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Leeds CITY COUNCIL

SCRUTINY BOARD (ADULTS,HEALTH & ACTIVE LIFESTYLES)

Meeting to be held in Civic Hall, Leeds, LS1 1UR on Tuesday, 26th November, 2019 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

Please note: Certain or all items on this agenda may be recorded

Principal Scrutiny Adviser:
Steven Courtney
Tel: (0113) 37 88666

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 - 22 OCTOBER 2019** To approve as a correct record the minutes of the meeting held on 22 October 2019.	3 - 8
7			**REFERRAL TO THE SCRUTINY BOARD: AIREBOROUGH LEISURE CENTRE** To consider a report from the Head of Democratic Services that introduces a referral made to the Scrutiny Board in relation to the Aireborough Leisure Centre.	9 - 14

8		10.4(3)	**THE QUALITY OF REGULATED SERVICES OPERATING IN THE LEEDS CITY COUNCIL BOUNDARY AND CQC INSPECTION OUTCOMES MAY 2019 TO SEPTEMBER 2019** To consider a report from the Director of Adults and Health setting out details of the quality of regulated services operating in the Leeds City Council boundary, alongside the work being undertaken to ensure improvements in the quality of services are being maintained. *Please note Appendix 2 is exempt from publication under the provisions of Access to Information Procedure Rule 10.4(3).*	15 - 38
9			**LEEDS SYSTEM RESILIENCE PLAN 2019/20** To consider a report from the Head of Democratic Services introducing the Leeds System Resilience Plan 2019/20.	39 - 166
10			**URGENT TREATMENT CENTRES - UPDATE** To consider a report from the Head of Democratic Services that introduces an update from Leeds Clinical Commissioning Group regarding its progress in delivering five urgent treatment centres across Leeds.	167 - 186
11			**CHAIR'S UPDATE - NOVEMBER 2019** To receive an update from the Chair on scrutiny activity since the previous Board meeting, on matters not specifically included elsewhere on the agenda.	187 - 190
12			**WORK SCHEDULE** To consider the Scrutiny Board's work schedule for the 2019/20 municipal year.	191 - 212

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DATE AND TIME OF NEXT MEETING

Tuesday, 7 January 2020 at 1:30pm. (Pre-meeting for all Board members at 1:00pm).

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.

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CONFIDENTIAL AND EXEMPT ITEMS

The reason for confidentiality or exemption is stated on the agenda and on each of the reports in terms of Access to Information Procedure Rules 9.2 or 10.4(1) to (7). The number or numbers stated in the agenda and reports correspond to the reasons for exemption / confidentiality below:

9.0 Confidential information – requirement to exclude public access

9.1 The public must be excluded from meetings whenever it is likely in view of the nature of the business to be transacted or the nature of the proceedings that confidential information would be disclosed. Likewise, public access to reports, background papers, and minutes will also be excluded.

9.2 Confidential information means

(a) information given to the Council by a Government Department on terms which forbid its public disclosure or

(b) information the disclosure of which to the public is prohibited by or under another Act or by Court Order. Generally personal information which identifies an individual, must not be disclosed under the data protection and human rights rules.

10.0 Exempt information – discretion to exclude public access

10. 1 The public may be excluded from meetings whenever it is likely in view of the nature of the business to be transacted or the nature of the proceedings that exempt information would be disclosed provided:

(a) the meeting resolves so to exclude the public, and that resolution identifies the proceedings or part of the proceedings to which it applies, and

(b) that resolution states by reference to the descriptions in Schedule 12A to the Local Government Act 1972 (paragraph 10.4 below) the description of the exempt information giving rise to the exclusion of the public.

(c) that resolution states, by reference to reasons given in a relevant report or otherwise, in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

10.2 In these circumstances, public access to reports, background papers and minutes will also be excluded.

10.3 Where the meeting will determine any person's civil rights or obligations, or adversely affect their possessions, Article 6 of the Human Rights Act 1998 establishes a presumption that the meeting will be held in public unless a private hearing is necessary for one of the reasons specified in Article 6.

10. 4 Exempt information means information falling within the following categories (subject to any condition):

1 Information relating to any individual

2 Information which is likely to reveal the identity of an individual.

3 Information relating to the financial or business affairs of any particular person (including the authority holding that information).

4 Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or officer-holders under the authority.

5 Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.

6 Information which reveals that the authority proposes –

(a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or

(b) to make an order or direction under any enactment

7 Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime

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SCRUTINY BOARD (ADULTS,HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 22ND OCTOBER, 2019

PRESENT: Councillor H Hayden in the Chair

Councillors C Anderson, Dr John Beal, N Harrington, M Iqbal, C Knight, G Latty, S Lay, A Smart, P Truswell and A Wenham

Co-opted Member present - Dr J Beal

44 Appeals Against Refusal of Inspection of Documents

There were no appeals.

45 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

46 Late Items

There were no formal late items. However, some supplementary information in relation to Item 7 (Leeds Community Dental Services) was submitted and distributed to Members prior to the meeting (Minute 50 refers).

47 Declaration of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests. However, Dr J Beal wished for his membership of the Regional Dental Clinical Commissioning Executive to be noted.

48 Apologies for Absence and Notification of Substitutes

Apologies for absence were received from Councillor J Elliot and Councillor D Ragan.

No substitute members were in attendance.

The Chair noted that the Board wish Councillor Elliot a speedy recovery.

49 Minutes - 17 September 2019

RESOLVED – That the minutes of the meeting held 17th September 2019 be approved as an accurate record.

50 Leeds Mental Wellbeing Service Mobilisation Arrangements

The Head of Democratic Services submitted a report that introduced a joint report from NHS Leeds Clinical Commissioning Group and Leeds Community Healthcare NHS Trust providing an update on the new Leeds Mental Wellbeing Service and the associated mobilisation arrangements.

The following were in attendance:

- Sam Prince – Executive Director of Operations, Leeds Community Healthcare NHS Trust
- Kashif Ahmed – Head of Commissioning (Mental Health and Learning Disabilities, NHS Leeds CCG
- Jon Davis, Director of Northpoint Wellbeing
- Dan Barnett, Head of Business Development, Leeds Community Healthcare NHS Trust
- Steve Callaghan – Head of Service (Leeds Community Healthcare NHS Trust)

The Executive Director of Operations (LCH) introduced the item, providing some of the background to the new contract and the range of partners involved.

Members were informed that there were some legacy issues (i.e. waiting lists) to overcome from the previous contract, however the service was intended to launch on 1st November 2019, with a public launch in April 2020.

Members discussed a number of matters, including:

- *Digital resources.* In response to a query, Members were informed that a substantial proportion of additional funding had been invested in increasing capacity, including investment into online therapy offers. Members were advised that patients would be offered face-to-face alternatives if online services were not preferable.
- *Underrepresented groups.* Members were keen to understand how underrepresented groups would be reached as part of the new arrangements, and were advised that the partnership includes peer experts through a number of local community groups to identify barriers to access.
- *Communications.* In response to a query, Members were informed that the new arrangements had been communicated to all referrals and people who remained on waiting lists, ahead of the public launch in April. Additionally, the employer's network across the city would be utilised to ensure that messages are disseminated throughout the workplace. Members also suggested that the mobilisation arrangements could be advertised via trade unions.

The Scrutiny Board welcomed the intended service model, in particular the much broader universal service offer that went beyond the previous IAPT service arrangements. Members believed the new arrangements provided a significant opportunity to improve access to primary care mental health / wellbeing services.

Reflecting the Board's comments, the Chair requested that following the planned public launch in April 2020, those in attendance return to the Scrutiny Board early in the new municipal year (2020/21) to provide assurance that the legacy waiting lists have been addressed and also to provide a more general update on the progress of the new arrangements and the associated success measures.

RESOLVED – That the contents of the report be noted and the future reporting requests identified at the meeting be actioned.

51 Leeds Community Dental Services

The Head of Democratic Services submitted a report that introduced a report form Leeds Community Healthcare NHS Trust on the outcome of its public engagement and consultation on the future delivery of Community Dental Services and the proposed next steps.

The following were in attendance:

- Sam Prince, Executive Director of Operations, Leeds Community Healthcare (LCH)
- Jane Ollerton, Dental Commissioning Manager, NHS England

Members were advised that Emma Wilson, Head of Co-Commissioning (Yorkshire and Humber), NHS England who had been due to attend the meeting would no longer be in attendance due to unforeseen circumstances.

The Executive Director of Operations (LCH) introduced the report, providing Members with an update following consultation regarding the proposed changes to Community Dental Services in Leeds.

Members were informed that the consultation response rate had been lower than expected.

Members discussed a number of matters, including:

- *Consultation model.* Members reflected that the commissioning model should have included third sector organisations and community groups who work with vulnerable groups.
- *Oral Health Needs Assessment (OHNA).* In response a query, Members were informed that an OHNA was carried out by Public Health England at a Yorkshire and Humber level. Members were further advised that under previous contract arrangement the level and type of reported performance data had been inconsistent. Service providers had been asked to provide further details which were currently undergoing analysis. Members expressed concerns that the needs of patients who access specialist services had not necessarily been reflected as part of the procurement process and the level of need may be in excess of that planned for under the current proposals.

Members requested a further report be provided on the level of local need and how this would be met by the proposed changes.

- *Travel time and home visit arrangements.* Members requested more information around the number of requests for domiciliary care, along with assurance that savings from closing sites would be reserved for supporting people to travel to appointments further afield.

RESOLVED – That the contents of the report be noted and the future reporting requests identified at the meeting be actioned.

52 Leeds Health and Care Plan: Continuing the Conversation

The Director of Adults and Health submitted a report that provided an update on the review and refresh of the Leeds Plan, including an overview of the engagement to date that has supported its development.

The following were in attendance:

- Paul Bollom, Head of Leeds Plan, Adults and Health
- Sue Robins, Director of Operational Delivery, Leeds CCG

The Head of the Leeds Plan introduced the report, including recommendations made by the Care Quality Commission (CQC) for improvements to the plan and some of the actions taken to address issues raised.

Members discussed a number of matters, including:

- *Recruitment and retention of staff.* Members noted that a comprehensive strategy is needed to address staffing problems, particularly in advance of the development of the new Leeds Hospital.
- *Oral health.* Members queried the current status of oral health within the Leeds Plans, and were assured that local dentistry will form part of the prevention work programme.
- *Health infrastructure for new housing developments.* In response to a query, Members were informed that health partners were now receiving housing applications in early stages of development and are able to provide input to address population changes. Members sought an update from the upcoming 'Health and Planning Workshop' for the next meeting.

RESOLVED – That the contents of the report be noted.

53 Update on the CQC Leeds System Review Action Plan

The Director of Adults and Health submitted a report that set out progress against the agreed action plan following the Local System Review (LSR) of Leeds on how services are working to care for people aged 65 and over (including those living with dementia), undertaken by the Care Quality Commission (CQC) and reported in December 2018.

The following were in attendance:

- Paul Bollom, Head of Leeds Plan, Adults and Health
- Shona McFarlane, Deputy Director (Social Work and Social Care Service), Adults and Health

The Head of the Leeds Plan introduced the report and provided an update on progress made in relation to the action plan. Members were advised that there were no outstanding red actions, however, that the nature of demographic changes require continuous reflection of the plan.

Members discussed a number of matters, including:

- *Patient experience*. Members were supportive of the approach to understand patient experience during development of the actions by Health and Wellbeing Board in partnership with HealthWatch.
- *Clear measures and data for outcomes*. Members sought assurance that there were clear metrics in place to measure outcomes, and were informed that a separate dashboard, that includes key metrics, would be circulated to Members following the meeting.

  Members also noted the establishment of the Care Homes Oversight Board highlighted at the meeting and agreed further consideration should be given to how that Board should provide assurance to the Scrutiny Board in the future.

RESOLVED – That the contents of the report be noted.

Councillor C Anderson and G Latty left the meeting at 15:55 p.m. at 16:05 p.m. during discussion of this item.

54 Chair's Update

The Head of Democratic Services submitted a report that provided an opportunity for the Chair of the Scrutiny Board to outline some areas of work and activity since the previous Scrutiny Board meeting in September 2019.

The Chair provided an update to the Board regarding a number of matters, including:

- An update on the quality of care in nursing and residential care homes in Leeds;
- National Audit Office recently published report that sets out the government's progress in ensuring supplies to the health and social care sectors should the UK leave the EU without a deal;
- The recently published State of Care Report 2019 by the Care Quality Commission.

RESOLVED – That the contents of the report be noted.

55 Work Schedule - October 2019

The Head of Democratic Services submitted a report which invited Members to consider the Board's work schedule for the remainder of the 2019/20 municipal year.

The Principal Scrutiny Adviser introduced the report and noted the number of unscheduled areas of discussion that the Board agreed to consider at the first meeting of the municipal year. Although Members agreed that some of the issues required standalone items, such as further consideration of Community Dental Services and Women's Reproductive Health, it was suggested there was opportunity for some items to be merged into broader discussions.

RESOLVED – That an updated work schedule, reflecting the comments made at the meeting, be presented to the next meeting of the Board for consideration.

56 Date and Time of Next Meeting

Tuesday 26 November 2019 at 1:30pm (pre-meeting for all Board members at 1:00pm).

The meeting ended at 16:15 p.m.

Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 0113 37 88666

Report of Head of Democratic Services

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

Date: 26 November 2019

Subject: Referral to the Scrutiny Board: Aireborough Leisure Centre

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 present details of a referral that falls within the remit of the Scrutiny Board (Adults, Health and Active Lifestyles).

2. Background information

2.1 In accordance with the Council's Scrutiny Board Procedure Rules, any member of a Scrutiny Board may request that the Scrutiny Board of which they are a member considers a matter relevant to that Board's functions. Such requests are generally considered as part of a Scrutiny Board's standard agenda item to review its work programme.

2.2 Any referrals that arise from outside of the relevant Scrutiny Board membership are to be dealt with in accordance with sections G and H of the Scrutiny Board Procedure Rules (Link to SBPR).

3. Main issues

3.1 A referral for consideration by the Scrutiny Board (Adults, Health and Active Lifestyles) has been received from Councillors Paul Wadsworth, Pat Latty and Graham Latty. Details of the matter being referred to the Scrutiny Board is set out in the attached letter (Appendix 1).

3.2 In accordance with the Scrutiny Board Procedure Rules, Councillor Wadsworth (as the main 'Referrer') has been invited to the meeting to make representations as to

why it would be appropriate for the Board to exercise its functions in relation to the matter. The Scrutiny Board Chair will decide how much time will be given to address the Scrutiny Board.

3.3 The Scrutiny Board shall consider whether to exercise its power to review or scrutinise the matter referred and may have regard to:-

- Any relevant information provided by or representations made by the Referrer as to why it would be appropriate for the Scrutiny Board to exercise any of its powers in relation to the matter;
- The principles set out within the 'Vision for Leeds at Scrutiny' document as part of Article 6.

3.4 The Scrutiny Board may also wish to consider:

- If further information is required before considering whether further scrutiny should be undertaken;
- If the matters links in with the scope of any current / planned scrutiny inquiries or activity;
- If a similar or related issue is already being examined by Scrutiny or has been considered by Scrutiny recently;
- If the matter raised is of sufficient significance and has the potential for scrutiny to produce realistic recommendations that could be implemented and lead to tangible improvements;
- The impact on the Board's current workload;
- The time available to undertake further scrutiny;
- The level of resources required to carry out further scrutiny;
- Any other potential alternative actions that might address the matters being raised and/or satisfy any underlying reasons for the referral.

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.

4.1.2 At this stage, a specific invitation has not been extended to the relevant Director(s) and Executive Board Member(s) to contribute to the Board's initial discussion surrounding the matter raised as part of this request.

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 any 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 Any requests for Scrutiny are dealt with in accordance with the Council's Scrutiny Board Procedure Rules as well as the principles set out within the 'Vision for Leeds at Scrutiny' document.

4.3.2 The terms of reference of the Scrutiny Boards also promote a strategic and outward looking Scrutiny function that focuses on the best council objectives.

Climate Emergency

4.3.3 Following the Council's Climate Emergency declaration, importance is also placed upon the need to consider the potential climate and sustainability impacts associated with any matters being considered by Scrutiny.

4.4 Resources, procurement and value for money

4.4.1 As set out in paragraph 3.4, the Scrutiny Board is advised to consider any potential impact on its current workload in taking forward requests for Scrutiny, including the level of resources required to carry out further scrutiny activity.

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

5.1.1 A referral to this Scrutiny Board has been made by Councillors Paul Wadsworth, Pat Latty and Graham Latty. An invitation has been extended to Councillor Wadsworth (as the main referrer of this request) to outline why the matter(s) should be considered by the Scrutiny Board. The relevant Director(s) and Executive Board Member(s) have not been invited to contribute to the Board's initial discussion surrounding the matter raised as part of this request.

5.1.2 The Scrutiny Board is asked to determine what, if any, further scrutiny activity is required.

6. Recommendations

6.1 The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to determine what - if any - further scrutiny activity is required in relation to the matter referred.

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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APPENDIX 1

Leeds
CITY COUNCIL

Councillor Helen Hayden
Chair, Scrutiny Board (Adults, Health & Active Lifestyles)
Civic Hall
Leeds
LS1 1UR

By Email

Councillor Graham Latty
Councillor Pat Latty
Councillor Paul Wadsworth
Conservative Group Office
2nd Floor East
Civic Hall
Leeds LS1 1UR

Tel: 0113 37 88791
Fax: 0113 33 67008

Date: 16 October 2019

Dear Councillor Hayden,

We write to request that the Scrutiny Board (Adults, Health & Active Lifestyles) undertakes an inquiry into the Aireborough Leisure Centre refurbishment project.

As local ward councillors we are of course delighted that the leisure centre is now open again to the public and we are grateful for the hard work of those who made this possible.

Nevertheless you will be aware that the project has been very far from smooth sailing: it has faced significant problems and delays as well as budget concerns, all of which has combined to dent the confidence of the local community in the council's ability to deliver projects of this type. As well as the frustration and inconvenience caused by the centre's prolonged closure, there often seemed to be a lack of communication about the project, leading local people to be confused about what was happening and why.

Now that the project has been completed, we believe it is appropriate for scrutiny to look into this issue and establish if lessons can be learned. We think any potential inquiry should focus on the initial assessment and procurement stages, project management issues, budget oversight, and communication with the public.

We hope that your Board will take the opportunity to consider this request for scrutiny and will ultimately decide to make it part of your work programme over the coming months.

Yours sincerely

Graham Latty P A Latty P.J.S Wadsworth

Councillor Graham Latty
Guiseley & Rawdon Ward

Councillor Pat Latty

Councillor Paul Wadsworth

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Report author: Mark Phillott
Tel: (0113) 37 83923

Report of the Director of Adults and Health

Report to Scrutiny Board Adults, Health & Active Lifestyles

Date: 26 November 2019

Subject: The Quality of regulated services operating in the Leeds City Council boundary and CQC inspection outcomes May 2019 to September 2019

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?	☐	☒ No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: 10.4(3) Appendix number: 2	☒ Yes	☐ No

1 Purpose of this report

1.1 The purpose of this report is to provide members of the Scrutiny Board with details of the quality of regulated services operating in the Leeds City Council boundary. The report sets out the work which is being undertaken within Adults and Health (A&H) and wider partners to ensure improvements in the quality of services are being maintained and includes the most recent inspection outcomes for social care providers reported by the Care Quality Commission (CQC).

2 Background

2.1 Leeds has 268 regulated social care providers operating within the city providing a range of social care services including care homes (residential and nursing) for older people and working age adults, homecare, supported living services, extra care . All these services are regulated by the CQC who will regularly inspect and rate providers with ratings ranging of Outstanding, Good, Requires Improvement or Inadequate.

2.2 To help ensure the Scrutiny Board maintains a focus on the quality of social care services across the City, the purpose of this report is to provide an overview of the approach being undertaken within Adults and Health and wider partners to improve the quality of regulated services in the city.

2.3 A system of routinely presenting and reporting CQC inspection outcomes to the Scrutiny Board has now been established. The processes involved continues to be developed and refined in order to help the Scrutiny Board maintain an overview of quality across local social care service providers.

3 Main issues

Adults and Health Approach to Quality Improvement of regulated services

3.1.1 In response to concerns about the overall quality of care home provision, a number of projects and programmes of work have been initiated over the past 3 years by the Council and/or the CCG aimed at supporting improvements in the quality of care provided in the independent sector.

3.1.2 There are 268 regulated social care providers in the city including the services Adults and Health run in-house. Adults and Health currently contract with the majority of care homes in the city, 4 extra care providers and 4 primary plus 6 framework home care providers, but also commission home care from various other providers on a spot purchasing basis.

3.1.3 Where A&H contracts with providers, the directorate monitors these contracts through monitoring teams within the directorate's commissioning function. All contracts will contain a set of standards which the council will expect providers to deliver when providing services to the citizens of Leeds. Commissioning officers establish and maintain close relationships with the registered managers of services through contract management meetings and also carry out unannounced contract compliance visits at the care homes and home care providers to establish that standards contained in the contract are being met and maintained. Where there is any health related care input as part of the service, such as nursing homes, commissioning officers will undertake any visits or monitoring meetings in conjunction with contracts and quality staff from the Leeds CCG.

Care Homes Oversight Board

3.1.4 As part of the framework to integrate the work of commissioning within Adults and Health and the CCG, a Care Homes Oversight Board was established in March 2019, and is co- chaired by the Deputy Director of Integrated Commissioning and the Director of Operational Delivery at the CCG. The Board has representation from NHS providers including Leeds Teaching Hospitals Trust (LTHT), Leeds Community Healthcare Trust (LCH), Leeds and York Partnership Foundation Trust (LYPFT) together with representation from independent sector care home providers and Third Sector organisations such as Leeds Older People's Forum and Carers Leeds.

3.1.5 The Care Homes Oversight Board's role is to oversee the implementation of an action plan with a range of projects which have been developed over the last few years to assist care homes in improving the quality of the services they provide. The action plan consists of four main themes which are:

- Home, Hospital, Home which include projects such as the introduction of Trusted Assessors, who are employed as part of Leeds Care Association and help facilitate prompt discharge of a person from hospital to a care home and React to Red initiative, which is a national campaign to prevent pressure ulcers in care settings.

- Quality Improvement with projects including the Red Bag Scheme to assist the flow

of information when a person is being transferred to and from hospital, Medicines Management and Telemedicine.

- Technology which includes the Digital Innovation Programme – Connecting Care Homes and the Leeds Care Record

- Workforce which includes development of the Leeds Care Awards and the Leadership Academy.

