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Leeds CITY COUNCIL

SCRUTINY BOARD (ADULTS,HEALTH & ACTIVE LIFESTYLES)

Meeting to be held remotely on
Tuesday, 15th September, 2020 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

Note to observers of the meeting: To remotely observe this meeting, please click on the 'To View Meeting' link which will feature on the meeting's webpage (linked below) ahead of the meeting. The webcast will become available at the commencement of the meeting.

http://democracy.leeds.gov.uk/ieListDocuments.aspx?CId=1090&MId=10092&Ver=4

Principal Scrutiny Adviser:
Angela Brogden
Tel: (0113) 37 88661

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** 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). (* 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).	
2			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 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:- **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: **No exempt items have been identified.**	

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 - 14TH JULY 2020** To approve as a correct record the minutes of the meeting held on 14th July 2020.	7 - 10
7			**IMPACT OF COVID-19 ON ACCESSING NHS DENTAL SERVICES IN LEEDS** To receive a report from the Head of Democratic Services presenting an update from NHS England – Yorkshire and the Humber on the impact that Covid-19 has had with regard to accessing local NHS dental services and how they are supporting dentistry to resume NHS dental services safely and effectively and in accordance with advice set out by the Chief Dental Officer.	11 - 16

8			**LEEDS HEALTH AND CARE WINTER PLANNING 2020/21 AND BUSINESS CONTINUITY PLANNING IN ADULTS AND HEALTH** To receive a report from the Head of Democratic Services presenting information linked to the Leeds Health and Care Winter Planning 2020/21 and business continuity planning within the Adults and Health directorate.	17 - 38
9			**WORK SCHEDULE** To consider the Scrutiny Board's work schedule for the 2020/21 municipal year.	39 - 58
10			**DATE AND TIME OF NEXT MEETING** Tuesday, 20th October 2020 at 1.30 pm (pre-meeting for all Board Members at 1.00 pm)	

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.

Webcasting

Please note – the publically accessible parts of this meeting will be filmed for live or subsequent broadcast via the City Council's website. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed.

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SCRUTINY BOARD (ADULTS,HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 14TH JULY, 2020

PRESENT: Councillor H Hayden in the Chair

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

Co-optee present - Dr. J Beal

11 Appeals Against Refusal of Inspection of Documents

There were no appeals.

12 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

13 Late Items

There were no late items.

14 Declaration of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests.

15 Apologies for Absence and Notification of Substitutes

There were no apologies received.

16 Minutes - 23rd June 2020

RESOLVED – That the minutes of the meeting held on 23 June 2020 be approved as a correct record.

17 Update on Coronavirus (COVID19) pandemic - Response and Recovery Plan

The Head of Democratic Services submitted a report in relation to the ongoing progress made by the council working with partners and communities in response to the unprecedented COVID-19 pandemic.

The Executive Board (24 June 2020) report titled 'Update on Coronavirus (COVID19) pandemic – Response and Recovery Plan' was appended for the Board's attention and consideration.

The following were in attendance:

- Councillor Rebecca Charlwood, Executive Member for Health, Wellbeing and Adults
- Cath Roff, Director of Adults and Health, Leeds City Council
- Victoria Eaton, Director of Public Health, Leeds City Council
- Carmel Langstaff, Chief Officer Transformation and Innovation, Leeds City Council
- Paul Bollom, Head of Leeds Plan, Leeds City Council
- Lisa Gibson, Strategy and Development Manager, Leeds Health Partnerships, Leeds City Council
- Sam Prince, Executive Director of Operations, Leeds Community Healthcare NHS Trust
- Rob Newton, Associate Director Policy & Partnerships, Leeds Teaching Hospitals NHS Trust
- Dawn Hanwell, Chief Financial Officer and Deputy CEO, Leeds & York Partnership NHS Trust
- Rob Goodyear, Head of Strategic Planning, NHS Leeds Clinical Commissioning Group
- Dr Sarah Forbes, NHS Leeds Clinical Commissioning Group
- Pip Goff, Volition Director, Forum Central

The Executive Member introduced the report, highlighting the coordinated efforts of health partners and third sector organisations across the city to put service users first and control local outbreaks.

Members discussed a number of matters, including:

- *Impact on care homes*. The Director of Adults and Health highlighted that since the previous meeting, a small number of Covid-19 cases within care homes had been identified and managed accordingly. Members were also advised that there had been a significant shift from individuals and families choosing residential care homes, to seeking support to remain living at home, which is likely to have an impact on the sustainability of some care homes.
- *Managing local outbreaks*. The Director of Public Health explained that conversations are ongoing on a West Yorkshire level to manage local outbreaks in authorities bordering Leeds that have high infection rates.
- *Monitoring social distancing in public places.* In response to a query, Members were advised that during the 'lockdown' period, the police actively monitored social distancing, but since the easing of restrictions to allow premises including pubs and restaurants to reopen, the extent to which social distancing can be monitored by relevant authorities is limited. However, workplaces and school settings categorised as high risk continue to be monitored.
- *Early testing phase.* In response to a query, Members were advised that if the early testing phase in March 2020 had continued, it is likely that the infection rate would not have increased as rapidly and lives could have potentially been saved. However, the ending of the early

testing phase was due to the capacity of the Public Health England team, which now has four times the capacity.

- *Planning for future peaks in infection rates.* Members sought assurance on the preventative steps taken to reduce the impact of future peaks in the autumn and winter months, and were advised that the health and care sector will continue to work in partnership to plan for uncertainty in all settings. Members were also advised that this will include a communications strategy devised by the Leeds Outbreak Control Board to engage with key partners across the city to disseminate clear messages around social distancing and 'doing the right thing'.

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

18 Lessons learned arising for new ways of working from COVID-19

The Director of Adults and Health submitted a report that presented learning points, practices and positive impacts of new ways of working arising from health and care organisations' responses to Covid-19 to date.

The following were in attendance:

- Councillor Rebecca Charlwood, Executive Member for Health, Wellbeing and Adults
- Cath Roff, Director of Adults and Health, Leeds City Council
- Victoria Eaton, Director of Public Health, Leeds City Council
- Carmel Langstaff, Chief Officer Transformation and Innovation, Leeds City Council
- Paul Bollom, Head of Leeds Plan, Leeds City Council
- Lisa Gibson, Strategy and Development Manager, Leeds Health Partnerships, Leeds City Council
- Sam Prince, Executive Director of Operations, Leeds Community Healthcare NHS Trust
- Rob Newton, Associate Director Policy & Partnerships, Leeds Teaching Hospitals NHS Trust
- Dawn Hanwell, Chief Financial Officer and Deputy CEO, Leeds & York Partnership NHS Trust
- Rob Goodyear, Head of Strategic Planning, NHS Leeds Clinical Commissioning Group
- Dr Sarah Forbes, NHS Leeds Clinical Commissioning Group
- Pip Goff, Volition Director, Forum Central

The Director of Adults and Health introduced the report, highlighting that partnership working has been the key learning taken from the local response to COVID-19, and that relationships between the health sector, local authority and third sector are well established to remain in place. The Director also noted that technological advances have enabled better practice, nevertheless digital inclusion must continue be a key priority moving forward. The Head of Leeds Plan also noted the importance of effective communication with service

users and the wider public, to advise of changes to services and policy, but also to seek their views to enhance access and provision.

