

SCRUTINY BOARD (ADULTS,HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 11TH JANUARY, 2022

PRESENT: Councillor A Marshall-Katung in the Chair

Councillors C Anderson, L Cunningham,
J Dowson, J Gibson, N Harrington, C Hart-
Brooke, M Iqbal, W Kidger, G Latty and
E Taylor

Co-opted Member present – Dr J Beal

39 Appeals Against Refusal of Inspection of Documents

There were no appeals.

40 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

41 Late Items

No formal late items of business were added to the agenda, however supplementary information in respect of agenda item 12 “Initial Budget Proposals for 2022/23” had been despatched to Members prior to the meeting and published to the Council’s website.

42 Declaration of Interests

Agenda item 7 Draft Constitution of the West Yorkshire Integrated Care Board (ICB) – Dr J Beal declared an interest as the Healthwatch nominee to the shadow Leeds place-based committee of the ICB.

43 Minutes - 16th November 2021

RESOLVED - That the minutes of the meeting held 16th November 2021 be approved as an accurate record.

44 Draft Constitution of the West Yorkshire Integrated Care Board

Further to minutes 11, 15 and 35 of the previous meetings held 27th July, 7th September and 16th November 2021 respectively, the Head of Democratic Services submitted a report presenting a briefing paper provided by the Leeds Clinical Commissioning Group to give further context and detail surrounding

the draft constitution of the West Yorkshire Integrated Care Board (ICB), including a copy of the draft constitution document.

Members were invited to consider and provide feedback on the draft constitution as part of the consultation process on the development of the ICB constitution.

The following were in attendance:

- Cllr Fiona Venner - Executive Member for Adult and Children's Social Care and Health Partnerships
- Cath Roff - Director of Adults and Health
- Victoria Eaton - Director of Public Health
- Tim Ryley - Chief Executive of NHS Leeds Clinical Commissioning Group (CCG) and also Chair of the ICS Governance Working Group.

The Chief Executive of NHS Leeds CCG introduced the report and also referenced the recent operational planning guidance published by NHS England and NHS Improvement which stated that a new target date of 1st July 2022 has been agreed for statutory arrangements to take effect and ICBs to be legally and operationally established.

It was highlighted that the consultation on the draft West Yorkshire ICB constitution would close on 14th January 2022, after which a summary report highlighting any changes made to the draft constitution following the consultation would be produced.

It was reported that West Yorkshire had been leading the way with advanced partnership working arrangements for some time and it was expected that the ICS will replicate those arrangements. Additionally, the draft ICB constitution:

- Recognised the importance of delegating a substantial amount of decision making to the five "Places" within the West Yorkshire ICS. Each Place will have a committee of the ICB with considerable decision- making power – directed by the priorities of the West Yorkshire ICB and Health and Wellbeing Boards.
- Reflected the range, diversity and size of the area to be covered by the West Yorkshire ICS, therefore the proposed Board membership is larger than that suggested by NHS England.
- Set out the accountability and transparency of decision making. The committees at Place and ICB level will meet in public with arrangements for independent challenge and scrutiny engagement at place level.

Discussions covered a number of key issues, including:

Consultation and the level of involvement of partners in drafting the constitution – It was highlighted that extensive consultation had already been undertaken during the development of the constitution involving various

stakeholders including the Race Equality Advisory Group, local Clinical Commissioning Groups and local Scrutiny Boards, including the West Yorkshire Joint Health Overview and Scrutiny Committee.

Delivering on the Integrated Care Strategy – Members welcomed that the constitution document makes it explicit that the ICB will work to deliver the integrated care strategy that is to be set by the Integrated Care Partnership, particularly as one of the agreed guiding principles of the Partnership is to tackle the wide range of issues which have an impact on health inequalities and people’s health and wellbeing.

The adoption of the ten principles set out by NHS England for working with people and communities – The Board supported and welcomed the ten principles set out by NHS England for working with people and communities, which are reflected within the constitution document. In particular, Members recognised the vital importance of putting the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.