3.1.6 The Board meets on a bi-monthly basis and is supported by a delivery group, which meets two weeks prior to the Board meeting, who ensures that progress is being made on all the projects within the plan, that risks and resources are being managed appropriately in respect of each project.

Strategic Direction Meeting

3.1.7 In June 2017 a Strategic Direction Meeting was established to include representatives of the Leeds Care Association (LCA), other care home providers and commissioners from the A&H Directorate and from Leeds Clinical Commissioning Group (CCG). This forum is facilitated by A&H, meets quarterly and is chaired by the Chair of the LCA.

3.1.8 The purpose of this forum is to discuss strategic issues that impact on the independent sector care home provision in the city, including the cost of care and provider sustainability, workforce, capacity and future developments in the market. Any specific projects which may arise from this meeting will be included in the action plan and overseen by the Care Homes Oversight Board.

Care Quality Commission meeting

3.1.9 In order to ensure that intelligence concerning the quality of service delivered by registered providers is shared appropriately, Adults and Health and the CCG contracts teams meet on a regular basis with inspectors of the Care Quality Commission. In addition, contracts officers have working relationships with the CQC inspectors in order that issues of poor quality can be picked up and addressed in a timely way.

Care Quality Team

3.1.10 In October 2017, the council approved a recommendation to establish a Care Quality Team (CQT) to assist regulated providers where the quality of the care services were not meeting the required standards. The team were recruited over the next six months and started working directly with older people's care homes in the second half of 2018. To date, the team have worked with over 20 care homes in the city with varying input from a single conversation offering advice or guidance to a manager through to weekly/daily visits to the home to work directly with the manager and staff.

3.1.11 The work the CQT have been involved in has ranged from advice and guidance on medications management, compliance audits, CQC inspection preparedness, care-planning and management audit processes. During this period, the team have worked with 4 major care homes in the city where they have been able to provide assistance to significantly improve the home's rating, 2 of which were Inadequate and 2 Requires Improvement, all of which are now rated Good (see table below).

Care Home	Type of Care Home	Initial CQC rating and date	Final CQC rating and date
Wykebeck Court	Nursing	Requires Improvement – 3rd April 2019	Good – 24th October 2019

Lofthouse Grange & Lodge	Residential	Inadequate – 19th September 2018	Good – 12th July 2019
Atkinson Court	Nursing	Inadequate - 18th April 2018	Good – 2nd July 2019
Seacroft Grange	Nursing	Requires Improvement – 20th July 2018	Good – 30th September 2019

3.1.12 In addition to the direct work with specific care homes, the CQT has also been engaged in various items of work to ensure the older people's care home sector, as a whole, can improve the quality of services being delivered to residents. The CQT has worked closely with colleagues in the CCG and wider health partners to ensure various quality initiatives are introduced in the sector. Some of these initiatives have included:

- Support to CCG colleagues in implementing the use of red bags to improve the quality of transfers to and from care homes to hospital.

- Working with CCG and the contracted service providers to increase usage and understand the impact of tele-medicine in the pilot care homes (which now number a total of 30 residential and nursing homes) to avoid hospital admissions.

- Work with the implementation team from LCH and LTHT to ensure regulated providers are aware of ReSPECT (Recommended Summary Plan for Emergency Care and Treatment which is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices) and to feedback concerns to the implementation team around the ReSPECT documentation.

- CQT are at an early stage of working with NHS, Digital and the City Digital partnerships team to improve communication between health services and providers and to allow providers access to the various services such as Leeds Care Record.

- CQT are supporting and re-energising the use of dementia care mapping in Leeds and have two fully qualified dementia care mappers to help improve dementia care services in the home.

Home Care

3.1.13 Work has recently commenced to review and remodel our commissioning arrangements for home care. Leeds has a bold ambition over the next two years, to fundamentally change the way homecare is delivered in the city to ensure it is more focused around the outcomes for an individual. It is also the intention to ensure that a joint arrangements are in place between A&H and the CCG for an integrated homecare service for the city. This will involve consultation with all stakeholders including active involvement of service users, carers and service providers, and oversight by elected members.

3.1.14 To assist with this process, A&H have commissioned an organisation, Vanguard, who have developed expertise in working with public services to challenge their thinking and to redesign services differently from ways that organisations have traditionally worked. Vanguard will support the Council and the CCG to re-think home care and to redesign the commissioning approach and the delivery of care based support services, based on the Vanguard Method of 'Check, Plan and Do'.

3.1.15 A&H will also work with the NDTi (the National Development Team for Inclusion), who have been already been working closely with the social work teams to embed a strengths based way of working, to help develop strengths based commissioning practice.

3.1.16 A&H currently contract with 10 home care providers through the main primary and framework contracts the council procured in 2016. A considerable amount of work has been undertaken with these organisations to increase the level of quality of care being provided and to help them deliver the services required by the contract. Commissioning Officers have held regular meetings with the contracted providers to address quality concerns which have arisen. Currently, the primary and framework providers deliver 58% of the care commissioned by the Council, with 42% being delivered by spot providers.

3.1.17 A&H hold regular provider forums to facilitate discussions and enable best practice to be shared on topics such as winter planning, workforce and recruitment and safeguarding. In addition, briefing sessions have been held for all providers in relations to the EU Exit which have included sessions on business continuity/contingency planning and the EU Settlement Scheme.

3.1.18 To evidence the Council's commitment to ensuring good terms of employment for staff, the conditions of the home care contract awarded in 2016, mandated compliance with the Unison Ethical Care Charter (ECC). To ensure compliance with this provision in the contract, the Council approved the establishment of a dedicated ECC Team in November 2018. The team is now fully established and based within the contracting function of the directorate.

3.1.19 From February 2019, the newly-recruited ECC Compliance Team, commenced a programme to review and confirm full compliance with the ECC, using a specially devised Compliance Audit Tool. A planned programme of validation visits then began with the contracted four Primary providers, specifically targeted as they employ the highest number of Community Care Assistants. As part of measuring and validating compliance, the current two Ethical Care Charter Officers planned a robust programme of activity, in conjunction with Officers from the Contracts Home Care team and senior leaders, including comprehensive site visits to review policies, documentation, employment contracts, rotas and actual care delivery, alongside a key element of staff consultation. These visits included two Officers spending two full days with each provider.

3.1.20 Overall, the findings of the ECC compliance visits with Primary providers were positive and show their compliance with the majority of areas of the Unison Ethical Care Charter. Any feedback and actions required from Providers are being addressed by Home Care Contracts Officers through on-going contract management meetings and these will be evidenced to ensure completion. Over the next 6 months the ECC Team are now planning to carry out ECC compliance visits with all Framework providers, taking the same approach.

3.1.21 As part of A&H commitment to staff working in care, Home Care Contracts and the Care Quality Team are working together to create a publicly accessible web resource to provide staff with clear, independent information about their rights and sources of support for well-being, including our recently launched community mental health contract, Live Well Leeds, and other support like the Money Information Centre.

Payment for Service User Hospitalisation and Interim Homecare Service

3.1.22 In December 2018, the Director of Adults and Health approved a recommendation to vary the existing Community Home Care Contract to enable a payment to be made to providers to cover a period of up to 2 weeks whilst a service user who is receiving a home care service is in hospital. Payment is made to the provider to ensure that they resume the service immediately at the point the service user is due to be discharged from hospital within the 2 week period. In addition, the Director also approved a pilot scheme to run an interim homecare service (initially referred to as a rapid response service) which enables providers to ensure individuals can be safely and effectively discharged from hospital once they are deemed medically fit, usually within 24 hours.

3.1.23 Contracts were varied for all providers in relation to the payment for hospitalisation and this initiative is proving to be successful in that it has resulted in a significant reduction in the length of time people are delayed in hospital as a result of waiting for their care package to restart. With regards to the interim home care service, only one provider took up the opportunity of developing this service. This is because the other providers have sought to focus on and prioritise the delivery of their main contractual requirements by increasing capacity rather than to take on this new initiative. Where the service has been started, it is being extended to cover the winter period and will be fully evaluated over the next six months to establish if the scheme will be continued beyond the first year of operation.

3.1.24 Since the introduction of these initiatives, Adults and Health have seen the weekly number of outstanding care packages for people who are waiting in hospital fall by over half. As at 30th September 2019 there were 10 individuals in hospital waiting for their care provision to start, whereas at the 24th September 2018 there were 26 people waiting, in hospital, for their care service to start. Whilst it is not possible to directly attribute this fall to these two initiatives, these are the only two changes that have been made to the process for brokering and allocating care packages for people in hospital.

Quality and Sustainability of Nursing Care

3.1.25 The quality and sustainability of nursing care remains both a local and national issue. A specific piece of work has been undertaken to focus on recruiting, retaining and supporting the nursing workforce in the nursing home sector. This has been done through the Leeds Health and Care Academy, making use of the strong partnership across the social care sector, the NHS and academic institutions in the city. Over the past months consultation has been undertaken with nurses themselves and nursing home providers to better understand the challenges and what might practically help. As a result we are in the process of implementing the first sector-led improvement programme for nursing homes with provisional projects set out below.

Improving the quality of care in nursing homes		
Primary drivers	**Secondary drivers**	**Projects**
Curriculum and structure	Attract/ return to practice	Develop sustainable student placement programmes
	Accessible mentorship programme	Access to mentorship
	Student placements in good homes	
	Pitch at university	
On-going training and co-	Shared approach to re-validation	Create cross-organisational working/ reflection

Improving the quality of care in nursing homes		
Primary drivers	**Secondary drivers**	**Projects**
ordination of training	Shared learning opportunities	Develop NICHE* learning network
	Establish learning support networks/ communities of practice	Explore Quality assurance and shared learning opportunities across LCH, LCC, LTHT
	Establish nurse groups/ social media apps to communicate	
Inter-professional / organisational relationships Enhance the profile of care home nurses	Understanding roles/ "a day in their shoes"	Develop system shadowing programme
	Ambassador representation from nursing homes	
	Partnership approach with Local Care Partnerships and Primary Care Networks	Develop peer support networks within LCPs
	Pooled budgets and LCP approach: inter-professional practice across primary/ community/ acute nursing care	Develop system-wide approach to re-validation of practice to lever future change

(NB. NICHE stands for Nurturing Innovation in Care Home Excellence and is a partnership between care homes and academia. It is a platform that provides the leadership, expertise and inter-disciplinary collaboration that helps care homes innovate efficiently, effectively and sustainably. NICHE Leeds is based on the Dutch Academic Collaborative Centre on Care for Older People).

3.1.26 Leeds is to hold its first Quality in Care Awards in April 2020, which will recognise and celebrate excellence in the city's regulated adult social care sector. The event is being organised by Leeds City Council in partnership with the Leeds CCG and the Leeds Care Association, with Leeds City College being the main sponsor. The award categories include:

- Nursing home nurse of the year
- Care or support worker of the year
- Volunteer of the year
- Care home registered manager of the year
- Outstanding contribution to social care

3.1.27 Nominations will be open to any individual or service that provides CQC registered adult social care - in a nursing or residential care home as well as in people's own homes and anyone can nominate (e.g. a service user, family member, staff member or colleague in another organisation).

Brexit

3.1.28 Over the last few months, Adults and Health have been working with providers to prepare for Brexit. A&H have sent a template for contingency planning for Brexit, developed by the Care Provider Alliance, to all commissioned social care providers to assist them with their preparation for leaving the EU.

3.1.29 During the last 2 months, commissioning staff have been requesting copies of providers' contingency plans to ensure the necessary arrangements are in place to deal with a no-deal EU exit. In addition to the contingency planning, A&H commissioning staff have held 4 briefing sessions on Brexit, during August and

October, for all providers of social care, whether commissioned or not. This which included providing advice and guidance on contingency planning, the EU Settlement Scheme and general government guidance on Brexit such as the provision of medication and medical supplies in the event of a no-deal Brexit.

3.1.30 The directorate has also been completing surveys and returns for the Association of Directors of Adults Social Services and NHS England on the adult social care sector's preparedness for Brexit.

CQC Inspection reports

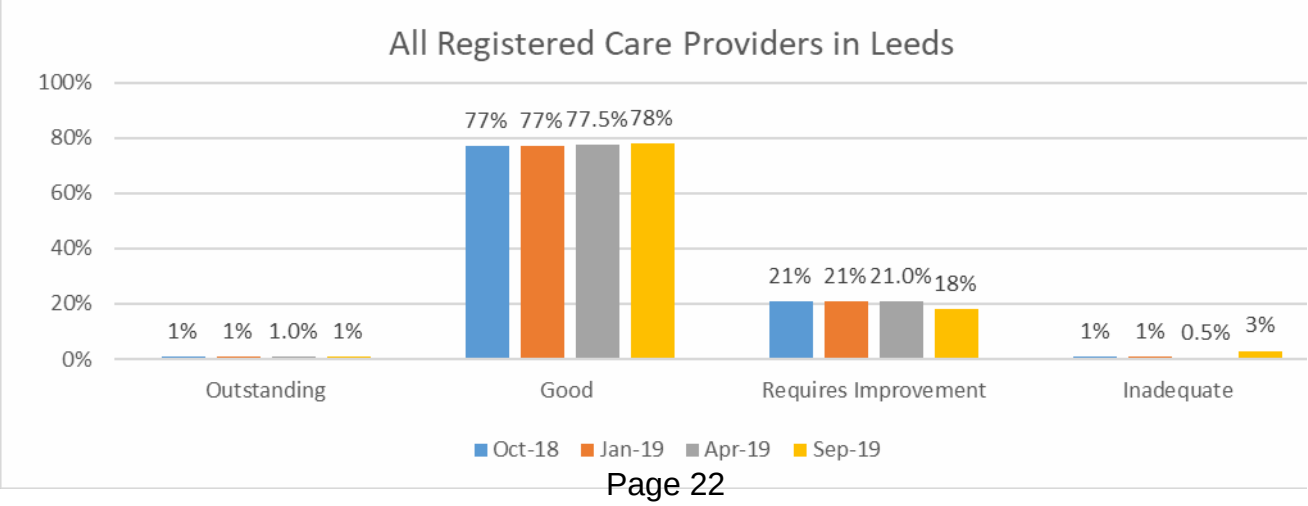
3.2 Appendix 1 provides a summary of the inspection outcomes for adult care services across Leeds published between May 2019 and September 2019.

3.3 It should be noted that the purpose of this report is only to provide a summary of inspection outcomes across health and social care providers in Leeds. As such, full inspection reports are not routinely provided as part of this report. However, these are available from the CQC website. Links to individual inspection reports are highlighted in Appendix 1.

3.4 During the period covered by this report CQC published 52 inspections. Of these services:

- 35 are rated Good
- 14 are rated as Requires Improvement
- 3 are rated as Inadequate
- 14 organisations have improved their rating since their last inspection, all moving from Requires Improvement to Good
- 18 organisations have remained at the same rating since their last inspection with 13 receiving a Good rating and 5 receiving Requires Improvement
- 7 organisations have received a poorer rating, 5 moving from Good to Requires Improvement, 1 from Good to Inadequate and 1 from Requires Improvement to Inadequate
- For 13 organisations it is their first inspection

3.5 The following chart shows the ratings for all adult social care registered services in the city who have been inspected, which includes all care homes and domiciliary care organisations, which include home care and supported living providers, as stated by CQC in their local area profile.



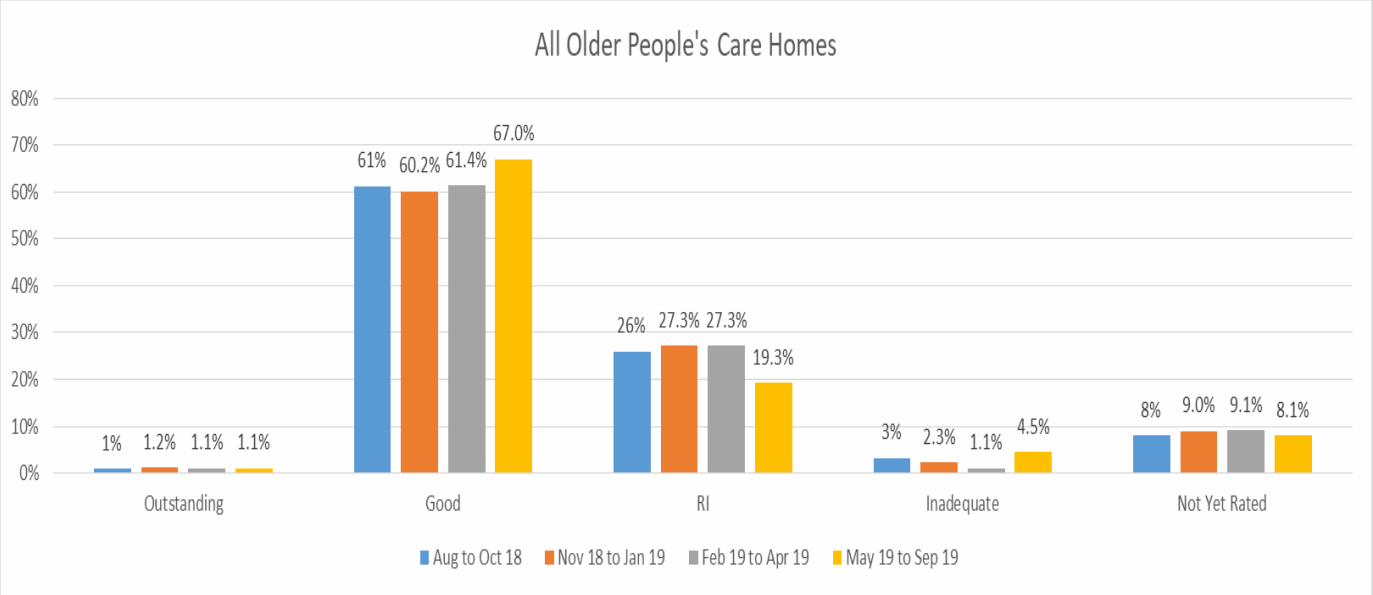
3.6 Older People's Care Homes

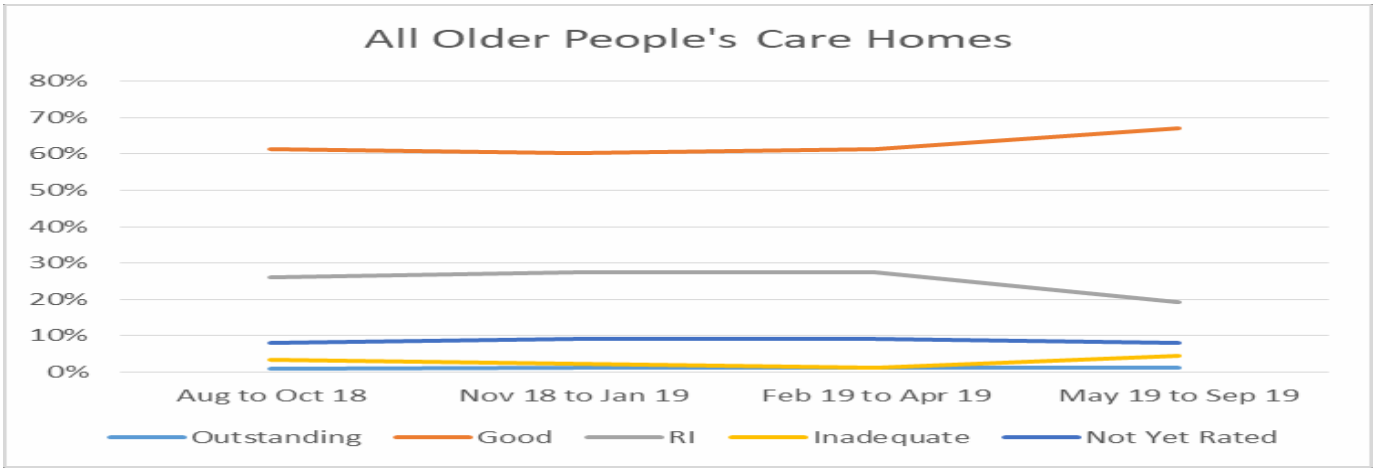
3.6.1 The following two Charts show a comparison of ratings from the previous quarter for all older people's care homes:

3.6.2 The following figures show the ratings for older people's care homes in the independent sector in the city as at the 30th April 2019 with a bar chart and trend data graph for each area:

All Older People's Care Homes

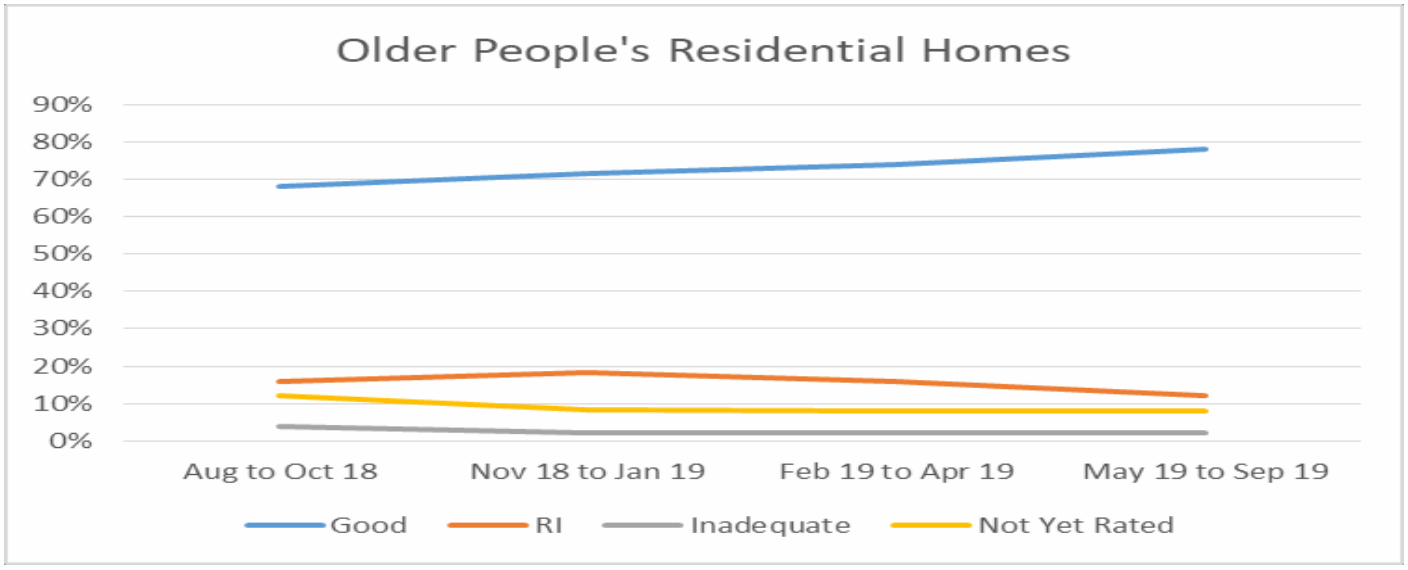
- 88 independent sector care homes in total
- 1 rated Outstanding – 1.1%
- 59 rated Good – 67.0%
- 17 rated Requires Improvement – 19.3%
- 4 rated Inadequate – 4.5%
- 7 not yet rated – 8.1%