Members discussed a number of matters, including:

- *Supporting older people to regain independence and confidence.* Members praised the work of the Neighbourhood Networks throughout the pandemic for their support of older people and also emphasised the importance of adopting a joined up approach towards supporting older people in communities to rebuild their self-sufficiency and wellbeing. Linked to this, Members particularly encouraged the involvement of Community Committees and Local Care Partnerships.
- *Digital inclusion.* Members agreed that ensuring that people have the essential digital skills is vital if the move towards substantial digital service access is to remain, highlighting also the need for patient choice to be upheld where possible.
- *More agile ways of working.* Members referred to one of the key pieces of learning as set out in the report in relation to streamlining governance processes where possible and requested examples of this. Members were advised that any changes are somewhat restricted by the NHS constitution, but that requirements to submit activity figures are a time consuming task that heath partners will seek to reduce.

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

19 Work Schedule

The Head of Democratic Services submitted a report which invited Members to consider the Board's work schedule for the 2020/21 municipal year.

The Principal Scrutiny Adviser introduced the report and outlined proposed revisions to the work schedule. The Chair noted that the position remains uncertain in regards to how Board meetings will be facilitated in the future, however updates will be provided to Members if there are any changes to the current remote meeting arrangements.

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

20 Date and Time of Next Meeting

Tuesday, 15th September 2020 at 1.30 pm (pre-meeting for all Board Members at 1.00 pm)

Report author: Angela Brogden

Tel: 0113 37 88661

Report of Head of Democratic Services

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

Date: 15th September 2020

Subject: Impact of Covid-19 on accessing NHS dental services in Leeds

Are specific electoral wards affected? If yes, name(s) of ward(s):	☐ Yes	☒ No
Has consultation been carried out?	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Will the decision be open for call-in?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

1. Purpose of this report

1.1 At the request of the Scrutiny Board, arrangements have been made for Members to be briefed on the impact that Covid-19 has had with regard to accessing local NHS dental services and how NHS England – Yorkshire and the Humber is continuing to support dentistry to resume NHS dental services safely and effectively and in accordance with advice set out by the Chief Dental Officer.

2. Background information

2.1. During the Scrutiny Board's meeting on 23rd June 2020, Members considered a report of the Council's Chief Executive to the Executive Board on 19th May 2020 setting out the ongoing progress made by the council working with partners and communities in response to the unprecedented COVID-19 pandemic. As part of this report, information was provided regarding the impact on dentistry at that stage which included the following:

- *Nationally, routine dental appointments are not taking place and patients in need of urgent dental care should not visit (i.e. walk in to) their regular NHS dentist, nor should they visit A&E. However there has been growing concern regarding patients' ability to access to urgent dental care.*

- *In early May 2020, NHS England issued a stakeholder briefing that set out that all NHS Dental practices remain open and accessible to patients; in order to provide urgent telephone advice and a triage service – referred to as a Triple A service*

(Advise, Analgesia, Antibiotics). The briefing also sets out that NHS 111 is also providing this service to patients as an alternative to NHS dental practices and Out of Hours.

- *In line with national guidance, dentists will clinically assess patients' needs over the phone. If a patient is assessed as needing a face-to-face appointment at a local centre, they will be advised on what to do by the dentist who will make the necessary arrangements.*

- *It is also clear that the Triple A service should be provided to all patients, whether or not they have accessed a regular NHS dentist.*

- *In Leeds, Urgent Dental Care is accessed via NHS 111. Treatment is provided 7days per week, 8am – 8pm. Additional Urgent Dental Care capacity is being created across Leeds that will allow triaged patients to access urgent dental care as outlined above.*

- *Subject to the availability of enhanced PPE, Urgent Dental Care Centres are being established in a minimum of 10 locations across Leeds*

2.2 The Scrutiny Board had requested that representatives of NHS England – Yorkshire and the Humber attend a future meeting to brief the Scrutiny Board in more detail on the impact that Covid-19 has had with regard to accessing local NHS dental services and how they are supporting dentistry to resume NHS dental services safely and effectively and in accordance with advice set out by the Chief Dental Officer.

3. Main issues

3.1 The Head of Co-Commissioning (Yorkshire & Humber) at NHS England has provided the attached briefing paper for the Board's consideration which briefly sets out the current position and next steps regarding the recovery of NHS Primary Care Dentistry.

4. Corporate considerations

4.1. Consultation and engagement

4.4.1 The Head of Co-Commissioning (Yorkshire & Humber) at NHS England will be joining today's meeting to address questions from Board Members, along with the Dental Network Chair.

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 The Scrutiny Board may therefore wish to explore any specific Equality and Diversity issues relating to this matter.

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

4.3.1. The Scrutiny Board may wish to consider any specific climate emergency or sustainability issues relating to this matter.

4.4. Resources, procurement and value for money

4.4.1 The Scrutiny Board may wish to consider any specific resource, procurement or value for money matters associated with this matter.

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 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. The Scrutiny Board had requested that representatives of NHS England – Yorkshire and the Humber attend a future meeting to brief the Scrutiny Board in more detail on the impact that Covid-19 has had with regard to accessing local NHS dental services and how they are supporting dentistry to resume NHS dental services safely and effectively and in accordance with advice set out by the Chief Dental Officer.

5.2 The Head of Co-Commissioning (Yorkshire & Humber) at NHS England has provided the attached briefing paper for the Board's consideration which briefly sets out the current position and next steps regarding the recovery of NHS Primary Care Dentistry and will be joining today's meeting to address questions from Board Members, along with the Dental Network Chair.

6. Recommendations

6.1. The Scrutiny Board is asked to consider and comment on the information provided in the attached briefing paper and during the meeting itself; identifying any additional actions and/or matters that may require further scrutiny input or activity.

7. Background documents[1]

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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NHS primary care dentistry - recovery

Background

On 25 March 2020, NHS England wrote to NHS dental practices setting out immediate changes to services due to the overriding need to limit transmission of COVID-19. These included:

NHS dental practices were expected to provide telephone advice and triage. All dental practices were responsible for triaging patients who contact the practice seeking access to urgent dental care regardless of whether they were considered 'regular' patients of the practice. A network of urgent dental centres were put in place in Leeds to ensure that where patients had been triaged for face to face treatment, it was possible to provide this.

On 28 May 2020, the Government announced that dental practices could begin to reopen from 8 June 2020 and start to provide a limited range of face to face treatment. Practices needed to assess that they had the necessary infection prevention control and PPE requirements in place alongside urgent telephone advice and triage currently operating.

Current position

NHS England – Yorkshire and the Humber is actively supporting dentistry to resume NHS dental services safely and effectively and in accordance with advice set out by the Chief Dental Officer.

There are 86 dental practices in Leeds and all, with the exception of 1, are now providing the limited range of face to face services. This one practice is not opening due to being a single-handed contract holder with health issues but they have made buddying up arrangements for local practices to see urgent patients.

Although practices have restarted some face to face treatments, advice is that the sequencing and scheduling of patients for treatment as services resume should take into account the urgency of needs, the particular unmet needs of vulnerable groups and available capacity to undertake activity. Progression to resumption of the full range of routine dental care will be risk-managed by the individual practice. We anticipate that in resuming services, practices in Leeds will be seeing those with the most urgent issues first and a return to services fully providing routine dental check-ups and hygienist appointments will come later. Advice for the public explains how services will look different as dentists begin to resume services. Resumption of services in a similar manner to that which was previously experienced may be dependent on the further easing of COVID-19 control measures.

As we support practices to resume services, urgent dental centres will remain in operation across the region to provide urgent dental treatment particularly where practices have not yet resumed face to face care. Referral to the urgent dental centres remains the same, either via the dental practice or 111.

Advice for the public:

Dental practices will look different as they will be operating in a way that observes COVID-19 social distancing and hygiene rules, as part of measures taken to ensure the safety patients and the dental team alike.

Whilst we are observing social distancing, patients should continue to telephone or email their practice, rather than attending in person without an appointment.
If you have a regular dentist, you should call them as a first step. The dentist will assess your situation over the phone, including giving advice and, if needed, prescriptions for painkillers or antibiotics, or arranging treatment.

