health focused on the impact of Covid-19 on NHS Health Check programme delivery throughout 2020/21 and the steps being taken to plan for the restart and recovery of this programme.

In attendance for this item were:

- Cllr Salma Arif - Executive Member for Public Health and Active Lifestyles
- Cllr David Jenkins - Deputy Executive Member
- Victoria Eaton - Director of Public Health
- Shona McFarlane - Deputy Director Social Work and Social Care
- Lucy Jackson - Chief Officer Public Health
- Carl Mackie - Head of Public Health
- Gaynor Connor - Leeds GP Confederation

Cllr Arif introduced the report explaining that the report provided an overview and update of the NHS Health Check programme. The NHS Health Check is one of the nationally mandated public health functions for Local Authorities within the 2021 Health and Social Care Act.

The NHS Health Check is for people who are aged 40-74 who do not have any pre-existing conditions such as heart disease, diabetes or stroke with the aim of preventing conditions developing, through maintaining a healthy lifestyle, by providing advice, offering support and or medication. The NHS Health Check is currently delivered through GP's with the current provider being the GP's Confederation.

Cllr Arif explained that the agenda report highlights how the pandemic has significantly impacted on the delivery of this service with significantly lower numbers being invited for the Health Check, meaning that fewer people are identified with potential life-threatening conditions. It is therefore imperative that this re-start of NHS Health Checks is activated as soon as possible to mitigate any increase in cardiovascular conditions.

Cllr Arif informed the Board that the current providers contract had been extended for a further two years to allow a focused continuation of the service and prioritise the re-start and catch up of Health Checks.

For this item the Board were shown a presentation with the salient points picked out as follows:

- Pre-pandemic figures had shown that Leeds had been doing well with one of the highest uptakes across the core cities. Uptake was also 10% higher than the national average.
- The impact of the pandemic has seen numbers reduced with lower number of invites being sent and fewer people receiving an NHS Health Check in 2020/21 compared with 2019/20.
- The 4 elements to re-plan, which included:
  - Engaging with each Primary Care Network (PCN)
  - Offer extra clinics via extended access
  - Recruit extra support through a sessional team
  - Digital and tools to help promote and engage
- A graph was provided to show that the approach set out had already seen improved take up of annual health checks for people with a learning disability.
- Current projection was set out as:

- Return to pre-pandemic level of activity during 2022/23
- Immediate focus on those most likely to benefit
- Target high risk individuals who missed an NHS Health Check in last 12 months
- It was also noted that there was a risk associated with the re-start due to a global shortage of blood bottles. As such no non urgent blood samples can be taken. Work is ongoing to assess how long the shortage may go on for and look at solutions to move forward and continue with the programme.

The Board's discussion included the following:

- The impact of re-starting the programme if there remains a shortage of blood bottles.
- The capacity of GP's to do the Health Checks given that they are also assisting with the Covid-19 vaccination programme, including booster jabs.
- Partnership working to deliver extended access services.
- Co-ordination and publicising the programme in a timely way so that resources are not stretched.
- The use of other accessible resources and community venues other than GP surgeries for facilitating the Health Checks.
- Communication relating to the NHS Health Check to be inclusive to all community groups.

The Board was reminded that the NHS Health Check programme is nationally mandated and was advised that there is a national review being undertaken that is considering patient eligibility for NHS Health Checks which will therefore also need to be factored in locally.

The Chair reflected on particular references made during the Board's discussions in relation to older people having access to NHS health checks and primary care services in general. Linked to this, reference was made to Councillor Jenkin's role as the Council's Older Person Champion and the importance of working closely to ensure that older people's voices are being captured to help influence the development and delivery of such important services.

**RECOMMENDED** – That the content of the report and the comments made by the Board be noted.

## 18 Work Schedule

The Head of Democratic Services submitted a report that presented the work schedule for the remainder of the municipal year. The Principal Scrutiny Adviser introduced the report and explained that the work schedule would be updated to reflect suggestions of work stemming from the Board's discussion during earlier agenda items.

**RECOMMENDED** – That the work schedule be noted and updated to reflect suggestions of work stemming from the Board’s discussion during earlier agenda items.

*The meeting concluded at 15:50*