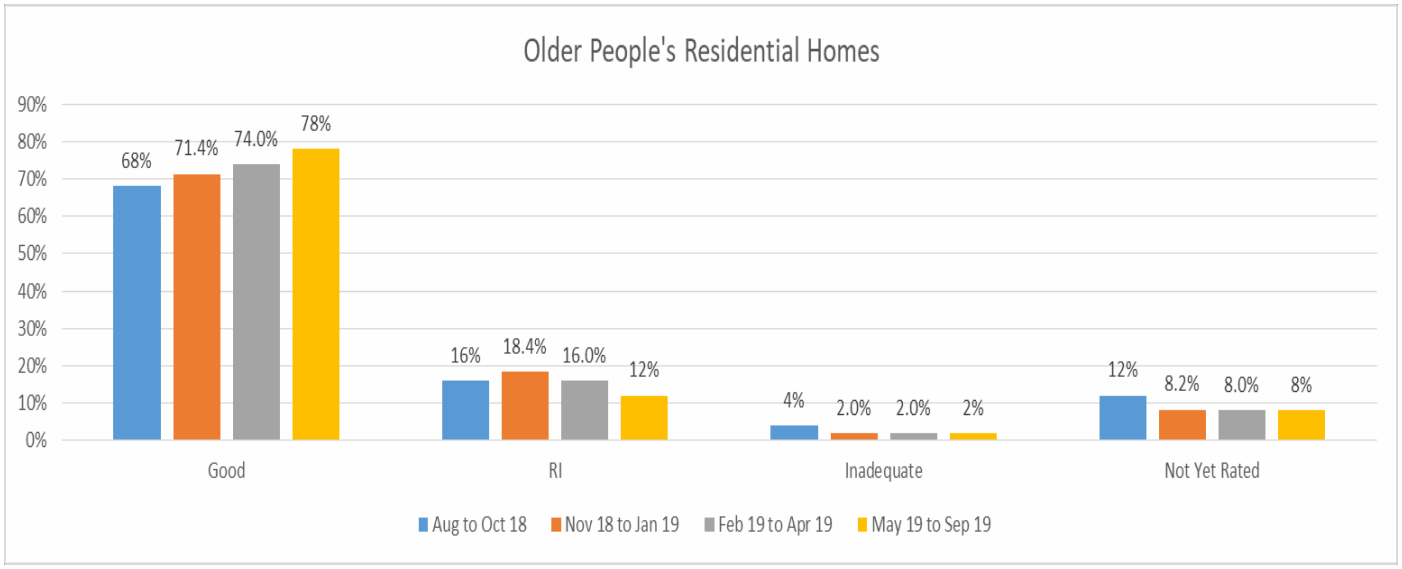




Residential Homes

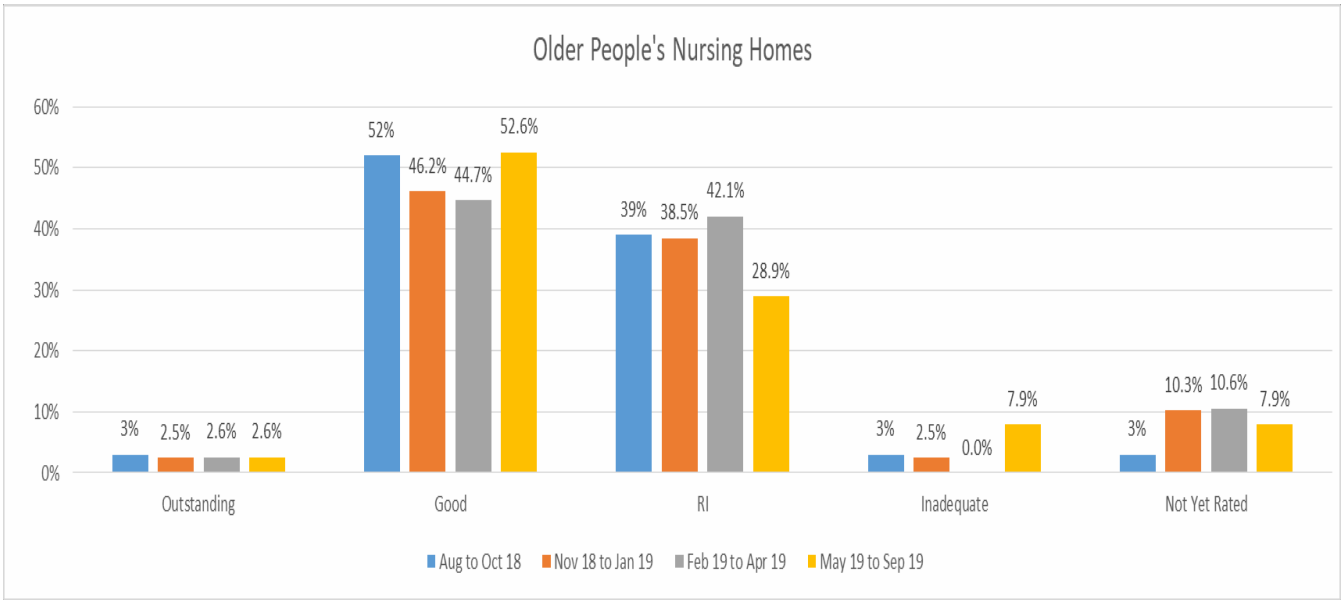
- 50 independent sector care homes in total
- 39 rated Good – 78.0%
- 6 rated Requires Improvement – 12.0%
- 1 rated Inadequate – 2%
- 4 not yet rated – 8.0%

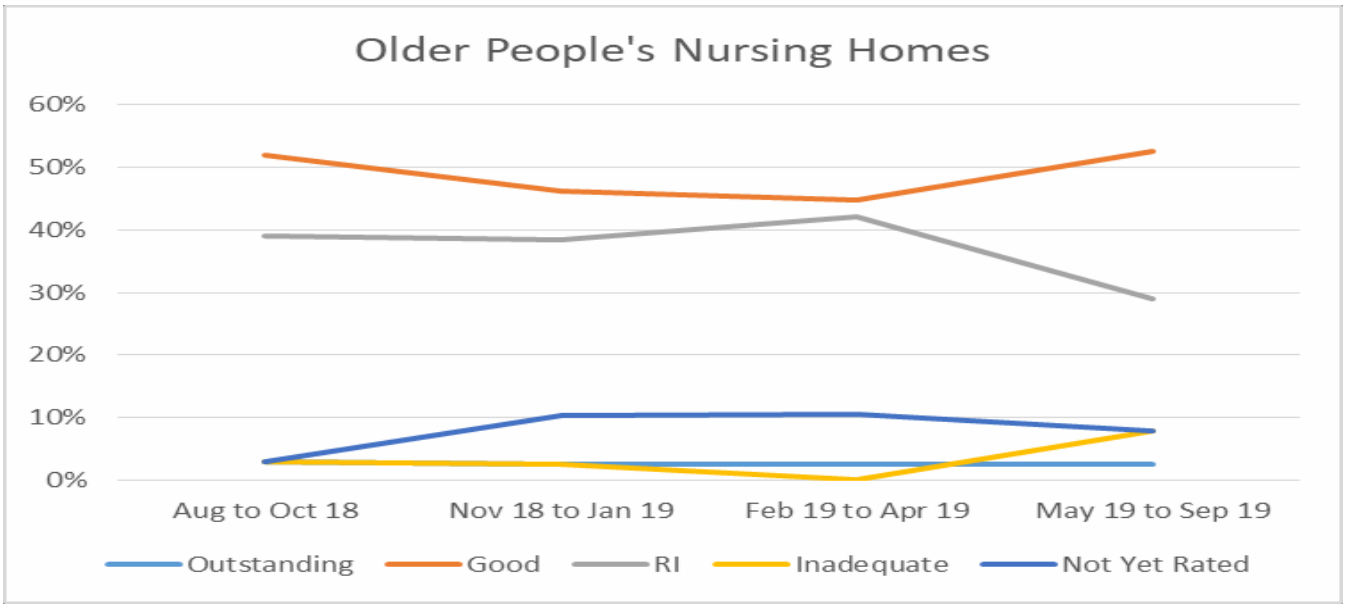




Nursing Homes

- 38 independent sector care homes in total
- 1 rated Outstanding – 2.6%
- 20 rated Good – 52.6%
- 11 rated Requires Improvement – 28.9%
- 3 rated as Inadequate – 7.9%
- 3 not yet rated – 7.9%





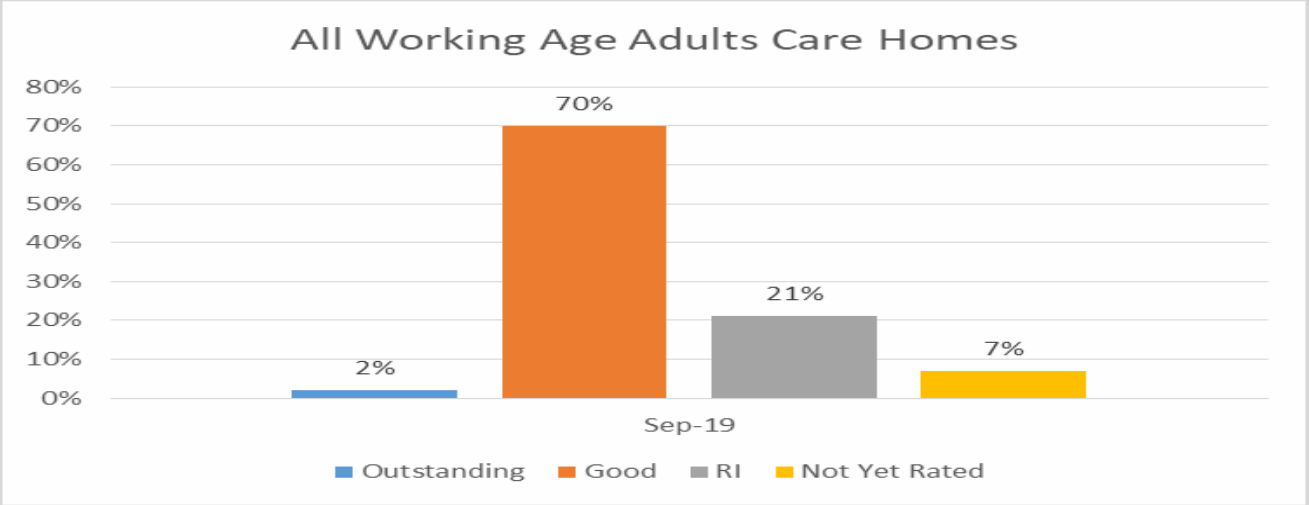
3.6.3 Since the last report, there has been two homes where the local authority and the CCG have imposed a suspension on further placements. Details of the homes mentioned above can be found in the Confidential Appendix 2.

3.7 Working Age Adults Care Homes

3.7.1 The following figures show the ratings for working age adults care homes in the independent sector in the city as at the 30th September 2019 (this is the first time this data has been provided within this report, therefore no trend data is available however, this will be provided in future reports):

Working Age Adults Care Homes

- 56 independent sector care homes in total
- 1 rated Outstanding – 2%
- 39 rated Good – 70%
- 12 rated Requires Improvement – 21%
- 4 not yet rated – 7%

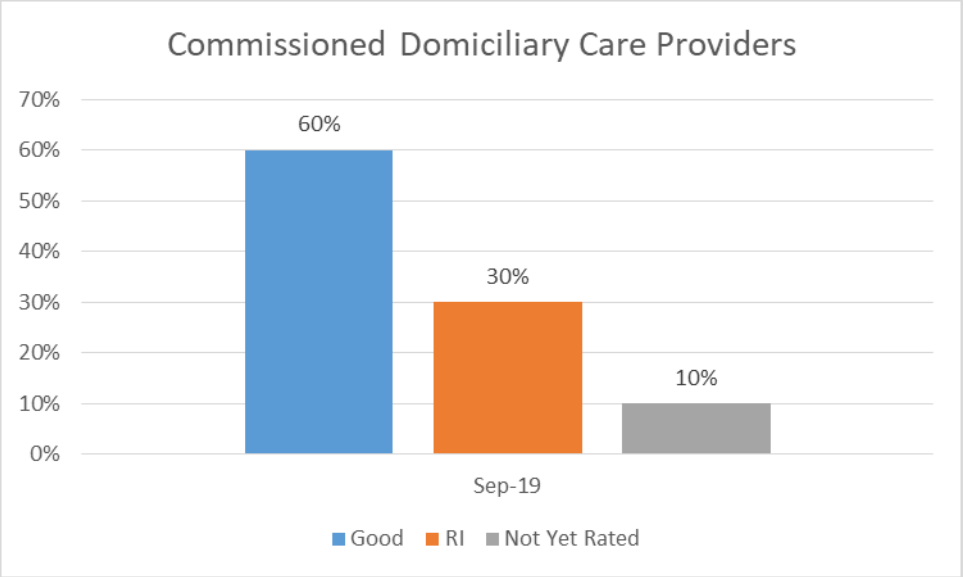


3.7.2 There are currently no suspensions or at a working age adults care home.

3.8 Commissioned Domiciliary Care Providers

3.8.1 The following figures show the ratings for commissioned domiciliary care providers (i.e. independent sector providers who are part of the Adults and Health Primary and Framework Contract) as at the 30th September 2019 (this is the first time this data has been provided within this report, therefore no trend data is available however, this will be provided in future reports):

- 10 Commissioned domiciliary care providers
- 6 rated Good – 60%
- 3 rated Requires Improvement – 30%
- 1 not yet rated – 10%



4 Corporate considerations

4.1 Consultation and engagement

4.1.1 The Executive Member for Health, Wellbeing and Adults has been briefed on the report.

4.2 Equality and diversity / cohesion and integration

4.2.1 There are no specific equality and diversity considerations in connection with this report.

4.3 Council policies and the Best Council Plan

4.3.1 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

4.3.2 There are no specific climate considerations in relation to the subject of the report however, climate emergency will be considered as part of any future commissioning of these services. As an example of this, within the current commissioning process for home care services, consideration will be given to the way routes for delivering home care services can be made more efficient, therefore enabling a reduction in the number of cars driven to provide these services.

4.4 Resources, procurement and value for money

4.4.1 There are no specific resource, procurement or value for money considerations as part of this report.

4.5 Legal implications, access to information, and call-in

4.5.1 There are no specific legal or call in considerations as part of this report.

4.5.2 The information contained in Appendix 2 is exempt as it contains Information relating to the financial or business affairs of a particular organisation. The information is not publically available and was gained through the council's commercial contract with the organisations concerned. It is, therefore, considered that this element of the report should be treated as Confidential/Exempt under Access to Information Procedure Rules 10.4 (3).

4.6 Risk management

4.6.1 There are no specific risk management issues in relation to this report.

5. Recommendations

5.1 That the Scrutiny Board considers the details presented in this report and determines any further scrutiny activity and/or actions as appropriate.

6. Background papers[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.

Appendix 1

Scrutiny Board (Adults & Health)
Care Quality Commission (CQC) - Inspection Outcomes
May 2019 – September 2019

O = Outstanding
G = Good
RI = Requires Improvement
I = Inadequate

Organisation	Provider Name	LCC Contract Provider	Type of Service	Post Code	Inspection Published	Full CQC Report Link	Overall Finding	Safe	Effective	Caring	Responsive	Well-Led	Previous Inspection Published	Previous Inspection Outcome / Direction of Travel	
Kloay's Care	Kloay's Care Ltd	Spot	Homecare	LS26 0BD	15/05/2019	https://www.cqc.org.uk/location/1-5118311159	G	G	G	G	G	G	N/A	N/A	N/A
Manor House Residential Home	Mr & Mrs C S Dhaliwal	Framework	Residential Home	LS12 5HA	18/05/2019	https://www.cqc.org.uk/location/1-126691746	G	G	G	G	G	G	25/04/18	RI	↑
Mental Health Accommodation Based Services	Leeds City Council	In-house	Homecare	LS11 6DN	22/05/2019	https://www.cqc.org.uk/location/1-5174598239	G	G	G	G	G	G	N/A	N/A	N/A
United Response - 2a St Alban's Close	United Response	Spot	Residential Home	LS9 6LE	29/05/2019	https://www.cqc.org.uk/location/1-123018728	RI	G	G	G	RI	RI	09/11/16	G	↓
Sunnyview House	Bupa Care Homes (HH Leeds) Limited	Framework	Residential Home	LS11 8QB	04/06/2019	https://www.cqc.org.uk/location/1-136312908	G	G	G	G	G	G	02/05/18	RI	↑
Jayrima Care Limited	Jayrima Care Limited	No	Homecare	LS16 6LJ	08/06/2019	https://www.cqc.org.uk/location/1-5294670055	RI	RI	RI	G	G	RI	N/A	N/A	N/A

Appendix 1

Organisation	Provider Name	LCC Contract Provider	Type of Service	Post Code	Inspection Published	Full CQC Report Link	Overall Finding	Safe	Effective	Caring	Responsive	Well-Led	Previous Inspection Published	Previous Inspection Outcome / Direction of Travel	
Owlett Hall	Care Worldwide (Bradford) Limited	Framework	Residential Home	BD11 1ED	06/06/2019	https://www.cqc.org.uk/location/1-141599363	I	I	RI	RI	RI	I	16/01/19	RI	↓
Number 12 Chapeltown Enterprise Centre	Care Signature Christian Homecare Services Limited	Spot	Homecare	LS7 3DX	13/06/2019	https://www.cqc.org.uk/location/1-2784094218	G	G	G	G	G	G	17/04/18	RI	↑
Rani Care C.I.C	Rani Care C.I.C	Spot	Homecare	LS8 1LP	18/06/2019	https://www.cqc.org.uk/location/1-780475340	RI	RI	G	G	G	RI	18/10/16	G	↓
Springfield	Springfield Care Services Limited	Framework	Residential Home	LS25 1EP	19/06/2019	https://www.cqc.org.uk/location/1-154091843	G	G	G	G	RI	G	13/04/18	RI	↑
Moorfield House Nursing Home	Care Concern Yorkshire Ltd	Framework	Residential Home	LS17 6HW	21/06/2019	https://www.cqc.org.uk/location/1-304652901	RI	RI	G	G	RI	RI	25/04/18	RI	→
RecoveryHub@SouthLeeds	Leeds City Council	In-house	Residential Home	LS11 7DB	26/06/2019	https://www.cqc.org.uk/location/1-4432902700	G	G	G	G	G	O	N/A	N/A	N/A
Affinity Trust	Affinity Trust	Spot	Homecare	LS9 9LF	26/06/2019	https://www.cqc.org.uk/location/1-120590481	G	G	G	G	G	G	13/10/16	G	→
Atkinson Court Care Home	Amore Elderly Care Limited	Framework	Residential Home	LS9 9EJ	02/07/2019	https://www.cqc.org.uk/l	G	G	G	G	G	RI	11/05/18	RI	↑

Appendix 1

Organisation	Provider Name	LCC Contract Provider	Type of Service	Post Code	Inspection Published	Full CQC Report Link	Overall Finding	Safe	Effective	Caring	Responsive	Well-Led	Previous Inspection Published	Previous Inspection Outcome / Direction of Travel	
						ocation/1-126476576									
Sabourn Court Care Home	HC-One Oval Limited	Framework	Residential Home	LS8 2PA	03/07/2019	https://www.cqc.org.uk/location/1-3087872353	G	G	G	G	G	G	30/05/18	RI	↑
Casa Leeds	Casa Leeds	Primary Provider	Homecare	LS11 7DF	04/07/2019	https://www.cqc.org.uk/location/1-1160833963	G	RI	G	G	G	G	19/04/19	RI	↑
22 Regent Street Leeds	Angel Wings Healthcare Limited	No	Homecare	LS2 7QA	04/07/2019	https://www.cqc.org.uk/location/1-5295016110	G	G	G	G	G	G	N/A	N/A	N/A
Seacroft Green Care Village	Springfield Healthcare (Seacroft Green) Limited	Framework	Residential Home	LS14 6PA	05/07/2019	https://www.cqc.org.uk/location/1-3307395559	G	G	G	G	G	G	25/07/18	RI	↑
St Anne's Community Services - Croft House	St Anne's Community Services	Spot	Residential Home	LS18 5BL	09/07/2019	https://www.cqc.org.uk/location/1-121773394	G	G	G	G	G	G	30/11/16	G	→
Comfort Call- Leeds	Comfort Call-Ltd	Framework	Homecare	LS28 7UR	10/07/2019	https://www.cqc.org.uk/location/1-4974555790	G	G	G	G	G	G	N/A	N/A	N/A
Kirkside Lodge	Caireach Limited	Spot	Residential Home	LS5 3EJ	11/07/2019	https://www.cqc.org.uk/location/1-1749227848	G	G	G	G	G	G	24/08/18	G	→

Appendix 1

Organisation	Provider Name	LCC Contract Provider	Type of Service	Post Code	Inspection Published	Full CQC Report Link	Overall Finding	Safe	Effective	Caring	Responsive	Well-Led	Previous Inspection Published	Previous Inspection Outcome / Direction of Travel	
Victoria Court	Methodist Homes	No	Homecare	LS6 3DS	11/07/2019	https://www.cqc.org.uk/location/1-793208891	G	G	G	G	G	G	18/05/18	RI	↑
Lofthouse Grange and Lodge	Indigo Care Services (2) Limited	Framework	Residential Home	WF3 3QQ	12/07/2019	https://www.cqc.org.uk/location/1-4280860430	G	G	G	G	G	G	15/03/19	RI	↑
Carlton House	J C Care Limited	Spot	Residential Home	LS26 0SF	13/07/2019	https://www.cqc.org.uk/location/1-130890582	RI	RI	G	G	RI	RI	03/12/16	G	↓
Total Care Nursing Limited	Total Care Nursing Limited	Spot	Homecare	LS17 8UB	17/07/2019	https://www.cqc.org.uk/location/1-4067312390	G	G	G	G	G	G	16/06/18	RI	↑
Cardinal Care Services Ltd	Cardinal Care Services Ltd	No	Homecare	LS7 1AB	18/07/2019	https://www.cqc.org.uk/location/1-3801278790	RI	RI	RI	G	RI	I	20/06/18	RI	→
Oaklands Residential Home	Gresham (Oaklands) Limited	Framework	Residential Home	LS26 9AB	23/07/2019	https://www.cqc.org.uk/location/1-1963864878	G	G	G	G	G	G	04/01/17	G	→
The Coach House Care Home	Mrs Claire Buckle and Mrs Alison Green	Framework	Residential Home	LS25 1LL	26/07/2019	https://www.cqc.org.uk/location/1-118153276	RI	RI	G	G	G	RI	08/06/18	RI	→
Heathcotes (Morley)	Heathcotes Care Limited	Spot	Residential Home	LS27 0EX	27/07/2019	https://www.cqc.org.uk/location/1-2490407301	G	G	G	G	G	G	25/01/19	G	→