If a patient does not have a regular dentist during the COVID-19 outbreak, they can still call any local dental practice as well as visiting 111.nhs.uk or call NHS 111 who will provide advice as appropriate.

Out of hours for urgent dental issues the advice still remains to visit NHS111.nhs.uk or call NHS 111. Patients should not be visiting A&E departments or GPs with dental problems.

The range of treatments offered may be different to that being offered prior to 25 March 2020 and may vary from practice to practice. This will depend on the staff and equipment available to the team at the time. The dental team may also be wearing different protective equipment to what you are used to seeing.

Next steps

Locally, as there has been no change to the contract form for primary care providers, there is little scope to change service provision. NHS England remains committed to the local strategic aims, which are to improve access and inequalities across the region, improve oral health and ensure value for money. Work will continue to develop the approach to flexible commissioning and this strategic direction will continue to be the focus but at this time the emphasis is on supporting practices to re-open and provide as wide a range of services as soon as it is practicable and safe to do so.

Emma Wilson

Head of Co-commissioning

September 2020

Report author: Angela Brogden

Tel: 0113 37 88661

Report of Head of Democratic Services

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

Date: 15th September 2020

Subject: Leeds Health and Care Winter Planning 2020/21 and Business Continuity Planning in Adults and Health

Are specific electoral wards affected? If yes, name(s) of ward(s):	☐ Yes	☒ No
Has consultation been carried out?	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Will the decision be open for call-in?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes	☒ No

1. Purpose of this report

1. The Adults, Health and Active Lifestyles Scrutiny Board has previously maintained an interest in the Leeds Health and Care Winter planning process. However, with the additional pressure within the system this year due to the Covid-19 pandemic, the Board agreed to use its September meeting to consider what early progress has been made towards ensuring that the Leeds Health and Care system is extremely equipped, prepared and coordinated to respond quickly and appropriately to any change in demand or circumstances that winter and the pandemic may bring.

2. The Leeds Clinical Commissioning Group has therefore provided a briefing document (see Appendix A) on the Leeds Health and Care Winter Planning 2020/21. As plans continue to be developed, representatives from the Leeds health and care system will also be attending today's meeting to provide further updates and respond to Members' questions.

3. As part of this agenda item, the Board will also be briefed on the range of business continuity plans held within the Adults and Health Directorate as these are also an essential part of the resilience and stability of a service. The attached briefing paper from the Director of Adults and Health (see Appendix B) sets out the way in which business continuity plans are used within the Adults and Health Directorate and specifically how they were used in the recent Covid-19 crisis.

2. Background information

2.1. Seasonal variations on demand occur year round in many sectors and winter is widely regarded as the time of the most sustained and significant pressure on health and care systems; nationally A&E attendance numbers increase, seasonal infections such as flu are more common, and colder weather can make specific population groups more vulnerable to serious illness.

2.2. Consequently each year, every health and care provider, and system formulates plans to better manage this demand, with the aim to make improvements year on year. However, it is acknowledged that this year there will be additional pressure within the system due to the Covid-19 pandemic which will require the Leeds Health and Care system to be extremely equipped, prepared and coordinated to respond quickly and appropriately to any change in demand or circumstances that winter and the pandemic may bring.

2.3. Business continuity forms a key part of the Council's own risk management methodology and processes. During July 2020, Scrutiny Board Chairs were initially briefed on how the Council's business continuity plans performed and supported the Council's critical/prioritised services during the initial days of the COVID-19 outbreak with a view to having all Scrutiny Boards reflecting on business continuity as part of their work programmes in 2020/21.

3. Main issues

3.1 The Leeds Clinical Commissioning Group has provided a briefing document (see Appendix A) on the Leeds Health and Care Winter Planning 2020/21 for the Board's consideration. As plans continue to be developed, representatives from the Leeds health and care system will also be attending today's meeting to provide further updates and respond to Members' questions.

3.2 The Director of Adults and Health has also provided the Board with a briefing paper (see Appendix B) setting out the way in which business continuity plans are used within the Adults and Health Directorate and specifically how they were used in the recent Covid-19 crisis.

4. Corporate considerations

4.1. Consultation and engagement

4.4.1 Details surrounding existing and planned consultation and engagement matters linked to the Leeds Health and Care Winter Planning Process for 2020/21 and business continuity planning in Adults and Health are set out within the attached briefing documents.

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 The Scrutiny Board may therefore wish to explore any specific Equality and Diversity issues relating to the Leeds Health and Care Winter Planning Process for 2020/21 and business continuity planning in Adults and Health.

4.3. Council policies and the Best Council Plan

4.4.2 Business continuity forms part of the Council's risk management processes which underpin the achievement of the ambitions and all outcomes and priorities within the Best Council Plan.

Climate Emergency

4.3.1. The Scrutiny Board may wish to consider any specific climate emergency or sustainability issues relating to the Leeds Health and Care Winter Planning Process for 2020/21 and business continuity planning in Adults and Health.

4.4. Resources, procurement and value for money

4.4.1 The Scrutiny Board may wish to consider any specific resource, procurement or value for money matters associated with the Leeds Health and Care Winter Planning Process for 2020/21 and business continuity planning in Adults and Health.

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. Business continuity already forms a key part of the Councils overall risk management methodology and processes, ensuring that business as usual processes are maintained during an emergency.

4.6.2. As part of the Leeds Health and Care Winter Planning Process, there is also a recognised need for partners to work together to maximise skills and capability of the collective workforce to manage/share clinical risk across the system.

5. Conclusions

5.1. The Scrutiny Board agreed to use its September 2020 meeting to consider what early progress has been made towards ensuring that the Leeds Health and Care system is extremely equipped, prepared and coordinated to respond quickly and appropriately to any change in demand or circumstances that winter and the pandemic may bring. The Leeds Clinical Commissioning Group has therefore provided a briefing document on the Leeds Health and Care Winter Planning 2020/21 for the Board's consideration.

5.2. As part of this agenda item, the Board will also be briefed on the range of business continuity plans held within the Adults and Health Directorate as these are also an essential part of the resilience and stability of a service.

6. Recommendations

6.1. The Scrutiny Board is asked to consider and comment on the information provided in the attached documents; identifying any additional actions and/or matters that may require further scrutiny input or activity.

7. Background documents[1]

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.

Leeds Health & Care Winter Planning 2020/21

• Introduction

Variation in the demands across a health and care economy is normal and occurs throughout the year though experience informs us that winter months pose significant challenges. This year there will additional pressure within our system due to the COVID 19 pandemic which will require the Leeds Health and Care system to be extremely equipped, prepared and coordinated to respond quickly and appropriately to any change in demand or circumstances that winter and the pandemic may bring.

Our approach to planning is critical, this paper outlines this approach, associated timeline and the outputs from a comprehensive review of winter 2019/20 and our collective response during the pandemic. Our plans will be build around a number of situations which may occur and will tested against national scenarios to provide assurance, identify further opportunities and any gaps, and the high level risks.

The governance the system response to the Pandemic resulting in a more command and control approach. This will continue over the winter with clear lines of escalation through to the City wide Health and Care Gold.

Communication across our system and with our citizens will be key and a full campaign aligned to the national messages will support our plans and provide clear and consistent messages to support people to access the right care .

The full plans will be completed following testing in October.

How is the system different this year ?

