

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

TUESDAY, 19TH JULY, 2022

PRESENT: Councillor A Marshall-Katung in the Chair

Councillors C Anderson, Dr John Beal,
S Burke, L Farley, J Gibson, N Harrington,
C Hart-Brooke, M Iqbal, W Kidger, E Taylor
and E Thomson

Co-opted Member Present: Dr John Beal

1 Chairs Opening Remarks

The Chair opened the meeting and thanked all those present for their attendance.

It was noted that while the meeting was being webcast live to enable public access, it was not being held as a public meeting in accordance with the Local Government Act 1972. As such, the meeting was a remote consultative meeting of the Adults, Health and Active Lifestyles Scrutiny Board. Any recommendations arising from the meeting which would be submitted to the next formal meeting of the Board for consideration and agreement.

All members of the Board were invited to introduce themselves.

2 Declaration of Interests

There were no declarations made at the meeting.

3 Minutes - 21 June 2022

Draft minutes from the meeting of the Scrutiny Board (Adults, Health and Active Lifestyles) held on 21 June 2022 were presented for consideration and comment.

The Principal Scrutiny Adviser highlighted the following matters arising for members information:

- Following consideration and discussion around the implementation of the Health and Care Act 2022 and implications for the Board, confirmation that a briefing note, based on the update provided by the Centre for Governance and Scrutiny had been circulated to all members of the Scrutiny Board.
- Further to Minute 9: Terms of reference, confirmation of minor changes that were being made to the Terms of Reference of other Scrutiny Boards, as follows:
 - The functions of the Director of Resources that relate to Civic Enterprise Leeds and Community Infrastructure Levy are to be

removed from the remit of the Environment, Housing and Communities Scrutiny Board.

- The functions of the Director of Resources that relate to Civic Enterprise Leeds are to be included within the remit of the Strategy and Resources Scrutiny Board.
- The functions of the Director of Resources that relate to the Community Infrastructure Levy are to be included within the remit of the Infrastructure, Investment and Inclusive Growth Scrutiny Board.

RECOMMENDED

That the draft minutes of the Scrutiny Board held on 21 June 2022 and the update on matters arising outlined above, be noted

4 VISITING POLICIES AND PATIENT ADVOCACY WITHIN LOCAL HEALTH CARE AND CARE HOME SETTINGS ACROSS LEEDS

The Head of Democratic Services submitted a report that introduced a range of information associated with visiting policies and patient advocacy arrangements within local health care and care home settings across Leeds.

Members were asked to consider the details presented in this report and the associated appendices and determine any specific further scrutiny activity.

The following were in attendance:

- Cllr David Jenkins – Deputy Executive Member for Adult and Children's Social Care and Health Partnerships
- Caroline Baria (Deputy Director Integrated Commissioning Adults and Health Directorate)
- Jo Regan (Director of Nursing for Operations - Leeds Teaching Hospitals NHS Trust)
- Rob Newton (Associate Director Policy and Partnerships - Leeds Teaching Hospitals NHS Trust)
- Sara Munro (Chief Executive Leeds and York Partnership Foundation NHS Trust)
- Steph Lawrence (Executive Director of Nursing and Allied Health Professionals - Leeds Community Healthcare NHS Trust)
- Heather McClelland (Chief Nurse - St Gemma's Hospice)
- Michelle Atkinson (Chief Officer - Leeds Care Association)
- Harriet Wright (Community Project Worker - Healthwatch Leeds)
- Andrew Paterson (Relative Representative)

In introducing the range of information presented, the Deputy Executive Member for Adult and Children's Social Care and Health Partnerships outlined the following points:

- The details presented outline the approaches taken across the health and care sector in Leeds during the course of the pandemic in relation to

visiting arrangements for people who have been in-patients in a health care setting, or residents in a care home setting.

- The arrangements for visiting have been kept under constant review and have been revised and updated as the guidance has changed through the past couple of years.
- Visiting arrangements have been a particularly sensitive matter as health and care providers have sought to balance the huge benefits that visiting brings people and their families in terms of emotional wellbeing, with the risks of spreading the COVID-19 virus.
- Specific considerations and arrangements were put in place, particularly for people nearing the end of life or people with dementia, where contact with family members and loved ones, was critical to their wellbeing.
- The various health and care teams working across Leeds' health and care system have worked together to reduce the risk of transmission of COVID-19, to protect people most at risk due to their health and care needs.
- At the start of pandemic, systems were set up as part of the health and care response, and significant focus had been given to visiting arrangements and patient advocacy during the various stages of the pandemic – particularly after the strict lockdown measures began to ease.

The Deputy Director for Integrated Commissioning confirmed how visiting arrangements within local health care facilities, largely focused on care homes, had evolved during the pandemic. It was noted that local policies and arrangements were under constant review due to various changes to national guidance. The balance between the benefits to patients' well-being arising from having visitors and the need to reduce the transmission of COVID-19 was vital to understand how and why the guidance changed and, in some instances differed, based on patient needs.

Members were advised how technology had been provided to help provide access and contact between patients / residents and their family and external support networks. Technology had also supported other developments, such as video conferencing with GPs.

The health and care system became more integrated for guidance to be discussed and distributed, it was

It was highlighted that during the height of the pandemic, regular bulletins were shared with all Leeds care homes in order to distribute both national and locally tailored guidance. In developing integrated guidance, the value of third sector engagement through the gold, silver and bronze command group meetings had been crucial in helping care providers and care homes control infection rates.

Members were presented with individual experiences from organisations, staff and service user representatives outlining how guidance for visiting rights and

advocacy had been implemented and the effects this had on patients and their carers.