Appendix 1

Organisation	Provider Name	LCC Contract Provider	Type of Service	Post Code	Inspection Published	Full CQC Report Link	Overall Finding	Safe	Effective	Caring	Responsive	Well-Led	Previous Inspection Published	Previous Inspection Outcome / Direction of Travel	
Ashlar House - Leeds	Leeds Autism Services	Spot	Residential Home	LS7 3LW	30/07/2019	https://www.cqc.org.uk/location/1-114104905	RI	RI	RI	G	G	I	05/07/18	RI	→
Hillside House	Care Network Solutions Limited	No	Homecare	LS6 2AY	31/07/2019	https://www.cqc.org.uk/location/1-2242192562	RI	RI	RI	RI	RI	RI	02/12/16	G	↓
Lotus Home Care Leeds	Lotus Home Care Leeds Ltd	Spot	Homecare	LS11 5HL	01/08/2019	https://www.cqc.org.uk/location/1-5374708848	G	G	G	G	G	G	N/A	N/A	N/A
Cedars Care Home	The Cedars Partnership	Framework	Residential Home	LS26 9BH	01/08/2019	https://www.cqc.org.uk/location/1-120284958	G	G	G	G	G	G	03/11/16	G	→
Richmond House	Leeds City Council	In-house	Residential Home	LS28 5ST	03/08/2019	https://www.cqc.org.uk/location/1-136455646	G	RI	G	G	G	G	16/01/17	G	→
John Sturrock	Thomas Owen Care Limited	Spot	Residential Home	LS9 8NG	09/08/2019	https://www.cqc.org.uk/location/1-5320092578	RI	RI	RI	G	G	RI	N/A	N/A	N/A
Olive Lodge	Joseph Rowntree Housing Trust	Spot	Residential Home	LS18 4EJ	13/08/2019	https://www.cqc.org.uk/location/1-140482438	G	G	G	G	G	G	15/12/16	G	→
Oakhaven Care Home	Valorum Care Limited	Framework	Residential Home	LS8 2PE	16/08/2019	https://www.cqc.org.uk/location/1-5174152129	RI	RI	RI	G	G	RI	N/A	N/A	N/A
Aegis Care Solutions	Aegis Care Solutions Ltd	Spot	Homecare	LS7 1AL	21/08/2019	https://www.cqc.org.uk/l	G	G	G	G	G	G	N/A	N/A	N/A

Appendix 1

Organisation	Provider Name	LCC Contract Provider	Type of Service	Post Code	Inspection Published	Full CQC Report Link	Overall Finding	Safe	Effective	Caring	Responsive	Well-Led	Previous Inspection Published	Previous Inspection Outcome / Direction of Travel	
						ocation/1-5528123619									
Colton Lodges Care Home	HC-One Oval Limited	Framework	Residential Home	LS15 9HH	22/08/2019	https://www.cqc.org.uk/location/1-3120120400	RI	RI	RI	G	RI	RI	31/08/18	RI	→
Woodleigh Care	Isand (Domiciliary Care) Limited	Spot	Homecare	LS19 7RZ	22/08/2019	https://www.cqc.org.uk/location/1-793208891	RI	RI	G	G	G	RI	23/11/16	G	↓
Brandon House	Esteem Care Ltd	Framework	Residential Home	LS6 4QD	28/08/2019	https://www.cqc.org.uk/location/1-126778737	I	I	RI	RI	RI	I	11/01/17	G	↓
Avanta Care	Avanta Care Ltd	No	Homecare	LS28 7BG	29/08/2019	https://www.cqc.org.uk/location/1-1586299768	G	G	G	G	G	G	22/09/16	G	→
Spring Gardens	Leeds City Council	In-house	Residential Home	LS21 3LJ	30/08/2019	https://www.cqc.org.uk/location/1-136455675	G	G	G	G	G	G	07/02/17	G	→
Step Ahead Home Care Services	Step Ahead Home Care Services Ltd	Spot	Homecare	LS7 2BB	05/09/2019	https://www.cqc.org.uk/location/1-1763145602	G	G	G	G	G	RI	16/08/18	RI	↑
Comforting Healthcare	Comforting Healthcare Ltd	No	Homecare	LS7 1AB	06/09/2019	https://www.cqc.org.uk/location/1-5387773901	RI	RI	RI	G	RI	RI	N/A	N/A	N/A
Moorleigh Nursing Home	Lions Meadow Ltd	Framework	Residential Home	LS25 7JN	07/09/2019	https://www.cqc.org.uk/location/1-6290983657	I	I	I	RI	RI	I	N/A	N/A	N/A

Appendix 1

Organisation	Provider Name	LCC Contract Provider	Type of Service	Post Code	Inspection Published	Full CQC Report Link	Overall Finding	Safe	Effective	Caring	Responsive	Well-Led	Previous Inspection Published	Previous Inspection Outcome / Direction of Travel	
Aire View Care Home	Avery Homes Kirkstall Limited	Framework	Residential Home	LS5 3ED	14/09/2019	https://www.cqc.org.uk/location/1-134645463	G	G	G	G	G	G	20/03/17	G	→
Mount St Joseph - Leeds	Little Sisters of the Poor	Framework	Residential Home	LS6 2DE	18/09/2019	https://www.cqc.org.uk/location/1-131623876	G	G	G	G	G	G	25/07/18	RI	↑
St Anne's Leeds Domiciliary Care 3 (DCA3)	St Anne's Community Services	Spot	Homecare	LS18 5BL	18/09/2019	https://www.cqc.org.uk/location/1-5557358157	G	G	G	G	G	RI	N/A	N/A	N/A
The Outwood	Isand Limited	Spot	Residential Home	LS18 4JN	18/09/2019	https://www.cqc.org.uk/location/1-2837729886	G	G	G	G	G	G	22/09/17	G	→
Reed Specialist Recruitment Limited	Reed Specialist Recruitment Limited	Spot	Homecare	LS1 2HJ	25/09/19	https://www.cqc.org.uk/location/1-159744947	G	G	G	G	G	G	25/07/18	RI	↑
Complete Care Agency Ltd	Complete Care Agency Ltd	Spot	Homecare	LS19 7ZA	28/09/2019	https://www.cqc.org.uk/location/1-1070838441	G	G	G	G	G	G	07/03/17	G	→

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Report author: Steven Courtney
Tel: (0113) 37 88666

Report of Head of Governance and Scrutiny Support

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

Date: 26 November 2019

Subject: Leeds System Resilience Plan 2019/20

Are specific electoral Wards affected? If relevant, 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
Is the decision eligible 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 present and introduce the Leeds System Resilience Plan 2019/20 and associated information.

1.2

2 Background

2.1 During the previous municipal year, the Scrutiny Board considered a range of information in relation to Improving Access to Psychological Therapies services in Leeds.

3 Main issues

3.1 The Leeds System Resilience Plan (LSRP) describes the collective system vision, aims, objectives and priorities to achieve improved services and outcomes for the Leeds population. It also highlights the importance of alignment in order to deliver change.

3.2 The LSRP (appended to this report) has three main components that are intended to describe the elements of a well-functioning system that balances strategic ambition with effective operational delivery. The main components are:

- Planning and priorities 2019/20
- Escalation and incident management
- Transformational plans

3.3 .The following details are also appended to the LSRP 2019/20:

- Leeds System Resilience Governance (Appendix 1)
- 2018/19 Review (Appendix 2)
- System Resilience Communications Plan (Appendix 3)
- System Resilience Risk Register (Appendix 4)

3.4 Appropriate representatives have been invited to attend the meeting to present Leeds System Resilience Plan 2019/20 and to address questions from the Scrutiny Board.

4. Corporate considerations

4.1 Consultation and engagement

4.1.1 The Communications Plan associated with Leeds System Resilience Plan is presented at Appendix 3 to the Plan.

4.1.2 The Scrutiny Board may wish to consider any specific consultation and engagement matters related to the Leeds System Resilience Plan and how these have been taken into account as part of its overall development.

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 Leeds System Resilience Plan has been developed by partners across Leeds Health and Care system. As such, the development of the Plan may be subject to other considerations relating to equality, diversity, cohesion and integration.

4.2.3 The Scrutiny Board may wish to consider any specific Equality and Diversity issues related to the Leeds System Resilience Plan and how these have been taken into account as part of its overall development.

4.3 Council policies and the Best Council Plan

4.3.1 Leeds System Resilience Plan has been developed in the context of Leeds Health and Wellbeing Strategy, which supports the overall ambitions of the Best Council Plan.

4.3.2 The Scrutiny Board may wish to consider any specific Council policies / Best Council Plan issues related to the Leeds System Resilience Plan and how these have been taken into account as part of its overall development.

Climate Emergency

4.3.3 The Scrutiny Board may wish to consider any specific climate emergency or sustainability issues related to the Leeds System Resilience Plan and how these have been taken into account as part of its overall development.

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 System Resilience Plan and its development.

4.5 Legal implications, access to information, and call-in

4.5.1 The Scrutiny Board may wish to consider any specific legal implications associated with the Leeds System Resilience Plan and its development.

4.5.2 This report, Leeds System Resilience Plan and the associated appendices are not subject to 'Call-in'.

4.6 Risk management

4.6.1 The System Resilience Risk Register is presented as Appendix 4 to the Leeds System Resilience Plan. The Scrutiny Board may wish to consider in more detail any specific risks identified. .

5. Conclusions

5.1 This report introduces present and introduce the Leeds System Resilience Plan 2019/20 and associated information.

5.2 This report provides an opportunity for the Scrutiny Board to consider and comment on the information provided; and identify any additional actions and/or matters that may require further scrutiny input or activity.

6. Recommendations

6.1 The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to consider and comment on the information provided in the attached report and associated appendices; identifying any additional actions and/or matters that may require further scrutiny input or activity.

7. Background papers[1]

7.1 None used

[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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LEEDS SYSTEM RESILIENCE PLAN 2019-20

Leeds System Resilience Plan 2018/19

Document Name:	**Leeds System Resilience Plan 2019-20**
Author:	**Debra Taylor-Tate, Kate Parker, Adam Cole**
Plan Co-ordinator	**Nicola Smith**
Plan Owner:	**Leeds System Resilience Assurance Board**
Agreed / Ratified :	
Issue Date:	
Review Date:	**May 2020**
Storage – Paper Copy:	**CCG**
Storage – Electronic Copy:	**CCG**

Control

This a controlled document maintained by the Unplanned Care Team within Leeds Clinical Commissioning Group (CCG) on behalf of the Leeds System Resilience Assurance Board.

Distribution

An electronic version of this plan is distributed to all members of the Leeds System Resilience Assurance Board and partners across associated organisations.

Organisations involved in developing the plan

The contribution by members of the Leeds health and Care system:

Leeds Clinical Commissioning Group [CCG]

Leeds Teaching Hospital Trust [LTHT]

Leeds City Council - Adult Social Care [ASC]

Leeds Community Healthcare Trust [LCH]

Leeds and York Partnership Foundation Trust [LYPFT]

Yorkshire Ambulance Service [YAS] – 111 and 999

Local Care Direct [LCD]

One Primary Care (OPC)

Leeds Confederation

Leeds City Council – Emergency Planning

Leeds City Council – Public Health

NHS England – Area Team

Third Sector Providers

Health watch

Contents Page

1 Executive Summary

To ensure we continue to deliver quality, safe and responsive services the Leeds system needs to be equipped, prepared and coordinated to respond quickly and appropriately to any change in demand or circumstances. It also requires us to develop a strategy to transform our system for the future and deliver The NHS Long Term Plan.

As stated in the long term plan 2019/20 is seen as a transitional year giving us time to work in partnership to begin to shape our local implementation of the long term plan for our population. Our approach to develop an overarching system resilience plan will support us navigate the complexities of the unplanned health and care landscape and demonstrate how the system will continue to meet the needs of the population from operational and strategic perspectives.

The plan describes the collective system vision, aims, objectives and priorities to achieve improved services and outcomes for our population and highlights the importance of their alignment in delivering real change.

The Leeds System Resilience Plan (LSRP) has three components listed below which describe the elements of a well-functioning system which balances strategic ambition with effective operational delivery.

- Planning and priorities 2019/20
- Escalation and incident management
- Transformational plans

Within the plan our narrative to describe these components in detail is through a set of collective actions, initiatives and or projects based on the outcomes of our winter evaluation, system diagnostic exercises and our response the NHS long Term plan. We acknowledge that this can only be achieved by working as a system with strong leadership, commitment to support changes in culture and behaviour and an adopting an integrated approach to service delivery with clear jointly owned governance processes. The Governance refresh supports a more focused approach and clarifies the roles and responsibilities of system leaders across our system with clear lines of accountability and an overall system commitment to work in an integrated way to deliver care and maximise resources.

In conclusion our plan seeks to provide a high level of assurance that there is agreed system wide initiatives in place that address both the short and long term priorities within the unplanned health and care services across Leeds. In addition the plan demonstrates that we have with clear escalation processes in place for the management of surges and incidents that place additional pressure on our system and the resilience of services.

1 Introduction

1.1 Introduction - Leeds System Resilience Plan 2019/20

Urgent and emergency health and care services continue to be at the forefront of the NHS priorities due to the fall in national performance of the 4 hour Emergency Care Standard (ECS) and the demands of an ageing population.

To ensure we continue to deliver quality, safe and responsive services the Leeds system needs to be equipped, prepared and coordinated to respond quickly and appropriately to any change in demand or circumstances. It also requires us to develop a strategy to transform our system for the future and deliver The NHS Long Term Plan.

As stated in the long term plan 2019/20 is seen as a transitional year giving us time to work in partnership to begin to shape our local implementation of the long term plan for our population. Our approach to develop an overarching system resilience plan will support us navigate the complexities of the unplanned health and care landscape and demonstrate how the system will continue to meet the needs of the population from operational and strategic perspectives.

Over the next five years, the need for non-elective acute hospital beds will determined by continuing pressures from an ageing population balanced against achieving a left shift in the provision of care. We will achieve the left shift through implementing a proactive care approach, embedding the 'Home First' philosophy; developing community capacity and ensuring process are in place to achieve effective discharge from hospital.

It is vital that we continue to learn from our operational behaviour and activities to develop our longer term vision and inform our strategic decision making. Leeds has been fortunate to undertake a number of reviews and diagnostics (MADE, CQC and Newton Europe) across our system to support our strategic thinking and identify opportunities for improvement over the next 12-18 months. We have used the outcomes from these exercises and the winter 2018/19 evaluation to refresh the Leeds System Resilience Plan (LSRP) for 2019/20.

Through this plan we will demonstrate:

- Alignment with the Long Term Plan
- Collective accountability for the challenges faced by our system in relation to urgent and emergency care services
- Delivery of quality care and effective care across our system
- Robust management of predicted and unpredicted surges in demand through normal variation or as a result of an incident.
- Continuing to deliver improvement throughout 2019/20 building on our learning of operational and behavioural changes
- Commitment of clear and agreed vision for the further transformation of the Unplanned Health and Care landscape in Leeds

The Leeds System Resilience Plan (LSRP) has three components listed below which describe the elements of a well-functioning system which balances strategic ambition with effective operational delivery.

- Planning and priorities 2019/20
- Escalation and incident management
- Transformational plans

The plan acknowledges that Britain's planned exit from the EU poses additional challenges for the NHS and comes at a time of historical pressure 13 October as the system enters winter. Section 4.6 provides an overview of how the system lead by NHS England is preparing for Britain's exit.

1.2 System Resilience Vision

The Leeds System Assurance Board (SRAB) understands the importance of a vision to inspire individuals and organisations to commit action. SRAB will use their vision a practical guide for agreeing priorities, setting objectives making decisions, creating plans, and coordinating and evaluating the work streams and projects.

The Leeds System Resilience Vision

By working together our services will be high quality, easy to access and understand to ensure all people receive the right advice, care and support in the right place, first time as close to

The vision will support integration across organisations keeping groups focused, especially with complex projects and in challenging times.

To ensure that we deliver our visions it was important to agree set of aims to achieve our vision along with a set of aligned relevant and measurable objectives.

1.3 Leeds System Resilience Aims

- We will provide an equitable and fully integrated urgent and emergency care service for people with physical, mental health or social care needs, across Leeds.
- At every point in the persons journey we will consider ‘home first’.
- We will harness technology so that the people of Leeds only tell their story once and get the best outcome for them.
- We will remove steps that do not add value to the patient or people of Leeds.

1.4 Leeds System Resilience Objectives - a measurable result that a group aims to achieve

The following objectives are based on national performance measures for the Leeds health and care economy. It is the aim of the Leeds System Resilience Assurance Board to ensure that all of the winter, operational and strategic intiaitves governed through the governance; detailed in section 2 will contribute to these measures to improve the overall system position supporting improve outcomes for the population.

- Model the opportunity and impact of a left shift in the provision of care and support by **March 2020**
- Implement Leeds Clinical Advice/Assessment Service (CAS)
    - Increase the percentage of people triaged by NHS 111 that are booked into a face-to-face appointment, where this is needed, to greater than **40% by 31st March 2020.**
    - Maintain a **50%+** proportion of NHS 111 calls receiving clinical assessment
- Deliver the Leeds System Emergency Care Standard – **93.3% by March 2020**
- Reduce Non-Elective Admissions by ?
    - From Care Homes
    - Increasing same day emergency care
- Reduce the length of stay for those admitted to an acute hospital bed
    - Reduce people in an acute bed more than 21 days to **319 by March 2020**
    - Reduce people in an acute bed more than 7 days to ?
- Reduce Mental Health out of area placements **to zero by 2021**
- Reduce Delayed Transfer of Care
    - LTHT
    - LYPFT
- Increase number of people receiving reablement?
- Reduce the number of people entering into long term care?

The specific trajectories and timescales for each of the system metrics will be worked through by the System Resilience Partnership Group (SRPG). The SRPG will be accountable for ensuring that all initiatives/projects that support the delivery the identified priorities, below, contribute to the overall performance.

In addition as the details of work plan are developed the SPRG will focus on collectively creating outcomes measures for the priorities that demonstrate measurable improved population outcomes to show what will different for people using our services and to ensure alignment with the future direction of commissioning.

1.5 System Resilience Priorities 2019-2021

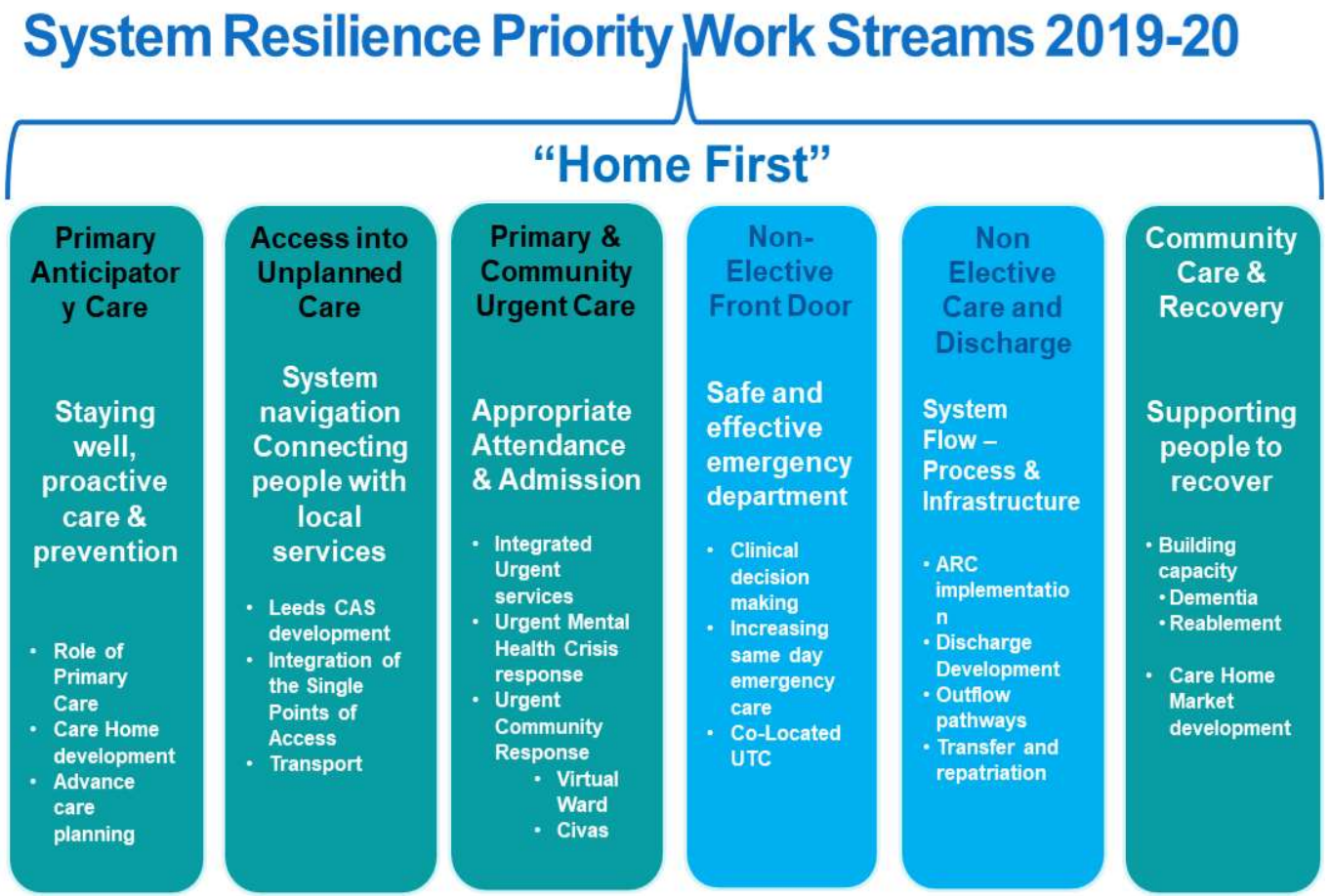
- Role of Primary Care in the Urgent Care System
- Connecting people quickly with local services
- Appropriate Attendance /Admission across the system
- Mental Health Crisis response and Dementia care
- Safe and effective Emergency Department
- System Flow – Process, Infrastructure and capacity

Enablers

- System modelling – predictive
- Surge & Escalation
- Technology
- Workforce

With a new focused approach the SRAB will be responsible for setting the strategic direction and seeking assurance from the SRPG on the effectiveness and pace of their work to address the agreed priorities. The SRPG will be accountable for the delivery of the actions, initiatives and or projects within the priorities as shown in Diagram 1, ensuring that they balance both the strategic ambitions and daily operational delivery across the health and care system retaining a focus on pressured times such as winter.