Leeds Clinical Commissioning Group

- Going into winter with significant elective backlogs, including some cancers and clinically urgent cases that cannot be suspended
- Beds removed for social distancing (100-130)
- Reduced flexibility because of need to keep beds for 3 streams (Covid, non Covid, unknown) – means occupancy has to be much lower than usual – both in LTHT and in Mental Health wards
- IPC requirements reduce productivity significantly
- Covid patients may have longer lengths of stay than similar patients in previous years
- Some previous cohort of patients will have died before the winter
- May have greater demand from people with mental health needs
- Flu is a bit unknown, but should be better able to manage it because of improved IPC in the community?
- System has already worked hard to transfer patients no longer requiring acute beds to other settings
- Potential to use the Independent Sector for different case mix

Command and Control Structure

Leeds Clinical Commissioning Group

Leeds Gold Strategic Co-ordinating Group

Health and Social Care Gold
Inc
System Resilience Assurance Board

Command and Control Task Groups

Stabilisation and Reset Task Group

Same Day Response Partnership Group (SRPG)

LTHT Operational Discharge Group (ODG)

System Resilience Operational Group (SROG)

Silver and Bronze Task Groups

- Care Homes
- Primary Care
- Impact on Healthcare
- Shielding
- Testing and Contact Tracing
- Patient Protective Equipment

Approach to Winter Planning

Leeds Clinical Commissioning Group

1
- Data from previous years, trends and analysis
- Local softer intelligence, impact of Covid

2
- Assess impact of winter and Covid - initiatives
- What was additional ? is it sustainable ?

3
- Identify areas/periods of predicted increased and decreased demand and capacity - surges

4
- Agree winter priorities and initiatives and assess potential opportunities and impacts- develop plans

5
- TEST Capacity, demand and planning assumptions

6
- Identify any individual and system, opportunities, gaps, risks

7
- Identify mitigating options/ interventions; internal and external

8
- Develop Operational response plan; organisational & system wide

Aims

- Understand the progress made last winter
- Assess the accuracy of our plans/predictions and how widely they were used
- Assess effectiveness of the system communication and data sharing (Inc. OPEL)
- Assess the effectiveness of our governance and our behaviours
- Identify the opportunities resulting from our Covid response that will impact on the planning and delivery of Winter 20/21
- Identify the challenges of the ongoing management of Covid 19 that impact on the delivery of winter 20/21
- Highlight priorities for development pre winter

- Agree principles and approach for managing winter 20/21
- Agree system capacity and demand assumptions
- Share Individual Organisational winter plans – assurance and triangulation
- Agree system priorities for winter
- Stress test our plans
- System sign off final plan

Leeds Clinical Commissioning Group

Winter Review & Planning Process and Timeline 2020/21

- **Winter 2019/20 Review** — 10 June
- **COVID-19 System Review** — 17 June
- **System Winter headlines/ actions & planning assumptions** — 21 July
- **Organisational winter plans development** — August
- **Share organisational plans** — 9 September
- **System Triangulation and Assurance** — 16 September
- **System Stress Test** — 16/23 September
- **Identify Gaps Agree mitigation System Plans** — October
- **System Sign Off** — October

Partners, Teams and Groups involved

Leeds Community Healthcare
Leeds Teaching Hospital Trust
Leeds & York Partnership Trust
Local Care Direct
Yorkshire Ambulance Service
Leeds Hospices
Leeds City Council – Adults & Health, Public Health
GP Confederation & Extended access

3rd Sector- Age UK
CCG – Commissioning teams, BI, Communications
Health Protection Team
Leeds Infection Prevention and Control Team
COVID 19 Bronze Operational Group
System Resilience Operational Group (previously OWG)
Same Day Response Partnership Group (SDRPG)
Stabilisation and Reset Group
NHS England/Improvement
West Yorkshire and Harrogate ICS

Outputs form review sessions

- Winter 2019/20
- Opportunities presented by Covid 19
- Principles of Partnership working
- Winter 2020/21 Challenges
- Actions

Winter Review & Covid Evaluation

Leeds Clinical Commissioning Group

System Winter – Governance, Planning and Communication Priorities

Governance

- A governance structure providing clarity on the responsibility, accountability and ownership across strategic, tactical and operational system structure
- A governance structure that applies subsidiarity to its decision making with clear lines of escalation and risk management
- Clear terms of reference and robust co-ordination for the supporting programmes of work to streamline our approach and maximise opportunities for integration

Planning

- Review of organisational/system OPEL triggers & escalation process, daily reporting and mutual aid
- An integrated system approach to data sharing to assess the impact of individual organisation's pressure/challenges have on the wider system and flow through pathways
- A population health (e.g. LTC and children) approach to identify and plan the management of peaks and surges in demand and consider ongoing care where appropriate (e.g. social care)
- Robust testing of plans
- A year round investment plan that builds in the flexibility providers require during times of decreased/increased demand

Communications

- An effective public communications and engagement strategy across Leeds
- Clear lines of communication across all levels, including a cascade to frontline staff

Winter Review & Covid Evaluation

Leeds Clinical Commissioning Group

Opportunities presented by Covid 19

- **Take full advantage of technology where clinically appropriate e.g.**
  - Total Triage/Clinically Assessment Services (CAS)/ Direct booking
  - 111 online
  - Virtual consultations
- **Maximising skills and capability to manage/share clinical risk to support the shift in delivering care closer to home:**
  - Effective care planning across all populations
  - Virtual ward
  - D2A pathways
- **Take advantage of the appetite for change across the public and system**
- **Capitalise on the collaboration to embed/develop alternative models of care**
- **Convert unplanned into planned care to support effective system flow and improve outcomes**
- **Ensure we incorporate/review the changes to health protection functions as services reset**

Principles of Partnership working

Leeds Clinical Commissioning Group

- Work within a governance structure with clear lines of responsibility, accountability and ownership practicing subsidiarity within our decision making
- Working together to share data and plans to assess the impact of individual organisation's pressure/challenges have on the wider system ability to maintain flow and achieve the best outcomes for the population
- Working together on system challenges solving them through pace of collaboration displayed during Covid
- Work together to maximise skills and capability of our collective workforce to manage/share clinical risk across the system
- Respect and understanding of individual organisational pressures and constraints
- Work together to ensure clear lines of communication across all levels, including a cascade to frontline staff
- Ensure that our key priorities are communicated and rolled out at pace with clear measures for improvement
- Convert unplanned into planned care to support effective system flow and improve outcomes maximising technology where appropriate

Winter Review & Covid Evaluation

Leeds Clinical Commissioning Group

Winter 2020/21 Challenges

- Flexibility and resilience of our workforce, ensure welfare and safety
- Increasing capacity or realignment of resources to manage winter and maximise Covid opportunities
- Respond to changing Covid guidance at pace e.g. Social distancing rules, PPE
- Delivery of the flu campaign
- Coordinate plans to resume elective demand, planned care becoming unplanned acute demand
- The management and planning of peaks and surges expected in winter with the additional demands of Covid
- Financial sustainability of smaller/independent services, understanding the impact on the system and populations cohorts
- Responding to NHSE/I reporting/requirements known/unknown

Actions

- Reset Governance with clear lines of escalation
- Review of organisational/system OPEL triggers & escalation process, daily reporting and mutual aid – outbreaks ,air quality, weather
- Develop organisational and system level winter plans based on 3 scenarios
    1. what you might do again if there is a fairly usual winter;
    2. what you would add if we begin to see Covid numbers rising;
    3. what you would add if we get to the similar levels of Covid peaks
- Test the efficacy of our plans with focus on our response to:
    - COVID Peaks/Lockdown measures
    - Maintaining elective care
    - impact of increased acuity/complexities due to COVID
    - Workforce – reduced, deployed, wellbeing
    - Adverse Weather
- -Develop an effective communications and engagement strategy across Leeds for both staff and the public
- Work regionally to prepare for NHS 111 campaign assessing the local impact and resource/infrastructure requirements
- Support providers with adapting to social distancing by maximising service alternatives and converting unplanned into planned e.g specific children's primary care capacity
- Work collaboratively with partners to deliver the flu campaign

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Appendix B

Briefing Paper Author: Shona McFarlane
Tel: 0113 3789848

Briefing Paper to the Adults, Health and Active Lifestyles Scrutiny Board

Briefing Paper of the Director of Adults and Health

Date: 15th September 2020

Subject: Business Continuity Planning in Adults and Health during COVID 19

1. The Purpose of the Report

1.1 The purpose of this briefing paper is to inform the Scrutiny Meeting of the range of Business Continuity Plans held within the service and how they were utilised during the recent and continuing response to Covid 19. This follows presentation of a report to Scrutiny Chairs meeting at which interest was expressed in Scrutiny Boards receiving specific reports for consideration. This report sets out the way in which business continuity plans are used within the Adults and Health Directorate and specifically how they were used in the recent Covid crisis.