The composition of the ICB – It was reported that each of the major networks will have a mechanism to choose their own representative on the ICB. Linked to this, it was reported that no private healthcare providers were envisaged being part of the Board membership, except for General Practice representatives. In the absence of any requirement set within the Health and Care Bill to include the perspective of Healthwatch and Public Health in the composition of an ICB, the Board commended West Yorkshire’s approach in leading the way and recognising the value that these appointments will bring to the membership of the local ICB.

Having robust arrangements to manage any actual and potential conflicts of interest – Members emphasised the importance of ensuring that decisions made by the ICB will be taken and seen to be taken without being unduly influenced by external or private interest and do not affect the integrity of the ICB’s decision-making processes. It was noted that, as a high-level document, the constitution sets out the overarching principles for ensuring accountability and transparency of the ICB decision-making processes, with further detail to be provided in an accompanying Governance Handbook and separate policy documents, including policies for managing conflicts and standards of business conduct. It was noted that these remain under development but could be shared once available.

The ongoing development of place-based arrangements - It was acknowledged that place-based working will remain critical, with the constitution creating the framework for the ICB to delegate much decision-making authority and resources to the five place-based partnerships in West Yorkshire.

The Chair thanked everyone for their contributions and also acknowledged that moving forward, once the broad constitutional principles are in place, the

Board will be continuing to monitor the ongoing development of the Leeds Place Based Partnership ICB Committee.

RESOLVED - That the contents of the report and the draft ICB constitution be noted along with Members comments, which will be provided as feedback to the consultation on the draft constitution of the West Yorkshire Integrated Care Board (ICB).

45 Proposal for Leeds to become a Marmot City

The Director of Public Health submitted a report outlining a proposal for Leeds to become a Marmot City, in order to build on existing system-wide partnerships and strategic aims to tackle health inequalities in the city at this critical time.

The report set out how becoming a Marmot City means taking action to reduce health inequalities by focusing on the social determinants of health as set out in the most recent Marmot report, “Build Back Fairer” and it is proposed that Leeds will initially focus on taking a Marmot approach to giving children the best start in life which would have lifelong and intergenerational benefits.

The following were in attendance:

- Cllr Fiona Venner - Executive Member for Adult and Children’s Social Care and Health Partnerships
- Cath Roff - Director of Adults and Health
- Victoria Eaton - Director of Public Health
- Kathryn Ingold - Chief Officer / Consultant in Public Health
- Andy Irvine - Public Health Specialty Registrar

The Executive Member introduced the report, highlighting how using the Marmot evidence-based approach to focus on early years will have a long-term impact on opportunities and advantages.

In presenting the report the Director of Public Health and the Consultant on Public Health highlighted the following matters:

- The report will be presented to the Leeds Health and Wellbeing Board in due course.
- Noting that the improvements made in health inequalities in the city had stalled, the need to evidence what works best for Leeds communities was recognised.
- Acknowledged that health inequalities were not inevitable and impacted on all citizens, however levels of poor health and early deaths are more prevalent in the more deprived areas of the city and are influenced by housing, employment, education and opportunities.
- Statistics showed that a quarter of Leeds residents live in the most deprived 10% of areas in England. Nationally working aged people living in the 10% most deprived areas were four times more likely to die

from Covid. Employment is a factor too with retail workers and taxi/private hire drivers unequally affected by Covid.

- The Marmot City approach can address this, enabling every child getting the best start in life.

Members discussed a number of specific matters, including:

- The importance of a young person's life experiences and the need to take a holistic approach through supporting the young person's family to have access to good levels of income and housing.
- Measures to improve health the fastest for residents living in the most deprived areas of Leeds.
- How the wider determinants of health may have changed from the city picture 10 years ago.
- Understanding and addressing the increase in infant mortality rates.
- Exploring the potential benefits of Leeds joining other organisations and City Councils in signing up to the Inequalities in Health Alliance.
- Acknowledging the benefits of also working collaboratively with partners across the West Yorkshire region, including the West Yorkshire Mayor.

The Chair thanked everyone for their contributions and confirmed the Scrutiny Board's support to the proposal for Leeds to become a Marmot City.

RESOLVED –

- a) That the contents of the report and discussions be noted.
- b) That the Scrutiny Board (Adults, Health and Active Lifestyles) supports the proposal for Leeds to become a Marmot City.