Diagram 1



Section 3.3.2 provides further details of the some of the work streams

We acknowledge that this can only be achieved by working as a system with strong leadership, commitment to support changes in culture and behaviour and an adopting an integrated approach to service delivery with clear jointly owned governance processes.

2 Governance and Leadership

2. Governance and leadership

A resilient health and care system is equally reliant on all partner organisations being able to deliver their care elements safely. Each organisation has individual strategic, winter and service development plans, along with business continuity and major incident plans monitored through their own boards and contracts.

2.1 Governance

The governance of the essential cross organisational, development, communication and collaboration is harder to define. The governance relating to the unplanned health and care system has developed over the last 5years and has seen a number of reiterations due to continued pressures, system reviews and national guidance. Due to the publication of the NHS Long Term Plan and the Leeds Plan refresh it was felt that it was an excellent opportunity for Leeds to review governance and priorities related to ensure our system is resilient and we are committed to transform the unplanned health and care landscape.

A survey gathered the views of representatives across the various groups currently aligned to the SRAB. Key finding and recommendations below

Key findings:

- There was duplication across the various groups
- A stronger focus on the priorities would result by reducing the number of meetings
- Strong recognition that both a strategic and operational focus is required but that this could me more clearly defined within the Terms of Reference (TOR)
- Representation within the groups needs to be clearer with organisational commitment and accountability.

- The new structure, TOR and priorities need to reflect the whole system pathway

Recommendations were presented to the SRAB for consideration, these included:

- Review the TOR across all groups including purpose, aims, objectives and outputs
- Define clear structure of accountability
- Gain representation commitment from all organisations
- Create a smaller more focussed group for SRAB
- Ensure priorities reflect system inclusivity and focus on the whole pathway
- Agree new processes for managing the work plan priorities for updating on work streams instead of highlight reports
- Propose new governance structure –July 2019
- Agree system priorities August/September 2019

A revised governance structure was agreed by SRAB August 2019.

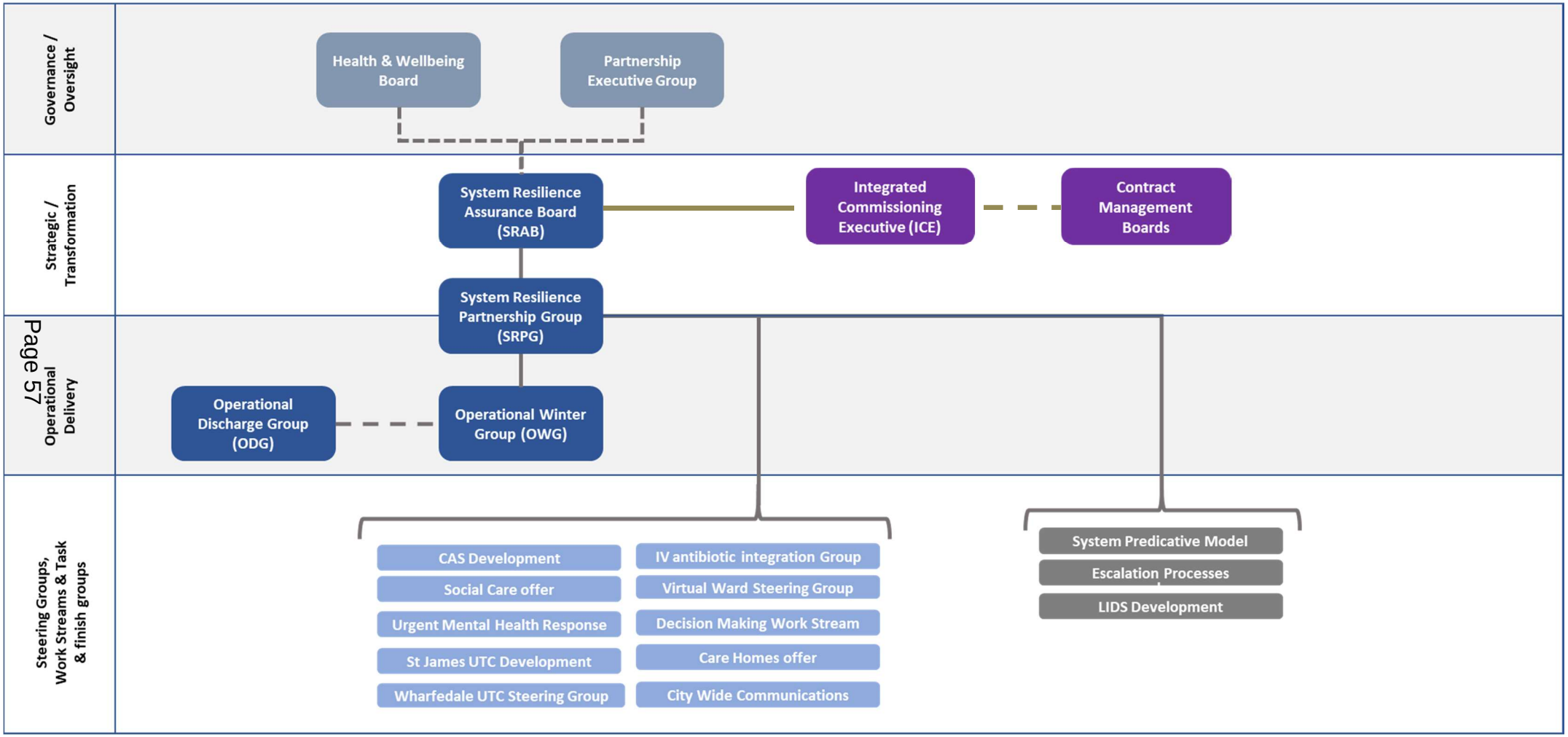
Full revised Terms of Reference for the three main groups; SRAB, System Resilience Partnership Board (SRPB) and Operational Winter Group (OWG) are within Appendix 1.

2.2 Project Management and reporting

The SRPG will be accountable in maintaining the overview of the operational and strategic system delivery via a robust reporting structure.

To ensure a consistent approach all of the identified projects leads will be required to complete the terms of reference template (Appendix 1) which will act as a Project Initiation Document defines the purpose, actives, outputs, scope and membership of the group. All projects will be required to report to the SRPG on a bi-monthly though the highlight report template.

Diagram 2. Leeds System Resilience Governance Structure



2.3 Leeds System Winter Plan Time line

Table 1 set out the key activities the Leeds system has conducted and the various groups, boards and forums who have been engaged with in developing and approving the LSRP

Table 1

Date	Activities	Comments
09/05/2019	Organisational winter Evaluation	Priorities identified for development summer 2019
16/05/2019	Newton Europe diagnostic – Discharge Re Audit/Front door diagnostic	Work commenced
20/06/2019	Review of SRAB Governance & winter findings	Survey and report completed recommendations to SRAB
11/07/2019	Newton Europe summit	Well attended by system
11/07/2019	Board to Board winter presentation	Joint presentation LTHT/CCG
18/07/2019	SRAB reflection on Newton Europe findings	Emerging priorities
15/08/2019	SRAB sign off Governance	Governance agreed
05/09/2019	North of England EU Exit Workshop	
12/09/2019	SRAB sign off priorities and comments for draft System Resilience Plan	Amendments made
03/10/2019	Operational Winter Group commences weekly meetings	
21/10/2019	National EU Exit reporting commences	
17/10/2018	SRAB Meeting-sign off Leeds System Winter Plan – including EPRR compliance statements	
30/10/2019	Winter plan scenario testing	
22/11/2019	Scrutiny Board – winter plans	

13/11/2019	Leeds System Resilience Plan to Quality and Performance committee – including EPRR	
27/11/2019	Leeds System Resilience Plan to CCG Governing Body - including EPRR	

2.4 Leeds Cross-System Winter Operations Team

Table 2 below identifies the members the Leeds system winter leads. All those nominated hold senior positions, have the authority to commit resources and make immediate decisions that impact on the resilience and effectiveness of our system.

Table 2 Winter Operational Leads

Organisation	Lead	Title	Deputy	Title
Leeds Teaching Hospital Trust	Clare Smith	Chief Operating Officer	Sajid Azeb	Interim Director of Operations
NHS Leeds CCG	Sue Robins	Director of Operational Delivery	Debra Taylor-Tate	Head of Unplanned Care
Leeds City Council	Shona McFarlane	Deputy Director Social Work and Social Care services	Nigel Parr	Head of Safeguarding and Quality
Leeds Community Healthcare Trust	Sam Prince	Executive Director of Operations	Megan Rowlands	General Manager – Adult Business Unit
Leeds and York Partnership Foundation Trust	Joanna Forster-Adams	Chief Operating Officer	Andy Weir	Deputy Chief Operating Officer
Leeds GP Con-Federation	Gaynor Connor	Director of Transformation	Wendy Pearson	Director of delivery
Yorkshire Ambulance Service	Catherine Bange	Regional General Manager	John McSorley	Divisional Commander

Local Care Direct	Andrew Nutter	Chief Operating Officer	Wendy Pearson	Director of Delivery
One Primary Care	Shaun Major-Preece	Assoc. Director of Operations and Performance	Rebecca Chege	Clinical Lead
Age UK	Iain Anderson	Chief Executive	Jess Inglis	Operations Director

Winter Leads will also be required to participate in co-ordinated system wide Sitrep calls over the winter period when the system is experiencing significant pressure. In addition all lead on major work streams within our recovery plan.

3 Planning and priorities

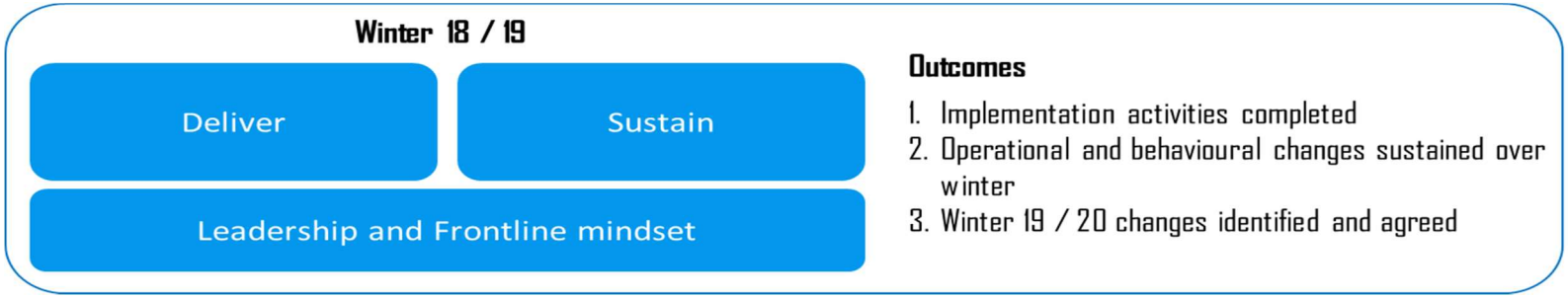
In preparation for winter 2018/19 Leeds had a comprehensive action plan based the opportunity identified through the Perfect Week (Oct 17) and Multi Agency Discharge Event (MADE Feb 18) and the Newton Europe diagnostic June 2018.

The action plan demonstrated the systems commitment to continuous improvement through agreed work streams to improve people's outcomes and experience and achieve national performance standards. The central tenant of the plan remained 'home first' as a consideration for every patient to keep people in their own homes, promote self-care and independence. Work streams included:

- Discharge decision making
- Stroke pathway- integration acute and community services
- Social work assessments
- Mental health continuing care funding
- Care Home trusted assessors
- Mental health support for care homes

It was agree by SRAB that we needed to keep focused on the outcomes as identified in diagram 1 to improve our position over winter 2018/19 and realise the opportunities presented by Newton Europe.

Diagram 1



3.1 Winter 2018/19 evaluation

To support the action plan the system also committed to make changes in the operational management of winter, introducing a weekly winter operational group to manage he day to day pressures in the system

A full report of winter 2018/19 can be found in Appendix 2. This report covers:

- System winter planning 2018/19
- Performance
- Evaluation process and outcomes

Key findings include:

- Overall the system agreed that we had a much improved winter in 2018/19 compared to 2017/18 with milder weather and low levels of flu presentations.
- ECS in April 2019 was 4.7% higher when compared to April 2018 despite a 6.4% average increase in attendances.
- Planned cancellation of all electives resulted in more elective activity overall.
- At times of pressure high patient acuity especially respiratory illness was a considerable factor
- Community investment and pathway improvements will support both attendances avoidance and reduce non-elective admissions improving outcomes and experience.
- Discharge processes and outcomes have seen an improvement but these can be further developed starting with a review of the LIDS team.
- Our approach to planning, managing pressure and working together supported positive behaviours building on existing relationships across the system. The OWG was a key vehicle in enabling this and in promoting the benefits of system co-operation.

The outputs from the evaluation have been used to inform the system priorities for 2019/20 forming part of the LSRP 2019/20

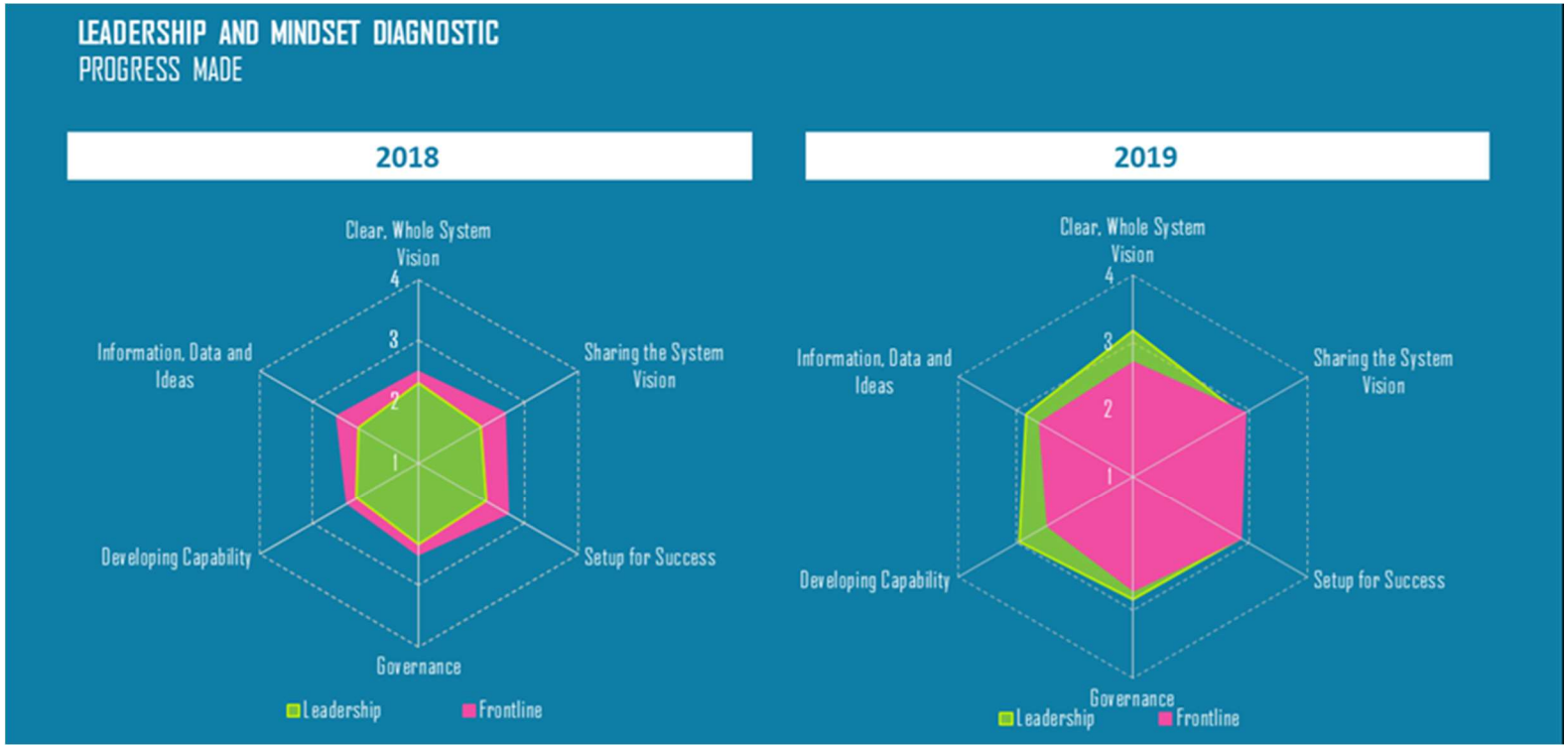
3.2 Newton Europe diagnostics 2019

It was evident from our collective winter position that we were making progress in a number areas of opportunity identified in the 2018 Newton Europe diagnostic.

- Average length of stay for those on the Stroke Pathway reduced by 45% from 34 days to 18 days
- No longer any patients waiting for a decision on Mental Health Funding
- 25% increase in the number of patients discharged before 4pm on pilot acute wards
- Increased pace of social work assessments, with 1.5 fewer days spent on referral and allocation processes

In addition we have seen progress within the system leadership and mind-set, diagram 2. From a lower starting position our leadership has seen more growth across all of the domains and demonstrates the system commitment to the vision. For 2019/20 we aim to translate this through to our frontline staff where we need to develop capability and improve our set up if we are to progress further.

Diagram 2

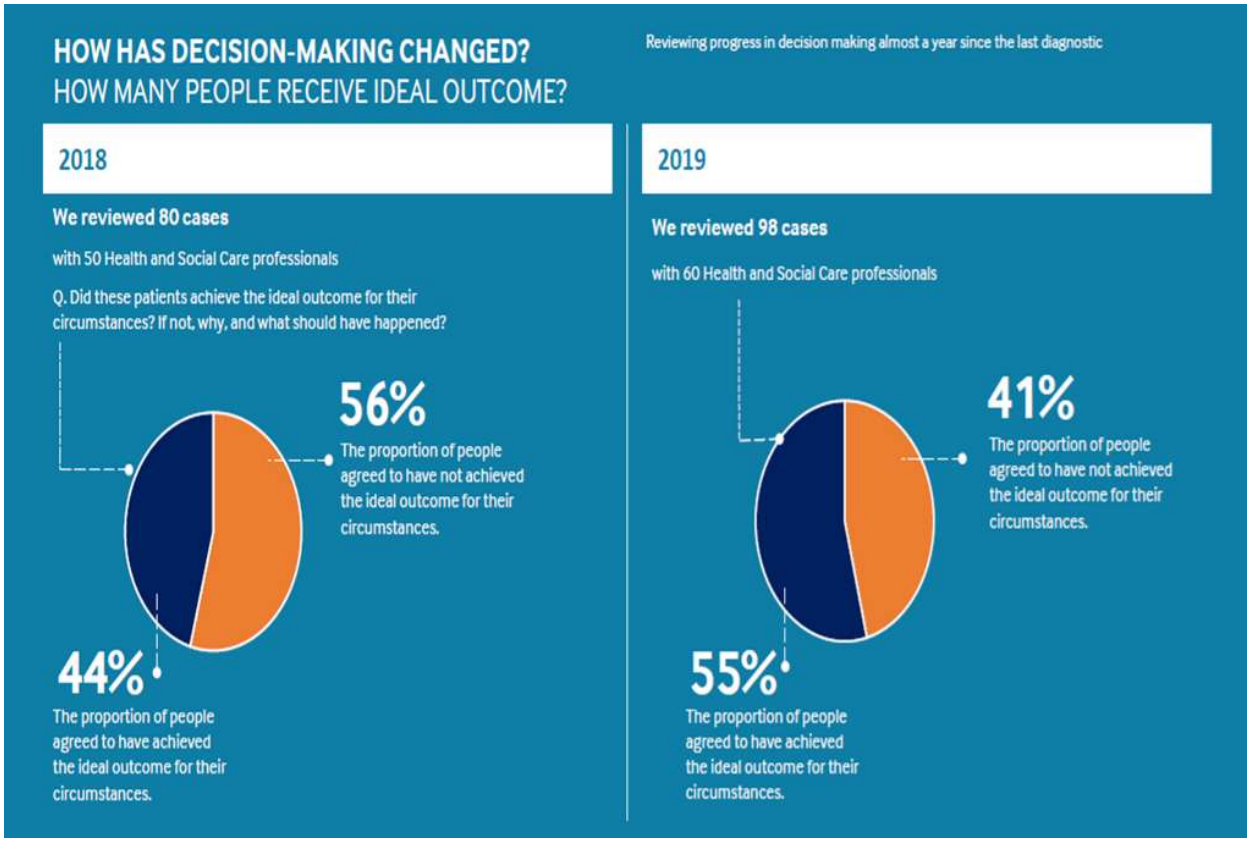


3.2.1 Newton Europe back door re-audit

To ensure we understand our progress and identify further opportunities Newton Europe agreed to re-audit the discharge decision making across our system. As the key areas for improving discharge, ensuring the optimal outcome for people and supporting effective outflow from the hospital this was a priority for the system.

The audit showed that we had made a slight progress in achieving the ideal outcome for people on discharge by 15%, diagram 2. Though there is further scope to reduce the variation in decision making. This will ensure that at discharge the best decisions to maximise peoples independence are consistently made and the opportunities for the system are realised during 2019-20.

Diagram 3



3.2.2 Newton Europe front door diagnostic

Newton Europe provided the SRAB with a version of the truth regarding the issues associated with discharge across the system. It was decided that conduct a similar diagnostic at the front door of LTHT would once again provide valuable insight into our system.