2. The Main Issues

2.1 The Civil Contingencies Act 2004 made it a statutory duty of all local authorities to have in place Business Continuity Plans (BCP's) to be able to continue to deliver critical aspects of their day to day functions in the event of an emergency or disruptive incident. Category 1 responders are likely to be at the core of the response to most emergencies and along with Local Authorities includes Police, Fire & Rescue, NHS, Ambulance Service and Environment Agency etc.

2.2 Business Continuity Plans are documented procedures that guide organisations to respond, recover, resume and restore the continuity of critical/prioritised services and functions in the event of an emergency or disruptive incident. The scope of a Business Continuity Plan includes considerations and plans in preparation for; Loss of staff, loss of accommodation/work place, significant impact on business continuity. Loss of information communication technology (including access to data), and loss of key supplies and suppliers.

2.3 To ensure that the issues above have been thoroughly thought through, and plans recorded and verified, services are required to follow a process of completion of a Business Impact Analysis to identify any critical functions and then onto completion of a Business Continuity Plan if required.

2.4 Business Continuity Plans are an essential part of the resilience and stability of a service, and being able to work through the requirements and keep them updated is a very useful element of service delivery – they allow the service to think through on a regular basis what might happen and how they might respond. A key element to every BCP is a contacts list (names, addresses, phone numbers of staff, suppliers, providers etc.) and it is essential to ensure that this element is kept up to date.

2.5 BCPs are typically useful in emergency situations such as floods and service outages. The BCP that is held by Assisted Living Leeds was implemented and provided invaluable support in the floods on Boxing Day 2015 for example. BCP's are intended to support planning within the immediate response phase to any crisis.

2.6 The 9 business continuity plans across the service had been updated recently in response to the EU Exit planning that took place across the council towards the end of 2019. They were all up to date at the start of the Covid emergency. Since the report below was produced the Adult Social Care Operation plan has been updated and submitted. The Social Work and Disability Service Team BCP was refreshed in February but not submitted formally. A further in-depth review of that BCP is planned for September under the direction of two new Heads of Service. It will take full account of the learning from the initial Covid response. Our commitment to responding to the Covid emergency and a change in senior personnel has prevented these plans being updated in a timely way. The completed revised plans will be presented to the Directorate Resilience Group in October 2020.

2.7 See Appendix One for details of the range of plans. As cases of Covid 19 rapidly increased the definition of a major incident under the Civil Contingencies Act 2004 became a reality;

2.8 **A major incident is beyond the scope of business-as-usual operations, and is likely to involve serious harm, damage, disruption or risk to human life or welfare, essential services, the environment or national security"**

2.9 The Council responded effectively at a corporate level and the directorate took part in and responded to the priorities and requirements of Leeds City Council, including the redeployment of staff to the council Covid effort including the volunteering scheme, and the shielding response.

2.10 Within Adults and Health Directorate, most of our work is provided on a statutory basis and there were no options available but to continue to provide the full range of services. Services were categorised as essential other than a few areas where staff were redeployed from their day to day activities into efforts to support the Covid response, for example the setting up of a PPE Hub in partnership with the Health and Safety Team.

2.11 Services and staff quickly began to adapt on a daily basis to the changing national guidance and sought imaginative and innovative ways of working in order to continue to provide essential services. Staff and managers quickly had to learn and adapt and in partnership with trade union colleagues and with the support from Human Resources have managed to maintain effective service provision throughout the period.

2.12 During the recent (and indeed current) situation such as the recent Covid 19 pandemic it quickly became clear that this was not a standard emergency or crisis but one that we would need to adapt to and blend the response into our day to day operations. The BCPs were initiated in the very early days of the crisis – for example, to support the social work and occupational therapy response in the community; there was a swift move from implementing the BCP to 'coping with the crisis' and now we have moved on to integrating the Covid response with our business as usual.

2.13 As the outbreak moves further into recovery and service resumption, it is an opportunity to reflect on the initial response capturing lessons to be learned to inform review and revision of Business Continuity Plans – essential in the event of a second wave occurring. The service will consider the impact on staffing, impact of working from home as a routine, and the need to ensure a consistent and resilient supply of personal protective equipment (PPE).

2.14 The Directorate Resilience Group has a key role in ensuring that the business continuity plans and arrangements are reviewed in the light of this experience and will draw on the learning from the last 6 months. The group will review the performance of our business continuity arrangements during the outbreak and use the findings to inform further development of plans. There may be additional services identified that require development of Business Continuity Plans.

3. Recommendations

3.1 The Scrutiny Board to note the content of this briefing paper.

Appendix One

Adults & Health

Service Area/Function	Contact Names	Management Review Due
Social Work & Disability Services Team (DST) ENE/SE/WNW	Heather Barden 0113 3783311 Nyoka Fothergill 0113 3781732 Maxine Naismith 0113 2952318	Due 06/2020
Emergency Duty Team	Hazel Gregory 07595 210137 Roz Brown	Due 05/2021
Assessment & Provision Management - SkILS Reablement Team	Amanda Wardman 0113 3367750 Jackie Wright 0113 2477620 Janet Gordon 07891 278416	Due 10//2020
Assisted Living Leeds Tele Care Services Leeds Community Equipment Service Blue Badge Assessments Resources Occupational Therapists Equipment Training Services	Heather Barden 0113 3783311 Katie Cunningham 0113 3783264 Alison Griffiths 0113 3783267 Kim Chappell 0113 3783297	Due 11/2020
Care Delivery Service Inc Residential Care Homes & Extra Care Housing Leeds Shared Lives Team Recovery Hubs	Debbie Ramskill 0113 3367709	Due 04/2021
Complaints & Compliments Unit	Judith Kasolo 0113 3783889	Due 10/2020
Care Communication Centre	Mark Phillott 07891276577 Susan Richardson 0113 3783774	Due 09/2020
Adult Social Care Finance Operation	Cheryl Ward 0113 378 8750	Due 06/2020
Health Protection Inc Infection Prevention	Dawn Bailey 0113 3786023 Lynne Hellewell 0113 3786042	Due 04/2021

Report author: Angela Brogden
Tel: 0113 37 88661

Report of Head of Democratic Services

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

Date: 15th September 2020

Subject: Work Schedule

Are specific electoral wards affected? If yes, name(s) of ward(s):	☐ Yes ☒ No
Has consultation been carried out?	☒ Yes ☐ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes ☒ No
Will the decision be open for call-in?	☐ Yes ☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	☐ Yes ☒ 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 a document 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 The latest iteration of the Board's work schedule for the remainder of the municipal year is attached as Appendix 1 for consideration and agreement of the Scrutiny Board – subject to any identified and agreed amendments.