46 Performance Update - Adult Social Care, Public Health and Active Lifestyles

The Directors of Adults and Health, Public Health and City Development submitted a joint report that presented an overview of outcomes and service performance related to the council priorities and services within the Scrutiny Board's remit.

The following were in attendance:

- Councillor F Venner - Executive Member for Adult and Children's Social Care and Health Partnerships
- Cath Roff - Director of Adults and Health
- Victoria Eaton - Director of Public Health
- Kathryn Ingold - Chief Officer / Consultant in Public Health
- Steve Baker - Head of Active Leeds
- Peter Storrie - Head of Service, Intelligence & Policy

The Director of Public Health introduced the headline performance issues relating to Public Health as set out in the report, noting that some of the data covered the initial period of the Coronavirus pandemic which will inform a

review of how Covid affected some of the key measures. The data reinforced the need to monitor performance in respect of the life expectancy and ill health indicators and the widening inequality gap between the Leeds average and most deprived areas.

The Director of Adult Social Care highlighted that the impact of Covid on Adults and Social Care data was shown for the first time in this report - a number of PIs were not collected during this period and there had been a reduction in admissions to Care Homes. CQC ratings had dropped during this reporting period, although prior to this, the Authority had been at a good point performance wise.

The Head of Active Leeds provided a precis of the inactivity rates which showed that levels of inactivity were not much worse than before the pandemic, with residents accessing fitness wherever they could; including walking or cycling for exercise and utilising on-line encouragement which supported physical activity. Leeds' inactivity rates had remained stable, whereas nationally there had been a 2% increase. Noting that reduced access to facilities had a major impact on younger people and BAME residents, the service had identified an area of work to undertake with Public Health colleagues.

The Board discussed the following:

- The impact of poverty on health inequalities and how families on lower incomes could be further supported to make healthier lifestyle choices.
- Accessibility to Leisure Centres, with Members acknowledging that while centres had remained open, some had restrictions due to staffing issues. Additionally, the Board noted a comment expressing thanks to the community users of the Mandela Centre who had been displaced to other centres and leisure facility providers whilst the Mandela Centre was used as a Covid-19 testing centre.
- Inspection outcomes, with Members being advised that no allowance had been made for the impact of Covid-19 on all services by the Care Quality Commission as part of its assessment process.
- Delayed Transfers of Care, where it was reported that approximately 293 patients were in hospital with no reason to reside. It was highlighted that although hospitals were managing, the situation remains challenging with every available space being used. It was noted that the opening of the Nightingale Surge Hub at St James's would also help to provide additional capacity.
- Workforce issues, with Members being advised that a shortage of staff had led to a number of Home Care agencies scaling back the amount of time spent with clients, as well as the Care Home sector struggling to accommodate new placements due to workforce issues.

- General vaccination uptake, where it was reported that at Christmas there were 100,000 residents over the age of 12 who had not had the vaccine, of them 35,000 were adults in the vulnerable categories 1-9 (over the age of 50 or clinically extremely vulnerable). It was noted that a breakdown of the figures would be provided to Board members.
- Vaccination update in the BAME communities, with Members being advised that recent efforts had resulted in 31,000 BAME residents receiving a vaccine in the week prior to Christmas 2021, with 3,000 of them receiving their first vaccine, although it was noted that there were variations in uptake across the BAME community with the Gypsy & Roma and the Chinese communities having the lowest uptake.
- The impact of mandatory vaccinations for NHS staff from April, with Members being advised that this could bring additional pressures at a time when every health and care worker is needed and the sector is also competing with other employers/sectors who are offering more attractive pay and benefits.
- Addressing the impact on elective care patients in terms of reducing waiting times for elective surgery, with the Board expressing a wish to explore this in more detail at a future meeting.

In conclusion the Chair thanked the officers for the performance update and for their continued hard work.

RESOLVED - That the contents of the report and appendices, along with Members comments, be noted.

47 Best City Ambition - Initial Proposals

The Head of Democratic Services submitted a report on the initial proposals for the Best City Ambition – which will be an externally facing and partnership focused approach, intended to replace the Best Council Plan.

In line with the provisions of the Budget and Policy Framework, the Best City Ambition proposals have been referred to Scrutiny for consideration and comment. The outcome of the deliberations of the five Scrutiny Boards will be reported to Executive Board in February to inform its consideration of the final proposals.