Newton Europe seeks to answer the following questions:

> ***How can we better utilise primary, urgent & community services to avoid unnecessary A&E attendance & acute ward admission?***

Outcomes of the exercise indicated:

Admissions

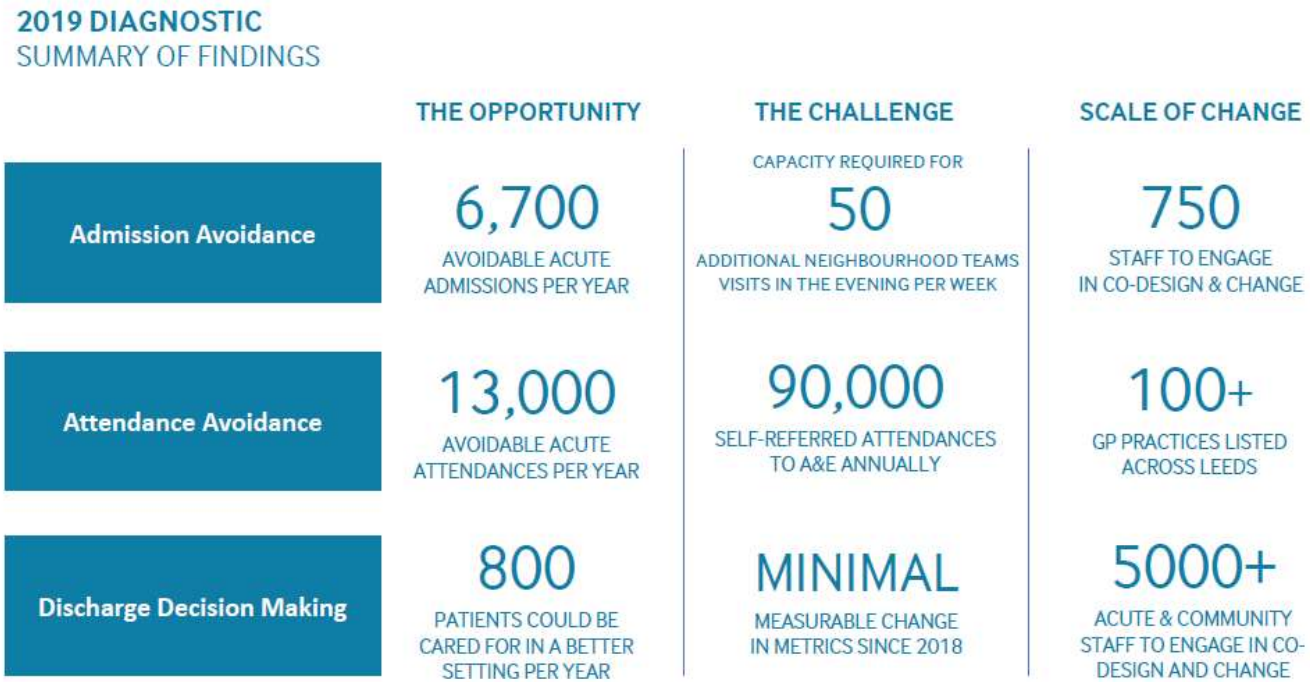
- 28% of admissions were avoidable with services **currently** in the Leeds System
- Average length of stay for the avoidable admissions was 4.5 days
- Key reasons for the admissions
    - Clinical decision making
    - None or perceived no access into alternative services e.g. variation in referrals to neighbourhood teams
    - Knowledge of alternative services perceived criteria/capacity of services e.g. Community IV antibiotic service

A&E Attendances

- 42% of people could have used an alternate pathway instead of attending the A&E
    - 14% of the 42% attended on the advice of a professional
        - 65% referred by a GP – 60% of these could have gone via PCAL negating the need to attend A&E
        - 20% referred by 111
        - 10% referred by a UTC
    - 28% of the 42% was patient choice
        - 55% of those who chose A&E could have been treated in an UTC or Walk-in-centre
        - 40% of those who chose A&E were treated in the GP stream and there could have attended a GP surgery

Diagram 4 shows a summary of the opportunity identified by the Newton Europe re-audit and the front diagnostic.

Diagram 4



It is evident from the findings above that there are significant opportunities for improvement across all aspects of our unplanned care system. Realising these opportunities would support the left shift in the provision of care and improve outcomes for the population.

3.3 Leeds System priorities

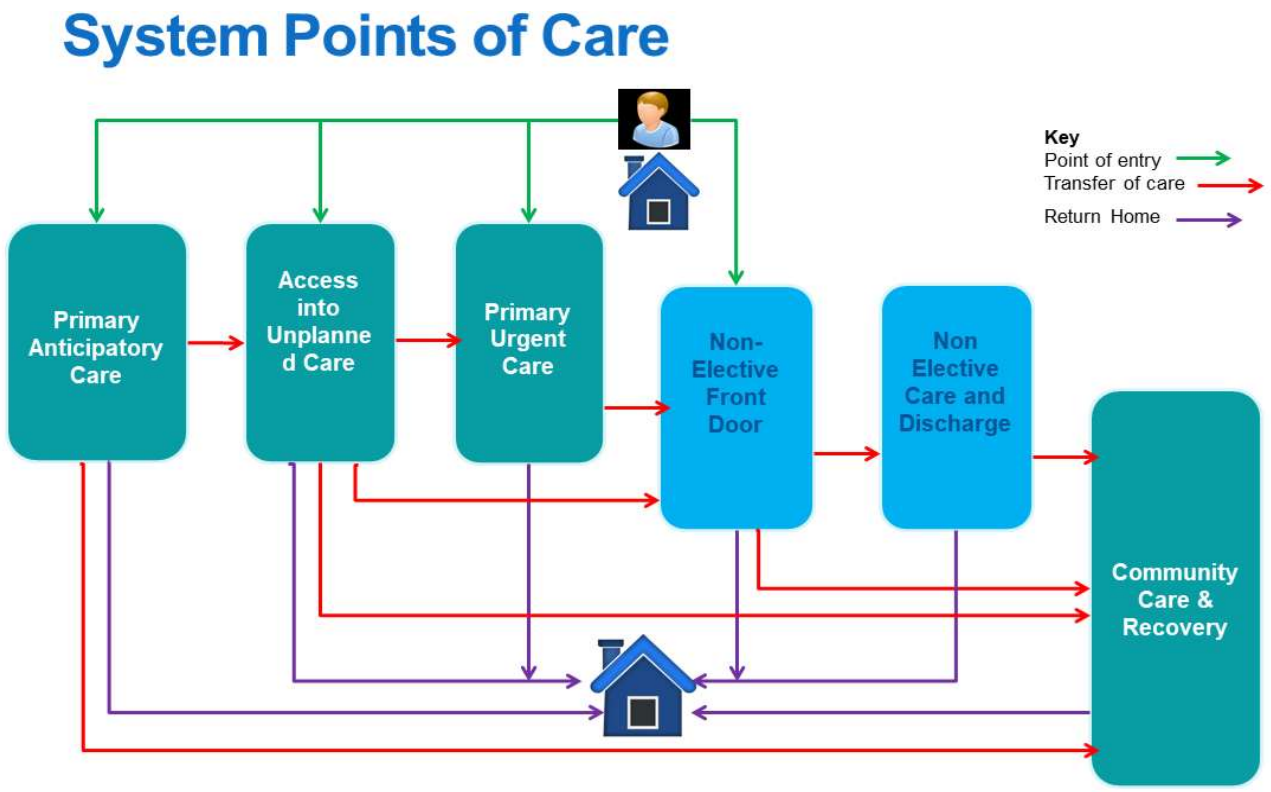
Following the outputs from both Newton Europe diagnostics, the winter review and the NHS Long Term Plan, SRAB has reviewed the priority work streams for 2019/20.

Feedback form the governance review highlighted the need for to focus across the whole pathway of unplanned care. The system points of care diagram 5 form the 6 key areas of the pathway across the system. The priority work streams span all points of care to ensure our plans reflect the full scope of the opportunities available to achieve the left shift and deliver the aims of the long term plan.

3.3.1 System pathway

Diagram 5, illustrates the points of care and the complexities across the unplanned care system.

Diagram 5

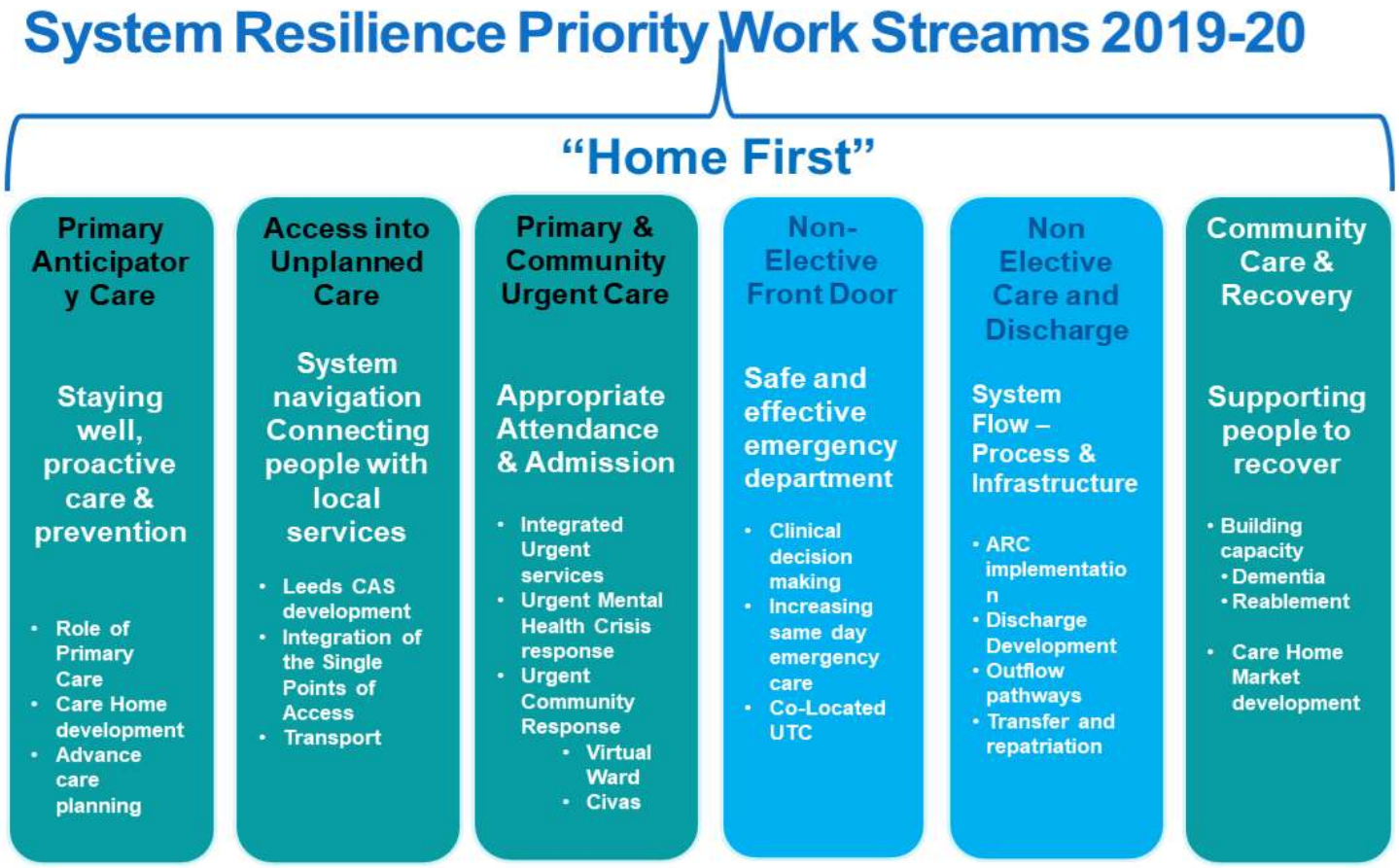


3.3.2 System priority work streams

The work streams identified in diagram 6 support the delivery of the priorities for 2019/21. Many of the work streams are established and are clear regarding their aims and governance. Pulling these work streams into the SRAB governance will ensure pace, a renewed focus holding system partners accountable for delivery.

Key to our success will be monitoring progress to understand the impact of the work streams and the collective impact on the system and performance. Each work stream will be required to demonstrate how their project maps to the vision and aims supports overall system performance and the left shift .

Diagram 6



The next section describes a number of the work stream in more detail.

Primary Anticipatory Care – staying well, proactive care and prevention

- **Care Home developments**

The quality and the sustainability of older people's care home provision remain key issues both nationally and locally, and the Council and the CCG have a key role to play in supporting care homes to continuously improve the quality of care delivered and to remain viable to ensure there is sufficient capacity to meet needs. The governance of the various projects and work streams have been brought together though the establishment of the Integrated Care Homes Oversight Board.

The main aim of the plan through various initiatives and programmes is to support the reduction of avoidable hospital attendances and admissions and ensure processes are in place to support effective timely discharges. There is a continued focus on people with complex needs and/or challenging behaviours relating to their dementia delayed in wards at LTHT and at The Mount at LYPFT and who are experiencing excessive lengths of stay because they are awaiting a suitable care home placement.

To address we have extended LYPFT Care Homes Liaison support to provide additional clinical input, including access to out of hour's psychiatric services to care homes where they were willing and able to offer a placement to a person exhibiting challenging behaviours relating to their dementia. Also there has been additional funding available for transitional payments to care homes for up to 6 weeks for additional staffing when a person with complex needs/challenging behaviours are admitted to their care home.

Our highest group of DTOCS in Leeds is for dementia patients, many of whom present with challenging behaviour. In discussion with Leeds city council we are in the planning stages for the re conversion of a number of community care beds along with other facilities to provide an intermediate tier offer for these patients. These would not be a step down facility but a medium term units where patients can be fully assessed and supported towards long term care options. This could be up to 30 beds which would start to free up capacity in both LTPFT and LTHT and improve outcomes for this population.

Other initiatives include:

- The 'Red Bag' initiative
- Telemedicine scheme - trialled in 14 care homes, now extended to 30 homes
- React to Red Skin campaign
- Enhanced care home scheme – Aging Well Model (Long Term Plan)

- Care home capacity tracker
- Enhanced Surveillance tool and joint protocol for addressing safeguarding and risk escalation
- 'Delivering Effective Social Care with LGBT People' RIPFA (Research In Practice for Adults
- Dementia mapping
- The Living Lab Project – initiative led by the Leeds Care Association – a collaboration between care homes and the Universities of Leeds and Maastricht, to improve quality and to nurture and support learning cultures in care homes
- Digital connectivity - enhancing the use of technology in care homes to improve service provision including:
  - the Social Care Digital Innovation Programme
  - support to care homes to complete the Data Security and Protection toolkit
  - support to care homes to access the Leeds Care Record and an NHS.net email address
- Workforce
  - registered managers network, activities co-ordinators network
  - a joint health and care annual awards ceremony for care home staff
  - supporting the nursing workforce in nursing homes/Leeds Teaching Care Homes

During 2019/20 we will continue to work in partnership with care home providers/registered managers to raise the standards of care and to achieve a 'Good' CQC rating throughout our care homes in Leeds. In addition we know we need to secure further capacity for nursing care and particularly for high quality specialist dementia care home provision through market facilitation and development.

System navigation- connecting people to local services

To support people to navigate the system and access the optimal service by embedding multidisciplinary Clinical Assessment Services (CAS) that will integrate with NHS 111, mental health, ambulance dispatch, acute, community and primary care services and social care. Section 5.2.2 provide more detail regarding our long term plans to develop a Leeds CAS

There are 4 main areas for development within this work stream during In 2019/21:

- Continue testing the integration with 111 and a local Leeds CAS
- Expansion of pathway development within the Primary Care Advice line (PCAL), within LTHT)
- Integrating the Single points of access across the city

- National Pilot site - Clinical Assessment Services Supported Discharge
- Accelerator site for Urgent Community Response

➢ **Leeds Local CAS**

Due to the size of the city, it was felt that Leeds would benefit from developing its own local CAS. The local CAS will supplement the Core CAS function. It will offer clinical advice from a varied health and care clinical skill mix to the population. This will support the move towards increasing the volume of clinical advice given to people by health and care professionals over the telephone, reducing the volume of activity going into face to face appointments. For those individuals who do require a face to face appointment, the CAS will direct book an appointment the individual into the right service, within the right timescales depending upon the clinical need of the individual support the national targets within the Long term plan and our system objectives.

The proof of concept of implementing a local CAS has been tested; with the pilot successfully evidencing clinical advice was the outcome for 50% of the calls coming in to the CAS. 30% of calls requiring a face to face appointment were seen in the GP Out of Hours service, and the remaining 20% of calls requiring a face to face appointment had appointments booked back at their own registered general practice. The data from the testing the proof of concept supports:

- The ability to give clinical advice, supporting the national ambition;
- A reduction of face to face appointments within the system;
- Direct booking in service for onward care/assessment
- The left shift model of service delivery;
- Positive collaboration and system working between providers and commissioners;

The ambition is to utilise a phased approach to gradually build up and test new elements within the local CAS function. The development will be based on the findings from continuous learning and formal evaluation. This development will continue over the upcoming 5 year period. This supports the NHS 10 Year Plan as by 2023 the local CAS will have been developed to include the function of discharge.

- **Primary Care Advice line**

Set up over 10 years ago PCAL has support General Practice in the management of people requiring acute assessment/care negating the need for them to go to A&E. The service has developed over the years and is now a fundamental part of managing acute flow into LTH. The Newton Europe diagnostic highlighted the need for the service to be expanded in terms of capacity and pathways to maximise its potential in reducing A&E attendances, avoidable admissions and improving peoples experience and outcomes. Funding to support the required capacity has been identified within the Leeds winter ICS allocation.

Priorities for the PCAL service during 2-019/20 include:

- Balance demand and capacity
- Embed the Ambulance pathway to ensure people are taken directly to an appropriate assessment unit where appropriate
- Consultation with geriatrician to direct people to the frailty unit and the virtual wards as they develop
- Re launch PCAL across the system
- Integration with Single Point of Urgent Referral (SPUR)PCAL to direct people to Neighbourhood Teams and Community Care beds

- **Integrating Single Points of Access**

Leeds, there exist multiple single points of access. Some of which are available to the public, some to health and care professionals, and some which are available to both. Evidence suggests people and professionals use the single points of access that they are most familiar with, and perhaps are not aware off other offers, which may better suit the presenting needs.

There is an opportunity to converge all the single points of access to generate a truly single, multi-disciplinary clinical skill mix offer, to both the public and professionals, to give clinical advice and when necessary to book people into the right service within the unplanned care system. Scoping of the opportunity is completed and full work plan is in development.

- **Clinical Assessment Services Supported Discharge**

By 2023, CAS will typically act as the single point of access for patients, carers and health professionals for integrated urgent care and discharge from hospital care. Leeds has expressed an interest in becoming a pilot site for supported discharge with a focus on acute care alongside establishing good practice within the acute setting for when discharge support is started. This will support the development of the CAS function as well as the Non elective care and discharge -decision-making works stream. We are waiting to hear form NHS England as to whether or not we have been successful.

Primary and community urgent care – appropriate attendance and admissions

- **Urgent Mental Health response**

The Independent Mental Health Taskforce Five Year Forward View (February 2016) made it clear that improving access to high-quality mental health care must become a national priority. Locally it is also recognised that there is a growing need for urgent mental healthcare services in Leeds to support people to access care.

A mental health crisis is defined as a situation that the person or anyone else believes requires immediate support, assistance and care from an urgent and emergency mental health service.

Improving access, pathways and care for people in crisis will involve all partners including the third sector and service users to work in collaboration. We will work to improve blue light and community based crisis response, ensure Children's and Adolescent Mental Health services (CAMHS) services are developed. This will include development of pathways e.g. street triage that provide an alternative to the Emergency Department (ED) and provide a more appropriate care for patients seven days a week.

Key commitments during 2019/20 aligned to the long term plan:

1. Ensure that anyone experiencing mental health crisis can call NHS 111 and access 24/,7 age-appropriate mental health community support.
2. Continue ambition to ensure that all adult and older adult community crisis resolution and home treatment services are resourced and operating with high fidelity by 20/21

3. Ensure that by 2023/24, 70% of Mental Health Liaison services in acute hospitals meet the ‘core 24’ standard for adults and older adults, working towards 100% coverage thereafter.
4. All children and young people will have access to 24/7 crisis, liaison and home treatment services by 2023/24
5. Increase provision of non-medical alternatives to A&E such as crisis cafes and sanctuaries that can better meet needs for many people experiencing crisis.
6. Increase alternatives to inpatient admission in acute mental health pathways, such as crisis houses and acute day services.
7. Improve ambulance response to mental health crisis by introducing mental health transport vehicles (subject to future capital funding settlement), introducing mental health professionals in 111/999 control rooms; and building the mental health competency of ambulance staff.
8. Specific waiting time’s targets for emergency mental health services will for the first time take effect from 2020 (Part of wider clinical review of Standards)
9. Improve the therapeutic offer on inpatient wards, e.g. more psychologists and occupational therapy

A new group is being established to oversee this work to ensure links with both the Mental Health and Children and Adolescence strategies.

Urgent Community Response

- **Neighbourhood teams**

Across Leeds there are 13 Neighbourhood teams delivering health and care services to their communities. The Newton Europe diagnostic showed that 17% of admissions could have avoided by referring to the NT as an alternative. All identified patients were over 65 years old and 75% were admitted between 18:00 & 23:00.

Diagram's 7 and 8

Diagram 7, shows neighbourhood teams referral pattern vs A&E admissions. Following an in depth study with 3 Community Matrons 45% of evening (6pm-12am) acute admissions could have been discharged home with Neighbourhood Team support. This has the potential to effect 2,700 people per year by returning home with support requiring an additional 50 NT visits per week.

To understand the full scope of the opportunity to maximise NT we also looked at how many people could have been supported during the day. It showed that 14% of admissions between 8am-6pm could have been discharged with support. 600 people a year.

The total opportunity equates to 3.300 people avoiding admission to an acute bed receiving care in their own home.

Understanding the variation across the NT along with developing a 27/4 model that would increase the capacity of the teams to start to realise the left shift in care is be a priority for LCH as they develop their response to the national implementation of the Aging Well Model. This will see Community Rapid response service responding within 2 hours and the reablement offer (Leeds City Council) within 4 hours.

- **Virtual Wards**

The development of a city wide Virtual Ward across multiple specialities including respiratory and frailty is key in the development of Neighbourhood Teams in increasing the community rapid response offer and supporting the left shift.

The ambition within Leeds is to develop a multidisciplinary Virtual Ward which will be a collaborative service between LTHT and LCH and the Confederation to provide coordinated rapid care to people in their home who are experiencing an acute medical episode. This rapid care involves providing responsive specialist assessment (including medication review), monitoring, investigations, treatment, support and education for people and their carers by the most appropriate specialised team.

It will ensure people's needs are safely met within the community without requiring a hospital attendance/admission where appropriate. A phased implementation has been agreed which sees avoiding hospital based care as the initial focus with the service supporting earlier discharge in phase 2 expected in Q1 of 2020/21.

The virtual ward projects have been funded through system transformation monies.