3.2 Executive Board minutes from the meeting held on 20th July 2020 are attached as Appendix 2. The Scrutiny Board is asked to consider and note the Executive Board minutes, insofar as they relate to the remit of the Scrutiny Board; and identify any matter where specific scrutiny activity may be warranted, and therefore subsequently incorporated into the work schedule.

Developing the work schedule

3.3 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.

3.4 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 necessary and appropriate. This flexible approach may also require additional formal meetings of the Scrutiny Board.

Developments since the previous Scrutiny Board meeting

3.5 There are no significant developments to report since the last meeting.

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 influencing climate change and sustainability should be a key area of focus.

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 2020/21.

7. Background documents[1]

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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SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)
Work Schedule for 2020/2021 Municipal Year

June 2020	July 2020	August 2020
Meeting Agenda for 23/06/20 at 2.00 pm.	**Meeting Agenda for 14/07/20 at 2.00 pm.**	**No Scrutiny Board meeting scheduled**
REMOTE SESSION • Update on Coronavirus (COVID19) pandemic – Response and Recovery Plan, including a briefing on the latest position with regard to those service areas that fall within the remit of the Scrutiny Board. • Coronavirus (COVID19) pandemic – health inequalities.	*REMOTE SESSION* • Update on Coronavirus (COVID19) pandemic – Response and Recovery Plan, including a briefing on the latest position with regard to those service areas that fall within the remit of the Scrutiny Board. • Coronavirus (COVID19) pandemic – lessons learned.	
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 2020/2021 Municipal Year

September 2020	October 2020	November 2020
Meeting Agenda for 15/09/20 at 1.30 pm.	**Meeting Agenda for 20/10/20 at 1.30 pm.**	**Meeting Agenda for 24/11/20 at 1.30 pm.**
Impact of Covid-19 on access to dental services in Leeds (PSR) Leeds Health and Care Winter Planning 2020/21 and Business Continuity Planning in Adults and Health (PDS)	Budget Saving Proposals (PDS) *Themed Discussion: Local Mental Health Issues* (PSR) - Reflecting on how Covid-19 has specifically impacted local mental health services and to receive an update on the following: • The Leeds Mental Health Strategy • Leeds Mental Wellbeing Service • Mental Health Services for Adults and Older People in Wetherby • Leeds Mental Health Community Support Services	Leeds Safeguarding Adults Board Annual Report (PM)
Working Group Meetings		
	Budget Saving Proposals (PDS) 5/10/20 @ 10 am	
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 2020/2021 Municipal Year

December 2020	January 2021	February 2021
No Scrutiny Board meeting scheduled	**Meeting Agenda for 05/01/021 at 1.30 pm.**	**Meeting Agenda for 09/02/21 at 1.30 pm.**
	Performance Report (Adults, Health and Active Lifestyles) (PM) The Adult Social Care Annual compliments and complaints report (PM) Financial Health Monitoring (PSR) 2021/22 Initial Budget Proposals (PDS) Best Council Plan Refresh – Initial Proposals (PDS)	*To be determined.*
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 2020/2021 Municipal Year

March 2021	April 2021	May 2021
Meeting Agenda for 16/03/21 at 1.30 pm.	**No Scrutiny Board meeting scheduled**	**No Scrutiny Board meeting scheduled**
Themed Discussion: Women's Health (PSR) - To consider issues surrounding Women's Health in general as well as a focus on how COVID-19 has impacted women's health in particular.		
Working Group Meetings		

Scrutiny Work Items Key:

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

REMOTE MEETING OF EXECUTIVE BOARD

MONDAY, 20TH JULY, 2020

PRESENT: (REMOTELY) Councillor J Blake in the Chair

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

APOLOGIES: Councillor R Charlwood

15 Chair's Opening Remarks

The Chair welcomed everyone to the remote meeting of the Executive Board, which was being held as a result of the ongoing social distancing measures established in response to the Coronavirus pandemic.

On behalf of the Board, the Chair congratulated Leeds United Football Club for their recently confirmed promotion to the Premier League, as champions of the Championship, which she highlighted was a great achievement for both the club and also for the city, with Members emphasising the boost that the promotion would bring for Leeds as a whole.

16 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, 'District Heating Phase 3E: Extension to the Southbank', referred to in Minute No. 24 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 it contains information relating to the financial or business affairs of any particular person (including the authority holding that information). The appendix contains detailed pricing information underpinning the Council's heat sales business case which if disclosed, could damage the commercial interests of the Council. Disclosure of this information would seriously harm the Council's negotiating position when discussing heat sales with potential customers. Therefore it is considered that the public interest in maintaining the content of the appendix 1 as exempt from publication outweighs the public interest in disclosing the information.

17 Late Items

Agenda Item 7 (Update on Coronavirus (COVID-19) Pandemic – Response and Recovery Plan)

With the agreement of the Chair, a late item of business was admitted to the agenda entitled, 'Update on Coronavirus (COVID-19) Pandemic – Response and Recovery Plan'.

Given the scale and significance of this issue, it was deemed appropriate that a further update report be submitted to this remote meeting of the Board. However, due to the fast paced nature of developments on this issue, and in order to ensure that Board Members received the most up to date information as possible the report was not included within the agenda as originally published on 10th July 2020. (Minute No. 21 refers)

18 Declaration of Disclosable Pecuniary Interests

There were no Disclosable Pecuniary Interests declared at the meeting.

19 Minutes

RESOLVED – That the minutes of the previous meeting held on 24th June 2020 be approved as a correct record.

COMMUNITIES

20 The Managed Approach Independent Review

The Director of Communities and Environment submitted a report providing the findings and recommendations from the Independent Review (IR) of the Managed Approach to on-street sex working in Leeds, which had been undertaken by the University of Huddersfield following an associated procurement exercise. The Independent Review document was appended to the submitted report for Members' consideration.

The Chief Officer, Safer Leeds provided Members with an overview of the Managed Approach together with details of the procurement exercise from which the University of Huddersfield was identified as the organisation to undertake the IR.

Following this, Professor Jason Roach of the University of Huddersfield presented to the Board the key findings and recommendations arising from the IR for the Council and other partner agencies to consider, and also provided details of the methodology used to conduct the review, including the methods used to engage a range of stakeholders and to source relevant information and data.

Responding to Members' comments and questions, the Board received further information regarding:-

- The 'Listening Well' community events, with it being noted that the IR team had attended a number of those events and these had therefore contributed to the IR, however, it was noted that the overall outcomes from those sessions were still awaited;

- Members received further detail regarding the approach used to manage on-street sex working together with related issues in other areas/cities;
- The communications strategy in relation to the Managed Approach and also with regard to the wider promotion of Holbeck as an area and its communities;
- The size and spread of the cohort engaged as part of the Independent Review, the actions which had been taken to try and widen involvement from that cohort and the challenges which had been encountered;
- The role of the Safer Leeds Executive partnership in considering any changes to the Managed Approach, with it being noted that any actions would require involvement by a number of partners/agencies. Also, it was noted that Executive Board would be kept informed and consulted on any key changes proposed in responding to the recommendations of the IR;
- The extensive work being undertaken to address the issues associated with on-street sex working, to support those involved in it and also to liaise and work with members of the local community on such matters.

With regard to a specific enquiry regarding the communication process with the local community, the Board was advised that there was nothing to suggest that local residents had been advised that certain services, with specific reference to litter patrols and additional policing, would be withdrawn, should the Managed Approach be stopped.

In conclusion, the Chair thanked Professor Roach for his attendance at the meeting, and also for the comprehensive work that he and his team at the University of Huddersfield had undertaken when carrying out the Independent Review.