Board members raised and discussed a number of relevant matters, including:

- Covid-19 related deaths within care home settings was one of the most sensitive and difficult part of the pandemic to hear about. It was acknowledged that visiting restrictions implemented were a point of practicality, to help protect vulnerable people.
- How Leeds Health and Care System planned to contribute to the national Covid-19 inquiry, particularly in relation to care homes and the government's response and support. It was noted that the Council had kept a strong record of local action and would be ready for any contribution to the national inquiry if called upon.
- Difficulties and further barriers for some care home residents that resulted from language barriers and levels of cultural awareness. It was suggested that a hierarchy of visiting would have been more useful and appropriate, as some service users should have had more flexibility if support from visitors was essential to their wellbeing.
- Concern that some visiting restrictions were still in place within some care homes. It was suggested that the recognised wellbeing benefits that result from family visiting now largely outweigh the risk of transmitting infection, given the success of the vaccination programme in protecting elderly care home residents.
- The different approaches and levels of resilience between large- and small-scale care home providers.
- Concern around standards and quality of care within care homes. Reassurance was given that the Care Quality Commission (CQC) had restarted their inspections, prioritising previously identified lower performing care homes and matters relating to safeguarding.

The Board also discussed the efforts of care home staff throughout the pandemic and expressed huge thanks and gratitude for the care and devotion shown during such difficult times.

RECOMMENDED

That the details presented in the submitted report and the associated appendices, together with comments raised during the discussion, be noted.

5 Maternal Health Provision in Leeds

The Head of Democratic Services submitted a report that introduced a range of information in relation to maternal health and associated service provision in Leeds.

The following were in attendance to present the information and contribute to the Board's discussion:

- Cllr Salma Arif - Executive Member for Public Health and Active Lifestyles
- Claire Goodman (General Manager, Women's Clinical Service Unit, Leeds Teaching Hospitals NHS Trust)
- Dr. Tom Everett (Lead Clinician, Leeds Teaching Hospitals NHS Trust)
- Emily Griffiths (Associate Director of Pathway Integration, Integrated Care Board)
- Liz Wigley (Senior Pathway Integration Manager (Children and Families team), Integrated Care Board)

Apologies were received on behalf of Rebecca Musgrave (Head of Midwifery, Leeds Teaching Hospitals NHS Trust) who was unable to attend due to service issues.

The Associate Director of Pathway Integration ICB and Senior Pathway Integration Manger ICB introduced the update, which provided:

- An update on the Leeds Maternity Strategy work;
- The current position of the Leeds Fertility IVF service; and,
- The implications of the Ockenden Review findings and how any recommendations are being taken forward across the local maternity system in Leeds.

The update on the Leeds Maternity Strategy work focused on a 'life journey' approach and a plan to join maternity service provision with other health and care services – with the offering assistance outside of hospital, such as use of libraries and community hubs for advice on maternity services.

The Board was advised there was a focus on the following priority actions:

- New perinatal surveillance,
- Robust care pathways,
- Staff training,
- Management of complex pregnancies,
- Risk assessments,
- The care of newborn babies, and,
- Involvement with maternity care partnership.

Members were also updated on the reconfiguration of maternity services and centralisation to Leeds General Infirmary (LGI).

The General Manager for Women's Clinical Service and Lead Clinician provided a general update regarding the Fertility Clinic, including:

- A procurement process to partner with the Trust in order to manage, deliver and enhance fertility clinic services commenced in May 2021.
- The procurement process had been focused on improving the overall patient experience and delivering high quality care and services.
- In February 2022, Care Fertility had been awarded the contract and the Fertility Clinic staff had been transferred across – via a TUPE process.

- Confirmation that across Yorkshire and the Humber, providers are currently commissioned to provide eligible women one cycle of NHS funded fertility treatment.
- Since the new service commenced, patient experience had been rated excellent. Some backlogs in service provision had initially been noted but the issues had now been resolved.

Board members were also provided with details of the Trust's response to the Ockenden Review findings and recommendations.

Board members raised and discussed several relevant areas, including:

- The availability and timeliness of support to mothers experiencing miscarriage – and specifically re-occurring miscarriage.
- The need for ongoing assurance regarding the quality of the new fertility services.
- The promotion of breast feeding and the provision of infant feeding support for new mothers and their family.
- Engaging different communities to build and enhance trust and confidence in the services provided, including opportunities to identify specific priorities associated with the provision of maternity services in different communities.
- The provision of neonatal services as part of the reconfiguration of maternity services in Leeds; and the implications for neonatal transport services.

RECOMMENDED

To note the details presented in this report, the associated appendices and matters discussed at the meeting.

6 Work Schedule

The Head of Democratic Services submitted a report that presented a draft work schedule for the municipal year, 2022/23. The draft work schedule reflected details of potential work areas highlighted and discussed at the Board's previous meeting. Presented alongside the draft work schedule was a summary of the areas highlighted and a proposed response on how matters were to be taken forward.

In presenting the draft work schedule, the Principal Scrutiny Adviser confirmed that the draft work schedule had been shared with the relevant Executive Board Members, Directors and partners for comment and advise, as appropriate. No comments and/or advice had been received at the time of the meeting.

The report also presented the draft minutes from the Executive Board meeting held on 22 June 2022. Board members were asked to consider and note the draft minutes, insofar as they related to the remit of the Scrutiny Board; and consider any matter where specific scrutiny activity may also be warranted.

RECOMMENDED –

That the draft work schedule be presented to the next formal meeting of the Scrutiny Board for further consideration and approval.

7 Date and time of next meeting

The next meeting was scheduled for Tuesday 20th September 2022 at 1:30pm, with a pre-meeting for all members of the Scrutiny Board at 1:00pm.

(The meeting concluded at 16:00)