- **The Community IV Antibiotics Scheme**

Newton Europe diagnostic showed that 7% of admissions for those 65 and over could be been avoided though using the Community IV Antibiotics Scheme (CIVAS).. CIVAS is a community based service that is delivered jointly by Leeds Community Healthcare (LCH) and LTHT. The aim of the service is to support discharge from hospital; Emergency Department (ED) and inpatient wards at the earliest possible opportunity by providing IV antibiotic therapy in a community/outpatient setting to prevent either and admission or extended length of stay. The service is delivered in both people's homes and community hub clinics by a multi-disciplinary team consisting of staff and senior nurses, LTHT clinical nurse specialists, pharmacists, and Infectious Diseases Specialists.

By developing the service and increasing the capacity to manage up to 75 cases at any one time there is the opportunity is to avoid 1,500 admissions. Priorities for the service in 2019/20 include:

- integration of the service across LCH and LTHT
- provision of IV Diuretics, and Line Care
- Implement Cellulitis Pathway
- Rebranding of the service - CIVAS as this implies only IV Antibiotics can be provided as is therefore misleading to referring clinicians.

Safe and effective emergency departments

- **A&E decision making/triage**

Clinical decision making within and ED can vary due to a number of factors, Newton Europe identified an opportunity for the Leeds system to avoid up to 2,700 admissions though education of ED staff of alternative services in the community. The system is currently working though how this can best be achieved through a number of initiatives including:

- Focus on developing/improving mind-set and behaviours of front line staff
- Shadowing of staff across roles/teams ie. neighbourhood team/community to gain more knowledge about the services
- Education to improve confidence and knowledge of the services to support decision making
- Key educational massages for the system
- Maximise technology to support decision making- CAILTEC, DOS
- Improved data sharing to inform decisions and understand behaviour
- Tools to support care navigation - local DOS

- **CAILTEC**

Leeds is currently working with partners CAILTEC is an innovative technology solution to harness digital power to transform to transforming and integrate high quality patient care. It looks to find a way to accelerate education and skills retention of clinicians by studying opportunities to create technical integrations between systems to increase the quality of data across the emergency care's patient journey.

- **Co-located Urgent Treatment Centres**

In 2019/20 we will confirm the plans for the development of our first co-located UTC within the LTHT footprint. There will be a single entry point for all people who walk-into the hospital with an urgent need. All people will be triaged and then streamed to the most appropriate services for their presenting needs, these include:

- UTC
- Champion for signposting/booking into alternative more appropriate services
- Assessment area/unit
- Emergency Department

This will enable the right skills and capabilities in the right place ensuring those with the most life threatening conditions have the best chance of survival.

Non Elective Care and Discharge - System Flow, Process & Infrastructure

The Decision making work stream has been established for a year now and has been making progress in the decisions for people leaving the acute trust who require further care or support. Though it is acknowledged that there is still scope for improvement to ensure people receive the ideal outcome for their circumstances. The group is in the process of reviewing progress and scoping further opportunities.

Three further areas of development have been proposed for 2019/20:

- Achieving Reliable Care (ARC) to reduce LOS and bring about real behavioural and cultural change on our wards.
- Implement the outputs of the Leeds Integrated Discharge Service
- Implement the Discharge to Assess pathway for community care beds

All of these initiatives will be supported through winter monies to ensure resources are available to progress further and impact the system this winter.

Community Care & Recovery- Supporting people to recover

A fundamental aspect to effective discharge from hospital is to ensure that community services have sufficient capacity and support to ensure people return as quickly as possible to the most appropriate place for their care.

Within section Primary and community care urgent response, we refer to work within the NT, including social care and the wider Local Care Partnerships that will support attendance and admission avoidance which also support people discharges from hospital.

In discussions with Leeds City Council we are scoping the options to expand the reablement service in response to the Aging Well Model supporting attendance and admission avoidance. These discussions will also focus on maximising the service to facilitate discharge and support keeping peoples them in their own home retaining their independent and reducing the system long term placements in response to the Newton Europe findings.

We will continue to ensure the reablement services has sufficient capacity by ensuring it:

- Recruits to establishment
- Maximise time with service users
- Ensure service users spend the right amount of time receiving the service

Addressing all three points will continue to see increased numbers of weekly starts to meet the extra demand and support a shift towards recovery and independence services

System Resilience Communications

Data shows that the ‘winter pressures’ experienced by urgent and emergency care services is a year round issue with various in demand experienced throughout the year, however the media tends to highlight activity during the winter period.

Evidence suggests that some of the pressure on the system could be reduced by patients making appropriate use of all services available to them should they fall ill or get injured. “While A&E is the right place for many of these patients, estimates quantifying the size of non-urgent A&E demand (patients who could be better treated elsewhere) vary from 20% to 40% of all attendances”, (source: Department of Health).

Evidence shows (BMJ, 2016 and RCN, 2016) the A&E 'superbrand' continues to attract patients who could potentially be treated elsewhere. Furthermore evidence shows that when faced with a range of options, patients are confused and default to A&E (NHS England, 2017). More recently the British Social Attitudes Survey (2019) reinforces this and highlights the perception people have that it's difficult to get GP appointments as well as increased trust in hospital-based doctors over other clinicians.

Our communications activities are year round designed to provide a consistent set of messages that highlight alternative support available as well as placing an onus on self-care and prevention, where appropriate.

In Leeds we are now working together to see how all system partners can support communication activity that encourages people to self-care where appropriate, use alternatives to A&E and look out for vulnerable neighbours. We are following the principles of the national 'Help us help you' campaign with communication messages and activities based around preparedness, prevention and performance and the idea of developing a reciprocal relationship with people.

- **Our focus**

Throughout this year and as we head into winter we have concentrated our communications effort on the following.

- Ensuring people are aware of the alternatives to A&E for non-emergency care. We've particularly focused on developing the 'Talk before you walk' concept to encourage people to call NHS 111 when they're feeling unwell but it's not an emergency.
- In line with national campaigns we have also highlighted the support people have available from pharmacies including a concerted effort to demonstrate that they are skilled healthcare professionals.
- We know that not everyone is aware that GP practices are open on evenings and weekends, this is something we've continued to promote so that every available appointment is taken up.
- Providing year round seasonal advice such as a summer health campaign, with a particular push on ensuring people stay hydrated.
- Strong internal communications so that system partners are aware of the work we're doing in Leeds.
- Linked to the above we ran the Big Thank You campaign that encouraged people in Leeds to say a message of thanks to anyone who helps them through winter (and beyond) which supported positive messaging for internal colleagues.

- We've played a key role in developing the first every regional campaign by the West Yorkshire and Harrogate Health and Care Partnership. 'looking out for our neighbours' was launched in March and has recently been evaluated, with results showing a positive impact among those who had seen the campaign.

➢ **Priorities for this winter**

We will continue to work in partnership to run health awareness, signposting and direct action campaigns as below:

- We will engage with local citizens and health and care professionals to develop a significant behaviour and culture change programme. The current working title is 'Home First'. Home First is about educating and supporting people to leave hospital as soon as they are medically fit to do so as well as proactively supporting people so they get well at home rather than getting admitted to hospital. We'll also, where appropriate, support NHS England and NHS Improvement's 'Where Best Next' campaign targeting acute settings in an effort to reduce long stays
- The 'Looking out for our neighbours' campaign will be running again over winter to get people to look out for those around them (www.ourneighbours.org.uk)
- With over 1600 messages received last winter and regular positive media coverage we'll be running the Big Thank you campaign again (www.bigthankyouleeds.co.uk).
- We have a number of campaigns running that help further and higher education students make the right healthcare choices. This includes No Regrets that promotes safer drinking (www.noregretsleeds.co.uk) and Feel Better that encourages use of pharmacies and NHS 111 (www.feelbetterleeds.org.uk).
- We're currently considering options for a mass mailout to promote NHS 111, pharmacies and extended GP opening hours as well as actions that support the 'left shift' approach.

➢ **Activity and resources**

Our proactive approach includes the below:

- A year round social media calendar with messages adapted to meet seasonal needs eg flu vaccine, summer health advice etc

- Planning ahead for bank holidays with advice issued on social media, through local media and internal communication channels
- Regular reprint of fridge magnets with advice for parents and carers of children aged 0-5, distributed to health and care settings
- Promotion of national Help Us Help You campaign
- Reprint of information leaflets and social media advertising targeting members of the Eastern European community backed up by a dedicated website www.healthinleeds.org.uk
- Proactive messaging ahead of extreme weather to help people plan ahead, this is often supported by paid for social media advertising
- Providing communication resources and advice for GP practices this includes a web portal with information resources https://www.leedsccg.nhs.uk/help-us-help-you-comms-resources/

➢ **Communications plan**

The communications plan for this winter will broadly follow the same approach as the one for 2018-2019 (appendix 3).

The current plan is being discussed by the citywide communications group and will be signed off by SRAB

Assess the opportunity of the left shift- capacity and demand

It is vital that as we start to develop work streams and projects to achieve the left shift in the provision of care by increasing primary care and community capacity, that we start to understand the potential shift of activity and associated financial flows that will be required.

In response to the Long Term Plan Implementation Framework we are required to submit a strategic planning tool to NHS England in September 2019. This submission will show our long term acute activity assumptions and strategic financial investments by sector across our system, supported by our workforce assumptions. The plan will be signed off by both the CCG and providers. It is

important to mention that this brings potentially £27m into the West Yorkshire system. We are awaiting confirmation of Leeds allocation and guidance on how this will be spent.

This will be the start of developing a detailed model which includes but is not limited to:

- Population Health Management
- Newton Europe outputs and opportunities
- Current contracts
- Development of Primary Care Networks
- Financial investment plans

3.3 Investment

Realising the opportunities identified within the plan will require a shift in investment over the next 2-5 years. The systems response to the long term plan implementation framework will start to provide an overview both commissioners and providers investment strategies. The development of one version of the truth regarding the future system demand, capacity and the left shift opportunity by March 2020 will be key in further informing the investments and detailing plans, business cases and financial risks.

- **Winter 2019/20 investment**

Though the West Yorkshire Integrated Care System (ICS), Leeds will be has been allocated £775.000 to invest in winter initiatives. Priority Project has been agreed by SRAB August 2019 and in turn by the ICS Urgent and Emergency Care Board. We are now in the process of working with the projects leads to identify the required resources including workforce.

Leeds proposed projects are:

- Social Workers to support the Discharge 2 Assess pathway
- Development of the CIVS service
- Expansion of the PCAL function within LTHT
- Community Dementia capacity

Though the ICS allocation will support a number of 2019/20 priority projects the resilience of our system especially at times of pressure depends on our commitment to work in an integrated way. There will be a continued focus on new ways of working across organisations to maximise existing investment, capacity and ensure resources are used effectively and efficiently to support the delivery of quality services for our population.

Due to the Aligned Incentive Contract (AIC) the CCG and LTHT have agreed a financial envelope through the based on previous years costs with CCG setting aside a budget for winter pressures. In the event of activity and/or demand significantly above expected levels the System will take joint responsibility and develop mitigation plans within agreed cost envelopes. The CCG and LTHT will monitor demand levels within the unplanned working group and System Resilience Assurance Board. The CCG has plans protecting LTHT against the loss of elective capacity from increased non-elective demand especially with the intent to suspend some elective activity in January 2019.

3.4 Risks

The high level risks and mitigating actions to support the delivery of a resilient health and care system in 2018/19 are identified within 2 areas:

- Variable risks are those which we cannot predict but where we can put mitigating plans in place, 9 high level risks have been identified.
- Impact risks are those we have assessed and highlighted the probabilities and consequences of the risk, 8 high level risks have been identified

The high level risks have been RAG rated pre and post the agreed mitigating actions, the full risk register for the LSRP are included in Appendix 4.

3.5 Public Health - Leeds City Council

The Leeds Local Authority Public Health contribution focuses on preventative and preparedness health measures and is informed by the PHE Cold Weather and Heatwave plans for England (2018). LCC Public Health are leading a number of key programmes to ensure vulnerable people are protected from the adverse effects of cold and hot temperatures. Public health are working to optimise the role of the Council to address priorities including promoting key messages through Council services, working with commissioned services to prioritise programmes with service users, and ensuring that Elected members are briefed on key messages and issues.

Public Health priorities:

- Infection prevention and control; improving flu vaccine uptake in target groups, increasing community staff skills, knowledge and competencies through the delivery of infection prevention training; outbreak planning and management across the community
- Mitigate the impact of the negative effects of cold and heat on vulnerable people; commissioning of winter warmth services including winter friends programme, providing vulnerable people with high impact interventions to keep people well during cold and hot periods, delivery of small grants schemes for community groups and others.
- Living with Frailty; delivery of programmes, including the commissioning of the Home Plus, to support people living with frailty focusing on falls, malnutrition and support for independent living

4 Escalation and Incident Management

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. To ensure we continue to deliver quality, safe and responsive services Leeds needs to be equipped, prepared and coordinated to respond quickly and appropriately to any change in demand or circumstances as well as develop a strategy to transform our system for the future.

4.1 Escalation and Mutual Aid

Operational Pressures Escalation Levels (OPEL) NHS England Mandated framework for all NHS health organisations aims to provide consistency in the reporting and managing escalating situation across system both locally and nationally.

It was evident during the winter of 2017/18 at times of extreme pressure the system veered away from agreed processes and our mutual aid was not sufficiently defined to support de-escalation and recovery. With clear processes, robust mutual aid agreements; including the Decision Management tool (Appendix X) and the establishment of the weekly OWG we entered winter 2018/19 in an improved position. All partners were clear on their roles and responsibilities and there was the assurance that these were aligned to organisational on call procedures and national reporting requirements. With only the need for 3 Sitrep call over the 2018/19 winter we will be building on the foundations of this success as we plan for 2019/20.

All organisations in 17/18 developed a Decision Management Tool which provided a risk assessed model to identify contingency actions that we would need to take if our system reached OPEL 4. The tool focuses predominately what services could be suspended and resources re-deployed.to manage the incident and support recovery. This was further developed in 2018/19 and will be reviewed as part of the 2019/20 LOPEL refresh.

We are in the process of refreshing the Leeds Operational Pressures Escalation Levels (LOPEL) for 2019/20 to ensure it is reflective of operational activities and behaviours. The refresh will focus on the agreed objectives carried forward from last winter below:

- Confirm governance arrangements for winter – winter room, patient level operational groups
- Mutual understanding of the parameters of the OPEL Levels and how they work within Leeds to ensure they reflect and meet local changing needs
- Review and align organisational triggers to OPEL to ensure consistency in the interpretation
- Internal actions to be taken to ensure/support de-escalation
- Joint planning to support the prediction of flow issues and delays
- Complete an analysis of mutual aid across the system to identify develop and agree tangible and realistic actions based on the Leeds system principles
- Agree daily the reporting format, analysis and sharing information including primary care
- Refine our approach to the timely management of the system; command and control to address operational challenges and promoting a recovering system (SiTRep calls, winter room)
- Agreeing our approach, processes and escalation to executive level command
- Review of organisational decision management tool to inform system management and actions at OPEL 4/critical, major incident
- Review all On call arrangements and ensure alignment and communication is clear and understood, including exception reporting process during winter, further on –call training
- Desk top exercise to test process and mutual aid in an escalating scenario, to include adverse weather and flu
- Align predictive and responsive communications to OPEL levels to develop consistent and targeted messages to staff and the public
- Implement a structured approach which drives and supports assurance of organisational compliance with the 2019/20 Emergency, Preparedness, Resilience and Response

4.2 Leeds Escalation principles

Clinical quality and safety are the top priority in the delivery all health and care services. During the periods of intense pressure in Leeds we have maintained zero twelve hour trolley breaches and people in non-designated bed areas since May 2018.

The principles below where agreed in 2018/19 and will be carried forward for this year's plan. These principles underpin our plans and ensure we have a shared approach to deliver quality and safety for our population with clear outcomes.

- The Leeds health and care system provides consistently high quality and safe care, across all seven days of the week
- Zero tolerance of 12 hour trolley breaches
- Non patient cared for in a non-designated hospital areas
- No cancellation of elective surgery within 48 hours
- Services have a set of standard response times and categories for prioritisation
- Clinical standards are clear and articulated through assessment, intervention and discharge pathways
- Patients will not wait longer than 15 minutes in ambulances before handover at ED
- Clear infection control protocols are in place including the transfer of people on to or returning to alternative services
- Capacity is managed within organisations and as a coordinated system across the health and social care economy.
- No action that would undermine the ability of any other part of the system to manage their core business will be taken by one constituent part of the system without prior discussion.
- Should an organisation take action which results in unintended consequences for another/others they will, as soon as if practical and practicable, rectify that action
- As far as possible, the clinical priority of patients, across all care groups and categories of service (i.e. between emergencies and electives) will be the key determinant of when and where patients are treated and cared for. E.g. this may mean that some patients who have self-referred as an urgent are given lower clinical priority than urgent elective patients.

- No action will undermine or question the clinical judgement of practitioners but will however aim to decrease escalation by sign posting patients to less congested services where acceptable clinical alternatives are available.
- Managing patients at a time of increased escalation will require accepting and managing additional risk across organisations, as individual decisions on patient's care are taken, and competing pressures/targets are prioritised.
- Services should be maintained for as long as is practicable in times of increased escalation and organisations will work to recovering suspended services as soon as possible.
- Decision-making and actions in response to escalation alert will be within appropriate timescales.
- De-escalation will be agreed by all partners.

All of our developments need to be flexible to allow an effective response to a whole spectrum of incidents and events that may create a surge in demand or disrupt the normal delivery/flow of services for health and care services, irrespective of situation, duration, scale and type.

4.3 Provider clinical escalation plans

All providers annually review their internal clinical escalation plans which outline their organisational response to managing clinical safety and quality during times of escalation. These are tailored to reflect organisations key priorities, scale of business and are based on continuous learning to provide insight to target interventions when they face further quality, safety and performance challenges

The plans include; but are not exclusive how organisations will manage:

- daily operational process including
    - management of OPEL triggers and action plans
    - weekly quality meetings
    - weekly executive meeting chaired by the CEO
    - escalation process in place for workforce shortfalls

    - cessation of non-essential training and development
    - re-deployment of staff to manage pressure areas
    - transfer of clinical staff in non-clinical roles to support patient areas.
    - daily duty response to care homes
- operational silver command response
- approach to Joint Decision Making (JDM)
- implementation of Full Capacity Protocols
    - trolley wait escalation
    - organisational balancing of clinical risk
    - the use of use of flexible labour
    - agreed process of workforce mutual aid across our internal teams
    - elective care activity and the cancellation of routine elective requiring inpatient stay
    - staff flu vaccination programme
    - comprised capacity and flow due to infection and the management of outbreaks
    - prioritisation of services to manage risk and redeploy resources through Decision Management Tools
    - response to increasing demand
- additional winter / flex beds
- conversion of 5 day wards in to 7 day capacity
- additional evening / weekend cover secured via on-call Psychiatry
- medically supervised bays for ambulance conveyances
- additional workforce at times of key pressure to support operational flow
    - implementation of robust audit processes to assure plan effectiveness and identify further opportunities

4.4 NHS England Exception Reporting

To ensure a national view of performance regional winter rooms have been in operation 7 days a week to gather information from systems. The Leeds system has robust processes in place to ensure that we comply with the requirements of exception reporting 7 days a week during the reporting periods. Reporting consists of the following elements:

1. NHS England's weekly call for systems to report their performance, pressures and recovery/supporting actions, CCGs represent their system. To ensure we are able to provide timely information, the Operational Winter Group discusses each week the local pressures and actions taken to provide an overview which is further informed by a call immediately prior to the NHS call between LTHT and the CCG, with other partners included by exception.
2. Relates to assurance reporting to NHSE by way of a daily assurance return, should one of five trigger criteria be met. On days when a specific trigger is met, ongoing actions within the acute hospital are shared by the A/DOP for escalations (that day) or the on call general manager (weekends and bank holidays). The CCG is responsible for collating and submitting the assurance return detailing the steps taken both short and long term by the system to recover the position and support performance improvement and recovery, either via the unplanned Care Team or the CCG on call manager (weekends and bank holidays).

There are triggers in place that necessitate exception reporting each day from October to March and on all bank holidays:

- A&E standard at or below 80% or a deterioration of more than 10% from the previous day,
- Any 12 hour trolley breaches,
- More than 5 Ambulance delays greater than 60 minutes,
- Increase in beds closed due to D&V by 20 beds from one day to the next,
- Other significant event e.g. disruption due to a catastrophic event or loss of infrastructure where the flow of ED is disrupted, major patient safety issues, developing situations where national briefing and preparedness would be of help to the system

4.5 Emergency, Preparedness Resilience and Response

All NHS organisations have a statutory responsibility to ensure they are properly prepared to deal with an incident or emergency. There are well-defined core standards for Emergency Preparedness, Resilience and Response (EPRR) across NHS organisations. All NHS organisations are responsible for the achievement, maintenance and monitoring of the standards, and are accountable to NHS England through the Local Health Resilience Partnership Board (LHRP).

4.5.1 Emergency, Preparedness Resilience and Response standards

The EPRR standards are used to inform and direct our approach to escalation management along with the OPEL framework. The detailed standards seek assurance on all levels of planning, guidance and preparedness on information sharing, command and control arrangements, responsibilities and mutual aid arrangements to enable prompt recovery from disruptions. Business continuity plans are a key part of EPRR planning including the regular testing.

Emergency Preparedness Resilience and Response – Responder Categories
The Civil Contingencies Act (2004) specifies that responders will be either:

- Category 1 (primary responders), or
- Category 2 responders (supporting agencies).

Category 1 responders for health are those organisations at the core of emergency response:

- Department of Health on behalf of Secretary of State for Health
- Public Health England
- NHS England
- Local authorities (inc. Directors of Public Health)
- Acute service providers
- Ambulance service providers

Category 2, responders are critical players in emergency preparedness, resilience and response and will work closely with other category 1 and category 2 responders. The following are considered to be category 2 responders for health:

- Clinical Commissioning Groups (CCGs)
- NHS Property Services.

All NHS providers will complete a self-assessment across a number of domains. The standards are reviewed and updated annually as lessons are identified following incidents or testing, or changes made to legislation or guidance. The 2019/20 standards remain the same as 2018/19; 68 individual standards under 10 domains below which range from command and control to evacuation.

Organisations will be assessed as either Full, substantial, partial or noncompliance based on their response to the standards that their organisation is required to assess against. As Category 2 Responders CCGs are required to self-assess against 43 individual standards, these sit within the 10 domains. By comparison acute providers have to assess against 64 individual standards.