RESOLVED –

(a) That the Managed Approach Independent Review, as appended to the submitted report, be received, and that its key findings and recommendations, be noted;

(b) That it be noted that the Director of Communities and Environment, and where appropriate partner representatives, will be responsible for considering the recommendations and implementing any changes proposed, reporting such matters to the Safer Leeds Executive Partnership;

(c) That Members of the Executive Board be kept informed and updated on any key changes proposed arising from the independent review.

(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)

INCLUSIVE GROWTH AND CULTURE

21 Update on Coronavirus (COVID-19) Pandemic - Response and Recovery Plan

Further to Minute No. 14, 24th June 2020, the Chief Executive submitted a report which provided an update on the continued Coronavirus (COVID-19) work being undertaken across the city including the emerging recovery approach, outbreak management, together with information regarding the management of current issues and risks. The report also highlighted how the city's multi-agency command and control arrangements continued to be used alongside the Response and Recovery plan which aimed to mitigate the effects of the outbreak for those in the city, especially the most vulnerable, and to help prepare for the longer term planning of stages of recovery, including local outbreak planning.

With the agreement of the Chair, the submitted report had been circulated to Board Members as a late item of business prior to the meeting for the reasons as set out in section 9.1 of the submitted report, and as detailed in Minute No. 17.

By way of introduction to the report, the Chair highlighted the comprehensive discussion which had taken place at the recent full Council meeting, emphasised the need for all to remain vigilant, noted the recent launch of the COVID-19 Outbreak Control Plan, highlighted key aspects of the next stage of the recovery process and emphasised the key importance of clear messaging which reminded communities to stay safe and abide by measures that remained in place. In addition, the Chair paid tribute to the work that the Chief Executive had undertaken in this area, specifically, the role which he had played at a national level, including championing the role of Local Government during the pandemic.

The Chief Executive then provided an update which covered a number of areas including:-

- the significance of the new plans established with local partners to reduce the transmission of COVID-19 and prevent and manage outbreaks;
- the progress made in respect of the sharing and receipt of relevant data, and the progress being made regarding the test and trace system;
- the importance of the national system having a very strong local and regional foundation in order for it to maximise its effectiveness;
- key factors for consideration in terms of the next phase of the recovery process;
- the need for the financial position of the Council and the sector as a whole to be stabilised in order to enable the Local Authority to continue to play its key role both in the recovery from the pandemic and in serving the community generally.

The Director for Public Health reiterated the importance of remaining vigilant and working with neighbouring authorities to continue to undertake

preventative work and to manage infection rates. An update regarding the latest statistics in terms of Leeds' 7 day infection rates was also provided to the Board.

In response, Members then discussed the detail within the submitted report, which included the following:-

- Members highlighted the speed at which outbreaks or suspected outbreaks had been managed in Leeds, and emphasised the need for such an approach to continue;
- The continued importance of ensuring that the cross-party approach towards lobbying the Government for the resource it required was emphasised;
- The key importance of maintaining a consistent and clear communications strategy aimed at the promotion of communities abiding by the regulations which remained in place;
- The recent introduction of the increased powers at a local level to help prevent the transmission of the virus, the delivery of that role by the Local Authority and partner organisations and how that fed into the national programme.

In conclusion, the Chair highlighted the crucial need of ensuring that the Local Authority and partners were sufficiently resourced in order to be able to deliver the services which they were required to, highlighting the risks raised by the current financial position faced throughout the sector.

RESOLVED –

(a) That the updated context, progress made and issues, as the Council and partner organisations move through phases of dealing with the COVID-19 pandemic, as detailed within the submitted report, be noted;

(b) That the launch of the Leeds COVID-19 Local Outbreak Control Plan, aimed at ensuring effective local arrangements for outbreak management and which is linked to the national testing and tracing approach, be noted;

(c) That the emerging issues for consideration during the next phase of recovery, be noted;

(d) That the need for vigilance across the city as we move into the next phase, with an emphasis upon 'stay safe' messaging, be recognised;

(e) That in respect to the financial implications for the Council arising from the Coronavirus pandemic, the contents of the submitted report be used as context when the Board considers the more detailed financial health monitoring report, as detailed at Minute No. 22.

RESOURCES

22 Financial Health Monitoring 2020/21 – Month 2

The Chief Officer (Financial Services) submitted a report providing the projected financial health position of the Authority for 2020/21, as at month 2 of the financial year.

In presenting the report the Executive Member for Resources highlighted the need for the Local Authority's financial position to be stabilised in order to enable the Council to continue to effectively respond to the focus being placed upon the more localised control and management of COVID-19 outbreaks, to enable public services to be restored as appropriate, whilst also enabling the Council to play its role in helping the local economy and infrastructure to recover from the effects of the pandemic.

In addition, the Board received an update and was advised that the revised funding gap for 2020/21 now currently stood at £63.9m, with it being noted that the submitted report detailed the actions being taken by the Council to manage this position as much as it could.

The Chief Executive then provided the Board with an update regarding the discussions which continued with Government on such matters, which would enable the Council to be in a position to formally approach the Government to request further supportive measures after the summer, should a funding gap still remain.

Responding to the introductory comments made, Members reiterated the need for the cross-party approach towards such matters to continue, and in response to a Member's request, it was undertaken that Group Leaders would continue to be kept informed of the financial position, as appropriate.

In conclusion, it was noted that partner organisations across Leeds had shown their support for the Council and the need for it to be appropriately resourced to ensure it continued to play its key role in serving communities and the city, whilst the Board also noted that the figures within the report remained subject to fluctuation from month to month, given the nature of the current position.

RESOLVED –

(a) That the projected financial position of the Authority, as at month 2 of the financial year, as detailed within the submitted report, be noted, with the projected impact of COVID-19 on that position also being noted;

(b) That it be noted that a further package of financial support for Local Government has been announced, with it also being noted that funding allocations are yet to be confirmed;

(c) That it be noted that although this additional funding is welcome, the remaining gap will still require significant savings and further support from Central Government.

23 Capital Programme 2020/21 - 2024/25: Quarter 1 Update

The Chief Officer (Financial Services) submitted a report providing an update on the Council's Capital Programme for 2020/21 as at Quarter 1 and which included an update of Capital resources and progress on spend. In addition, the report also outlined the review of the Capital Programme being undertaken as a result of the need to address the financial impact of Covid-19.

Responding to a Member's enquiry, the Board was provided with an update on the recent announcement regarding the further provision of £22.3m of funding for the for the next phase of the Leeds Flood Alleviation Scheme on the River Aire (including £1.3m for the Natural Flood Management element of the scheme), which, it was highlighted, was subject to final business case approval.

Members provided their support for the approach being taken to restrict further capital spending whilst the programme was reviewed, which was subject to the exceptions as outlined by the Executive Member for Resources and as detailed within the report.

Responding to an enquiry regarding the actions being taken to progress the delivery of capital receipts and the disposal of surplus assets, it was undertaken that the Member in question would be provided with a briefing on such matters.

RESOLVED –

(a) That the following injections into the Capital Programme be approved:-

- £65,166.3k of 2021/22 Basic Need Grant allocation within the Learning Places Programme as set out in Appendix B of the submitted report;
- £3,822.0k of Presumption Free School Grant for East Leeds Free School as set out in Appendix B of the submitted report;
- £1,672.2k for Kirkstall Road Corridor as set out in Appendix B of the submitted report, funded by European Social Fund (ESIF) grant part of Leeds Flood Alleviation Stage 2;
- £1,534.2k for Adaptations Programme as set out in Appendix B of the submitted report, funded by Disabled facilities grant;
- £1,321.7k of other injections, primarily relating to grants for Flood Alleviation, WYCA (West Yorkshire Combined Authority) grants, various prudential borrowing schemes and some section 106, as set out in Appendix B of the submitted report;

(b) That it be noted that the above resolutions to inject funding of £73,516.4k will be implemented by the Chief Officer (Financial Services);

(c) That the latest position on the General Fund and Housing Revenue Account Capital Programme, as at quarter 1 2020/21, be noted;

(d) That the review of the Capital Programme for 2020/21 and future years which is being undertaken due to the current financial position of the Council, be noted.