The following were in attendance:

- Cllr Fiona Venner - Executive Member for Adult and Children's Social Care and Health Partnerships
- Cath Roff - Director of Adults and Health
- Victoria Eaton - Director of Public Health
- Steve Baker - Head of Active Leeds
- Mike Eakins - Intelligence and Policy Manager

The Intelligence and Policy Officer introduced the report and explained that the Best City Ambition will further develop the existing Leeds Three Pillars – Health and Wellbeing, Inclusive Growth and Zero Carbon - and set out, at a high level, how the Council will work with partners to address the city's key challenges.

It was reported that once the Ambition has been agreed, future strategies and plans should reflect this direction and develop the detailed actions to be taken as a city to get there. The Ambition is to provide the framework to support those actions being better connected and joined up across organisations and within communities.

Reflecting on the Board's discussion during previous agenda items, it was noted that the Health and Wellbeing Pillar of the Ambition already makes reference to the need to respond to governance changes to the regional Integrated Care System, as well as being more closely align with the Marmot approach, with a view to becoming a Marmot city.

However, in view of the timeframe for approving the Ambition, Members sought further assurance that the Ambition will be in close alignment with the strategic aims of the West Yorkshire Integrated Care Partnership, as well as reflecting the Marmot framework in reducing health inequalities. There was a recognised need to ensure that there is a coherent direction of travel moving forward and in terms of achieving this, Members were advised that the Ambition will have an annual "light touch review" with a full review every three years, following on from and informed by the Joint Strategic Needs Assessment.

The Executive Member for Adult and Children's Social Care and Health Partnerships additionally highlighted the key role for Leeds' Health and Wellbeing Board in setting the health and wellbeing aims for the city and retaining an overview of the implementation of the Marmot framework in terms of becoming a Marmot City. The Board also acknowledged the important role that Local Care Partnerships play too.

RESOLVED – That the contents of the report and the Board's discussions on the initial Best City Ambition proposals be noted and be reflected in the composite report by Scrutiny to Executive Board.

48 Financial Health Monitoring 2021/22 - October (Month 7)

The Head of Democratic Services submitted a report that introduced information regarding the projected 2021/22 financial health position of those service areas that fall within the Board's remit at Month 7 (October 2021).

The following were in attendance:

- Cllr Fiona Venner - Executive Member for Adult and Children's Social Care and Health Partnerships

- Cath Roff - Director of Adults and Health
- Victoria Eaton - Director of Public Health
- Steve Baker - Head of Active Leeds
- Victoria Bradshaw - Chief Officer Financial Services
- John Crowther - Chief Officer Resources and Strategy, A&H
- Alun Ellis - Head of Finance (Adult Social Care & Public Health)

The Board supported the suggestion made by the Chair to consider this item in conjunction with agenda item 12 'Initial Budget proposals for 2022/2023' (minute 49 refers).

RESOLVED – That the contents of the report and appendices be noted.

49 Initial Budget Proposals for 2022/23

The Head of Democratic Services submitted a report that introduced the Executive Board's initial budget proposals for 2022/23 for consideration, review and comment on matters and proposals that fall within the Scrutiny Board's remit.

The following were in attendance:

- Cllr Fiona Venner - Executive Member for Adult and Children's Social Care and Health Partnerships
- Cath Roff - Director of Adults and Health
- Victoria Eaton - Director of Public Health
- Steve Baker - Head of Active Leeds
- Victoria Bradshaw - Chief Officer Financial Services
- John Crowther - Chief Officer Resources and Strategy, A&H
- Alun Ellis - Head of Finance (Adult Social Care & Public Health)

This matter was considered in conjunction with the Financial Health Monitoring report (minute 48 refers).

The Chair highlighted that while the Board had already been initially consulted on the budget proposals during December, today's meeting provided a further opportunity for Members to raise any questions and to formally capture any particular views and any recommendations that the Board may wish to make to the Executive Board.

It was noted that any comments or recommendations made by the Scrutiny Board would inform a composite Statement by Scrutiny to be submitted to the Executive Board for consideration at its meeting on 9th February 2022.