CLIMATE CHANGE, TRANSPORT AND SUSTAINABLE DEVELOPMENT

24 District Heating Phase 3E Extension to the Southbank

Further to Minute No. 201, 17th April 2019, the Director of Resources and Housing submitted a report which provided an update on the progress of the District Heating project and which sought approval to construct Phase 3E of the network, subject to securing funding from the Heat Networks Investment Project (HNIP) and also subject to other conditions, as detailed within the report being met.

Responding to a Member's enquiries, assurances were provided that a final decision to invest in the network would only be taken once a suitable commercial agreement with Vastint had been reached, with an undertaking to first liaise with the Executive Member and Opposition Executive Members to ensure that sufficient guarantees were in place before formally progressing.

Members were also advised that the report had been submitted to this meeting to enable the Board's agreement on the proposal to be sought, subject to the conditions detailed within the submitted report, so that the HNIP funding could be drawn down, which added to the commercial viability of the scheme.

Following 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 public part of the meeting, it was

RESOLVED –

(a) That the contents of the submitted report and it's appendices, be noted;

(b) That subject to HNIP funding being secured together with commercial agreement with Vastint, approval be given for the additional injection of £6.215m in order to deliver Phase 3E of the District Heating Network;

(c) That authority to spend for the construction of Phase 3E of the District Heating Network extension of £6.215m, funded through £2.438m HNIP grant and supported by £3.777m of prudential borrowing, be approved; and as this is subject to the approval of the HNIP grant from the Department for Business, Energy and Industrial Strategy (BEIS), the necessary authority be delegated to the Director of Resources and Housing to enable the Director to negotiate an alternative package;

(d) That the necessary authority be delegated to the Director of Resources and Housing to enable the Director to take the final decision to invest in the network, once a suitable commercial agreement with Vastint has been reached;

(e) That agreement be given to award contracts to Vital Energi Utilities Limited and Ove Arup and Partners Ltd., as set out in sections 4.4.10 - 4.4.13 of the submitted report;

(f) That agreement be given to: passport the full grant award to the Leeds District Heating PipeCo Limited SPV once received, with no mark up or deductions, loan the SPV £3.692m at the minimum state aid compliant rate and require the SPV to meet the terms of the HNIP grant agreement;

(g) That support be given to the connection of the Discovery Centre to the District Heating Network at a cost of £85k.

25 Transport Hub Improvements and Public Transport Access Schemes

The Director of City Development submitted a report which sought approval for the design and delivery of a package of seven schemes to provide new or upgrade existing facilities, to improve the waiting environment and travel information as well as improving walking and cycling links between public transport hubs and local communities. The report noted how the schemes were part of the Transport Hubs and Connecting Communities package within the Connecting Leeds public transport programme work stream, which was being developed by the West Yorkshire Combined Authority in collaboration with the Council.

Responding to a Member's enquiry, it was confirmed that with regard to the proposal affecting the Pudsey Ward, moving forward, Ward Councillors would be kept fully briefed on such matters.

Also in response to a Member's enquiry regarding the evaluation of the cost levels for those schemes affecting public transport post-COVID-19, it was noted that such matters continued to be subject to change, but that they were being monitored and that liaison with the Combined Authority and contractors would continue, as appropriate.

With regard to the proposed scheme for Rothwell Ward, Members discussed and received further detail on the consultation which had taken place with the local community and Ward Members on such matters, and the benefits that the proposal would bring to existing facilities.

RESOLVED –

(a) That the package of seven schemes, as outlined in Section 3 of the submitted report and shown in appended Drawing Nos. TM/00/321/01 to 05, 06 to 06b and 07 to 07d, which would provide new or upgrade existing public transport facilities, to improve the waiting environment

and travel information as well as improving walking and cycling links between public transport hubs and local communities, be approved;

(b) That authority to incur expenditure of £7.36 million, comprising of £5.81 million works costs, £1.21 million staff fees and £340,000 statutory undertakers diversionary costs, be approved, to design and construct the proposed seven projects, as outlined in Section 3 of the submitted report, all to be fully funded from Department for Transport grant administered by the West Yorkshire Combined Authority as part of the Connecting Leeds public transport programme;

(c) That it be noted that the Chief Officer (Highways and Transportation) is to receive reports concerning all Traffic Regulation Orders as required, necessary for and related to the purposes of the schemes and to ensure progression of the same;

(d) That it be noted that the construction of the scheme is programmed to commence in the Summer of 2020 for completion by Summer 2021;

(e) That it be noted that the Chief Officer (Highways and Transportation) will be responsible for the implementation of such matters.

LEARNING, SKILLS AND EMPLOYMENT

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

Further to Minute No. 71, 18th September 2019, the Director of Children and Families submitted a report providing an update and also providing assurance that the Council had taken effective action in response to the Ombudsman recommendations of the case detailed within the submitted report, and that both the Scrutiny Board (Children and Families) and the Ombudsman were satisfied with the actions which had been taken.

Responding to a Member's enquiry, it was undertaken that the Scrutiny Board (Children and Families) would be provided with progress reports in respect of the associated action plan, as appropriate.

RESOLVED –

(a) That the Ombudsman's letter, as presented in appendix 2 to the submitted report, which states that the Ombudsman welcomes the actions taken by the Council following the report and to formally confirm that they are satisfied with the Council's response in accordance with section 31(2) of the Local Government Act 1974, be noted;

(b) That it be noted that the Scrutiny Board (Children and Families) welcome the actions which have been taken in response to the Ombudsman's report;

(c) That the importance of the ongoing governance review work, aimed at achieving greater consistency amongst Clusters, be acknowledged;

(d) That it be noted that the responsible officer for such matters is the Head of Learning Inclusion.

27 The Annual Standards Report 2018-19

The Director of Children and Families submitted a report which presented the outcomes in respect of the annual educational attainment standards for the 2018/19 academic year and which provided details on the progress made in comparison with the outcomes from the equivalent 2017-18 annual report. In addition, the report outlined where Leeds was in relation to the ambition to support children, including those living in poverty and with disadvantage, as set out within the Council's 3As Strategy.

Members welcomed the recent Government guidance published which related to addressing the issue of 'off-rolling'.

Responding to a Member's enquiry, in addition to officers undertaking to provide further detail in writing to the Member in question, the Board received an update on the actions being taken to increase the comparatively low uptake rates in Leeds for those who were eligible for 2 year old provision.

With regard to a Member's enquiries on the Council's performance in relation to Early Years services, the issues being faced by Early Years providers in both the public and the private sector including the impact of the Coronavirus pandemic and the financial position across the sector, the Board received information on the actions being taken by the Council on such matters.

RESOLVED –

(a) That the submitted report, which presents details of the outcomes of children and young people in Leeds in the 2018-19 academic year, be noted;

(b) That it be noted that this report will be used to measure the progress of outcomes against previous years and to set future targets in line with the obsessions and priorities, as identified within the Council's 3As Strategy;

(c) That it be noted that the Deputy Director for Children and Families (Learning) is the officer responsible for the delivery of the Annual Standards Report;

(d) That it be noted that due to the current Covid-19 pandemic situation, data in this format will not be available for all Key Stages in the 2019-20 academic year.

DATE OF PUBLICATION:	WEDNESDAY, 22ND JULY 2020
LAST DATE FOR CALL IN OF ELIGIBLE DECISIONS:	5.00 P.M. ON WEDNESDAY, 29TH JULY 2020