The Director of Adults and Health gave a brief introduction to those elements of the Budget proposals falling within the remit of the Directorate and in doing so had highlighted that a balanced budget was proposed.

The Head of Active Leeds then gave a brief overview of the two Business As Usual proposals relating to the Service which were focused around income

generation and the intention to enhance the programme of activities and service delivery. This related to the 'Health and Well Being offer' to Businesses based within or nearby to Leeds and also an increase in swimming tuition income based upon a remodelling of existing activities expanding the duration of the programme. The Board was assured that the proposals would enhance service delivery and that there would be limited impact upon existing staff as additional staffing resource will be required for delivery.

Discussions considered the following matters:

- *Ensuring that appropriate decision-making and governance processes are being followed* – The Chair highlighted that some of the Business As Usual actions do equate to significant sums of money and while it was noted that these actions are to be taken in accordance with the Officer Delegation Scheme, assurance was sought that the necessary decision-making and governance processes will be followed with regard to the Business As Usual proposals.
- *The rationale and implications surrounding the projected £1million savings relating to the Public Health budget.* The Board sought further clarity surrounding the Business As Usual saving proposal that would see a significant reduction in the contracts for One You Leeds (£890k), Drug and Alcohol Treatment (£47k), Chlamydia Testing (£45k) and Microbiology (£18k). The Director of Public Health explained that while the Public Health grant received annually from central NHS funding is not reducing, the Council is exploring how to use that grant differently to support the Council's financial position but also reinvest in service areas such as Early Years, which is linked to the Marmot framework in addressing health inequalities. With regard to One You Leeds, it was highlighted that funding for the Stop Smoking cessation element has been prioritised and would be retained. While it will have an impact on other commissioned services around healthy eating/weight management, it was highlighted that the current contract still has 18 months of service provision and that the Council will be actively working with NHS partners during that time to explore alternative and more creative ways of trying to provide similar support services in future. The Board received assurance that funding for the Drug & Alcohol service will be offset with other new funding streams which would result in no impact to the service itself. It was confirmed that the NHS had also agreed to cover the Chlamydia testing costs too.
- *Maximising funding contributions from the NHS.* The Board made reference to the Business As Usual proposal to achieve £500k through maximising funding contributions from the NHS and sought clarity on how this is to be achieved while also enquiring as to why it had not been actioned previously. In response, the Director of Adults and Health highlighted that work has been undertaken for a number of years primarily to ensure that an individual's care needs are being funded appropriately and fairly across relevant organisations and that

protocols are now in place which help to speed up this process which has led to increased funding contributions made by the NHS. However, there is ongoing work to look at maximising funding contributions from the NHS in terms of wider services which are commissioned jointly, such as Carers Leeds.

- *Direct Payments and the review of the award system.* Reference was made to the Business As Usual proposal to develop a direct payment plan that is easy to administer for social workers to become the default option and which will improve client contributions and reduce instances of incorrect billing. Expanding on this, the Director of Adults and Health explained that the current direct payment service is quite onerous and can therefore be off putting even though the direct payment option offers more autonomous control to individuals who require services. By improving the administration of this service and encouraging greater uptake, this will lead to greater efficiency savings within the service too.

RESOLVED

- a) That the budget proposals for 2022/23 as presented be noted.
- b) That the Board's comments are reflected as part of the Scrutiny submission to Executive Board for its consideration.

50 Work Schedule

The Head of Democratic Services submitted a report that presented the work schedule for the remainder of the municipal year.

February 2022 meeting - The Board noted that as implementation of the Liberty Protection Safeguards had been delayed until October 2022, the intention was for the Board to consider this issue in the new 2022/23 Municipal Year.

At the request of the Board, an additional item will be added to the February agenda which presents an update from Leeds Teaching Hospitals NHS Trust surrounding the impact of the Covid-19 Omicron variant on service delivery.

RESOLVED – That the work schedule for the remainder of the 2021/22 Municipal Year be updated to reflect the above request.

51 Date and Time of Next Meeting

The Chair explained that the Scrutiny Board will be holding a remote consultative meeting on Tuesday, 8th February 2022 at 1.30 pm (with a premeeting for all Board Members at 1.00 pm)