The ten domains are:

- Governance
- Duty to Risk Assess
- Duty to Maintain Plans
- Command and Control
- Training and Exercising
- Response
- Warning and Informing
- Cooperation
- Business Continuity
- CBRN

The submission date is 31st October; SRAB will receive provider's assessment outcomes and develop an approach to address any areas for development especially where themes are evident.

4.5.2 2019/20 EPRR Assurance Deep Dive

Each year NHS England uses the core standards assurance process to undertake a 'deep dive' look at a specific topic relating to EPRR. Previous deep dive topics include Command and Control, Pandemic Influenza, Business Continuity and Governance. Deep dive results are not included in the overall organisational compliance rating and are therefore reported separately. In 2019/20 the

deep dive topic is Severe Weather and Climate Adaptation. Severe Weather would clearly have a system impact, and quickly invoke escalation management processes. Climate Adaptation and Sustainability are city priorities and for these reasons there was support to review this deep dive area in partnership with health providers and the local authority.

4.6 EU Exit Preparations

The Department of Health and Social Care (DHSC) is leading the response to EU Exit across the health and care sector. The application of national guidance is mandatory including all communication, planning and the assessment of risk. Professor Keith Willetts is leading NHS England response to the exit from the EU which focuses on the following key areas as identified by DHSC:

- Interruption to the supply of medicines and vaccines;
- Interruption to the supply of medical devices and clinical consumables;
- Interruption to the supply of non-clinical consumables, goods and services;
- Availability of workforce;
- Changes to reciprocal healthcare arrangements;
- Continuation of research and clinical trials; and
- Interruption to data sharing, processing and access.

Nationally we are being told to expect to begin assuring local preparations in September. This assurance process will cover similar ground as previous exercises, including your plans, systems and contingency arrangements for key areas such as operational readiness, communication, continuity of supply, workforce, clinical trials, data, finance and health demand. Further clarification will be provided at the national workshop for the north of England September 5.

The NHS in Leeds and Leeds City Council are working together on citywide plans to prepare, plan and respond to any impact related to EU Exit. A city wide steering group chaired by Dr Ian Cameron; Director of Public Health was established to ensure a collective and consistent response across the city. It was agreed that the remit of the group was to:

- gain assurance of individual organisations plans.
- focus on themes that effective all organisations, identified as

- Medicine and equipment
- Staff
- Fuel disruption
- Communication

- collective test our continuity plans at a system level

Table 3 shows the Senior Responsible Officers across the Leeds NHS organisations.

Table 3

Organisation	Lead	Title
Leeds Teaching Hospital Trust	Clare Smith	Chief Operating Officer
NHS Leeds CCG	Sue Robins	Director of Operational Delivery
Leeds City Council	Ian Cameron	Director of Public Health
Leeds Community Healthcare Trust	Sam Prince	Executive Director of Operations
Leeds and York Partnership Foundation Trust	Sara Munro	CEO
Leeds GP Con-Federation	Jim Barwick	Chief Executive
Yorkshire Ambulance Service	Steve Page	Deputy Chief Executive & Executive Director of Quality,
Local Care Direct	Andrew Nutter	Chief Operating Officer

In addition Leeds City Council has an EU Exit 'no deal' Strategic City Recovery Plan that demonstrates strong links with partner organisations across the city. The plan focuses on the following key areas:

- Infrastructure and Supplies impact
- Business and Economic impact
- Community impact
- Council impact
- Media, Communications and Public Affairs

As the new exit date of October 31 approaches all groups have been re-established to assess the current status and progress planning. National guidance asks all organisations progress the following mandated actions in preparation for national messages expected early in September.

Nationally mandated actions August 2019

- Complete the mitigation of any issues identified in the previous assurance processes
- Make sure your EU Exit team is in place. This should include, Advising your Board that the EU exit response is being stood up for leaving the EU on 31 October
- Having an EU Exit SRO in place, with supporting EU Exit team, and full management and oversight of the organisation's Single Point Of Contact (SPOC) email for EU exit communications
- Having relevant subject matter experts available for critical areas including supply/ procurement, pharmacy, logistics, estates and facilities, workforce, data
- Reinstating on-call arrangements, and ensuring on-call directors understand what is required of them and the escalation routes for problems
- Ensure your business continuity plans are up-to-date and tested, including winter and flu plans
- Make sure you are engaged with local system preparations around EU exit through Local Health Resilience Partnerships and Local Resilience Forums, and have agreed to link with partner agencies including local authority, CCG and provider colleagues to collaboratively manage and address issues.

- Re-familiarise your teams with details of the EU exit operational guidance from 21 December 2018 bearing in mind some aspects of this may have been supplemented or may be updated in the coming weeks
- Register to attend the regional EU Exit workshops in September, where you will be updated on the operational guidance and planning context, including the key changes since April.
- Revisit your organisation's contract and supplier assurance process including 'walk the floor' checks, to include smaller and/or niche local suppliers not covered by national assurance exercises (this applies to both CCGs and providers)
- Ensure you communicate with healthcare professionals and patients using the available information on the GOV.UK, NHS England and Improvement websites and NHS Choices.

We are informed that we should expect regular situation reporting to start from 21 October. All organisations in Leeds have plans in place for completing the reporting as required.

5 Transformation Plans

5.1 Transforming Leeds Unplanned Health and Care System

The NHS Long Term Plan details the strategic direction for the NHS over the next ten years. The plan highlights the challenges facing the NHS including staff shortages, growing demand and an aging population. With a focus on changing the way we do things to tackle these challenges the plan aims to give people more control over their own health and care whilst preventing illness and tackling health inequalities.

With emphasis on integrated care the long term plan is a framework not a blueprint giving local systems the flexibility to develop their response to meet the local needs and priorities of their populations. Through Integrated Care Systems (ICS) Leeds commissioners will make shared decisions with providers on population health, service redesign and implementation of the Long Term Plan.

The Long Term Plan sets out actions to ensure patients get the care they need, fast, and to relieve pressure on emergency departments. This will be achieved by developing and investing in primary and community services such as urgent treatment centres. For people requiring hospital care there is a drive for these to be treated through ‘same day emergency care’ without need for an overnight stay where appropriate. It is hoped that by implementing this model that the proportion of acute admissions typically discharged on day of attendance from a fifth to a third. Building on previous successes in improving outcomes for major trauma, stroke and other critical illnesses conditions, new clinical standards will ensure patients with the most serious emergencies get the best possible care. And though our continued partnership with local council’s further action to support people to return home and retain their independence where possible will support reducing delayed hospital discharges.

5.2 The system pathway of care

The six areas referred to in section 3 also support the development of our strategic transformational plans.

5.2.1 Anticipatory Primary care

The development of Primary Care Networks and Local Care Partnerships are key in delivering efficient and effective urgent and emergency care services. Primary care networks build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care. As they develop we will work with them to ensure links to all urgent and emergency services and maximise any opportunities to integrate services.

The UTC's are a great example of how can deliver the national mandate and support local people through the integration of services. We will build on this as we develop further services across the system.

5.2.2 Access into Unplanned Health and Care Services

Nationally and locally, it is recognised that there are too many entry points into the unplanned care system. This makes it confusing for people to know where to go when they feel they have an unplanned care need. The vast majority of unplanned care services offer walk in options. People therefore tend to present to the service they are most familiar with, as opposed to presenting at the service that may best meet the person's health and care needs. Health and care professionals equally report understanding the unplanned care landscape is difficult and complex to navigate.

In Leeds, multiple single points of access exist. Some of which are available to the public, some to health and care professionals, and some which are available to both. There is an opportunity to converge all the single points of access to generate a truly single, multi-disciplinary clinical skill mix offer, to both the public and professionals, to give clinical advice and when necessary to book people into the right service within the unplanned care system. This will allow unplanned care to move back into planned care at the earliest opportunity.

The newly commissioned NHS 111 Integrated Urgent Care (IUC) service allows for greater synergies between the urgent (NHS 111) and emergency (999) services which supports the aim of the access work stream as regards to making access to urgent and emergency care more seamless.

Planned and unplanned (emergency 999) Patient Transport Services (PTS) is recognised as a key enabler for the delivery of the access work stream ensuring the needs of patients can be met within various healthcare settings. Robust planned and unplanned transport services will ensure that people are able to access emergency care, present at urgent unplanned appointments and attend planned appointments anywhere within the health and care system.

The development of transport services programme will seek to improve the National Ambulance Response Programme (ARP) targets, create a hybrid service model between emergency and planned transport and improve access and integration between health and care transportation.

5.2.3 Primary and Community Urgent Care

A clear driver in the establishment of UTC's is to standardise the offer the public can expect from unplanned care services including for primary urgent care. People tell us, locally and nationally that there is a confusing mix of services for urgent care. These include walk-in centres, minor injuries units, urgent care centres and A&E's. In addition, numerous General Practices offer differing appointment systems and varied offers of core and extended services.

The recent publication of the *NHS Long Term Plan* (2019)[1] and the NHS Operational Planning and Contracting Guidance 2019/20 (2019)[2] specifies that commissioners should continue to redesign urgent care services outside of A&E, aiming to designate the majority of UTCs by December 2019. The guidance states UTCs should meet the previously published standards and ensure that they operate effectively as part of a network of services including primary care, integrated urgent care, ambulance services and A&E.

The aim of delivering standardised UTC's are to:

- simplify the system and access to services that meet people's needs, making the right choice the easiest choice
- improve people's experience of health and care services
- integrate services across the health and care system
- reduce attendance within Emergency Departments

[1] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf
[2] https://www.england.nhs.uk/wp-content/uploads/2018/12/nhs-operational-planning-and-contracting-guidance.pdf

- reduce conveyance to Emergency Departments
- support effective system flow,
- ensure Emergency Departments have the dedicated resources for higher acuity and specialised services
- support the improvement of the Emergency Care Standard
- achieve a left shift in the delivery of care closer to home
- increase access to diagnostics in the community

A fundamental requirement to achieve a network approach for the UTC's is for the providers to work in strong collaboration with one another at each UTC location, with services to be integrated where required. This strong, positive collaboration approach was implemented at the St Georges Centre UTC development and was a critical factor in the success of the UTC achieving designation status.

Opportunities are presented within the UTC mandate to support the development of 24/7 urgent primary care and ensuring that people receive care as close to their place of residence as possible. This will include the review of how we commission GP Out of Hours service in the future, either at place or ICS level. The review will explore the different elements of the current contract to maximise the future opportunities and economies of scale. These elements are:

- Infrastructure to manage the calls across the 111 regional, sub-regional and local levels
- Delivery of GP Out of Hours service

The review of GP Out of Hours will explore what rapid response may be required to support keeping people at their own home, and by what skill mix of health and care professionals. Both the UTC and GP Out of Hours offer will be further supported and complemented by the evolution of Primary Care Networks and Local Care Partnerships.

As Primary Care Networks and Local Care Partnerships develop and integrate, we will need to be clear regards how they link with the UTC's to develop clear pathways and where appropriate, additional services for their respective populations. This will provide an ideal opportunity to put more formal arrangements in place around integrated urgent primary care.

One of the national ambitions for UTC's is to reduce activity at the Emergency Departments to support the achievement of the 4 hour ECS performance target across the system. It is recognised in Leeds that due to pre-existing urgent care services (MIU's Walk-in-centre) this is not Leeds prime driver for implementation. The main driver for UTC's will be to standardise the service offer to reduce confusion for the public and support the delivery of 24/7 primary care at both a place based and primary care level.

5.2.4 Non-Elective Front Door

Efficient acute hospital flow encompasses quickly, proficiently, and effectively meeting the demand for care at both the front and back ends of the hospital. It involves effective coordination of patient care, moving the patient through pathways safely, to achieve the best possible outcomes. Poorly managed patient flow at hospitals front door can lead to adverse health outcomes, including increased re-admissions, longer length of stays and adverse mortality rates.

The non-elective front door work stream is broken down into the following:

Hospital handovers

The amount of ambulance to hospital handover delays across Leeds will be reduced and the handover process will be improved. The handover of clinical information about the patient from ambulance staff to the hospital is potentially a critical point in a persons unplanned care journey. Any information that isn't passed over effectively could result in sub-optimal patient experience through effecting the actions taken once the person hits hospital.

Attendance Avoidance

- We will reduce the number of attendances at hospital through identifying and supporting schemes across the system which facilitate the shift left and lead to more patients accessing community alternatives for unplanned care episodes.

Admission Avoidance

- Avoidable admissions will be reduced through a number of schemes including:
    - improving access to PCAL for front line staff
    - Improving acute frailty services to ensure patients are assessed treated and supported by Multi-Disciplinary teams in A&E and acute receiving units with people receiving rapid assessment.

    - Concentrating on admission avoidance pathways from care homes – “Analysis suggests that over a third of hospital admissions from care homes are avoidable”. [3]
- We will also implement the recommendations of the NHS clinical standards review for those patients with the most serious illness and injury to ensure they receive the best possible care in the shortest timeframe. This includes patients who come to A&E following a:
    - Stroke,
    - Heart attack
    - Severe asthma attack
    - Major trauma
    - Sepsis.

Same Day Emergency Care (SDEC) and Ambulatory Care

Same Day Emergency Care ensures that people presenting in hospital in an unplanned car with certain conditions can be rapidly assessed, diagnosed and where appropriate and safe to do so, treated without being admitted to a ward. People are then able to go home to their place of residence on the same day. Assessment areas and ambulatory care hubs will be utilised to reduce the number of people with short stay admissions to ensure more are discharged on the same day.

More effective management of patients who attend the hospital who would have previously attended ED and been admitted will support better outcomes for people. For the system, over time, it is assumed that we will be able to reassess the capacity required for non-elective admissions and ultimately reduce non elective demand on the LTHT bed base. This will also support the achievement of ECS target through more appropriate management of patients at the front door and ultimately support the achievement of planned care targets e.g. 18 weeks.

Co-Located UTCs

These will contribute to the improved flow of the hospital ensuring that people who present with an urgent primary care need will be streamed effectively into the UTC to ensure they get the most effective care for their needs. This will mean that the Emergency Department will be freed up to care for those patients with a true emergency need.

[3] https://www.gov.uk/government/news/record-nhs-funding-to-give-patients-a-better-alternative-to-hospital

The UTC will treat most injuries or illnesses that are urgent but not life threatening e.g. sprains and strains, broken bones, minor burns and bites and stings. The co-located UTC will provide an initial assessment and treatment of patients and reduce the need for an admission.

5.2.5 Non-elective care and discharge

Hospital Discharge

The Leeds Health and Care system will work in partnership to ensure discharge is effectively planned from the day of arrival into hospital to ensure people receive the most optimal outcomes for their care. There is currently a disparity in where people are currently discharged to and where would provide the best outcome for their discharge. We aim to ensure that this is addressed with the right choice for the patient also being the easiest choice. In order to improve hospital discharge we will:

- Continue to implement initiatives which help to optimise discharge and make it timelier.
- work to ensure that people get the most efficient pathway through and out of the hospital
- increase the number of patients who are discharged to the most optimal discharge pathway for their care as described in the Newton Europe findings contributing to the left shift in patient care.
- look to improve Length of Stay (LOS), Delayed Transfer of Care (DTOC) and reduce the number of ward moves. We will also look to increase the number of people who are given an estimated date of discharge (EDD) on the day of arrival.
- look to reduce the year round reliance on the medically fit for discharge wards run by villa care ensuring alternatives in the community are identified and available
- Improving discharge processes contributes to all previously outlined system benefits.

5.2.6 Community care and recovery

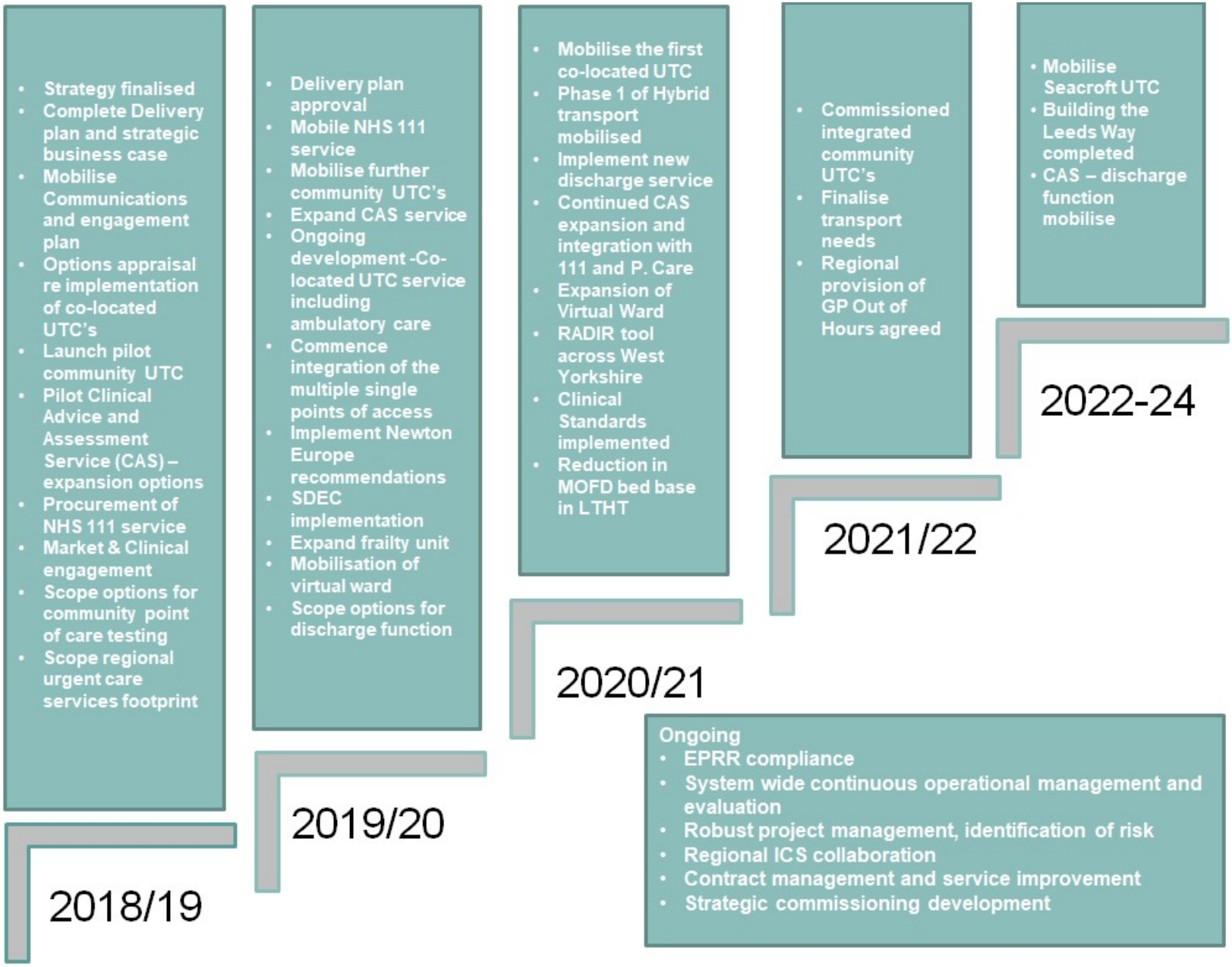
A fundamental aspect to effective discharge from hospital is to ensure that services in the community are able to efficiently support the shift left and get patients back out of hospital as quickly as possible to the most appropriate place for their care.

Discharge not only has to be planned effectively in hospital but also post discharge, to ensure that patients receive the best care and support possible. Effective care in the community can stem the flow of readmissions, decrease future care use and improve long term health outcomes for patients. In order to improve post hospital discharge we will:

- Expand and improve the range of flexible and responsive health and care services to support the left shift
- Ensure more people are being discharged to the most appropriate place for their care as measured by the Newton Europe audit.
- Engage the voluntary and third sector more in effective post hospital care and recovery
- Develop a range of care options and pathways for different levels of required support
- Increase the number of patients going home with reablement
- Use population health management to be proactive in a person's care following discharge from hospital and ensure they get appropriate reviews and follow ups.

Diagram 9 show the strategic milestones for the development and commissioning of the Urgent and Emergency care system in Leeds for the next 5 years.

Diagram 9


2018/19
Strategy finalised
Complete Delivery plan and strategic business case
Mobilise Communications and engagement plan
Options appraisal re implementation of co-located UTC's
Launch pilot community UTC
Pilot Clinical Advice and Assessment Service (CAS) – expansion options
Procurement of NHS 111 service
Market & Clinical engagement
Scope options for community point of care testing
Scope regional urgent care services footprint
2019/20
Delivery plan approval
Mobile NHS 111 service
Mobilise further community UTC's
Expand CAS service
Ongoing development -Co-located UTC service including ambulatory care
Commence integration of the multiple single points of access
Implement Newton Europe recommendations
SDEC implementation
Expand frailty unit
Mobilisation of virtual ward
Scope options for discharge function
2020/21
Mobilise the first co-located UTC
Phase 1 of Hybrid transport mobilised
Implement new discharge service
Continued CAS expansion and integration with 111 and P. Care
Expansion of Virtual Ward
RADIR tool across West Yorkshire
Clinical Standards implemented
Reduction in MOFD bed base in LTHT
2021/22
Commissioned integrated community UTC's
Finalise transport needs
Regional provision of GP Out of Hours agreed
2022-24
Mobilise Seacroft UTC
Building the Leeds Way completed
CAS – discharge function mobilise
Ongoing
EPRR compliance
System wide continuous operational management and evaluation
Robust project management, identification of risk
Regional ICS collaboration
Contract management and service improvement
Strategic commissioning development

7 Conclusion

Through the LSRP the overarching system aim is to demonstrate that we improve the outcomes for our population especially at a time of significant pressure.

As we strive to retain people's health and wellbeing and maintain their independence we know that this will require new ways of working and an aim to shift the provision of care form the acute trust into the community close to peoples home.

Leeds continues to take collaborative and proactive approach to planning for those predictable, unpredictable and longer term challenges that face our health and care system as well as out longer term strategic plans to transform our system.

Our plan seeks to provide a high level of assurance that there is agreed system wide initiatives in place that address both the short and long term priorities within the unplanned health and care services across Leeds.

There are clear lines of accountability and governance and an overall system commitment to work in an integrated way to deliver care and maximise resources.

We will ensure that we have identified measurable objectives in place to demonstrate the impact our changes are having for the people that access our services their families and carers as well as to our system and the people that work within it.

Glossary

CCG	Clinical commissioning Group
DTOC	Delayed Transfer of Care
ED	Emergency Department
ECS	Emergency Care Standard
EDAT	Emergency Duty Assessment Team
EMI	Elderly Mentally Infirm
EPRR	Emergency Preparedness Resilience & Response
HWBB	Health and Wellbeing Board
LCC	Leeds City Council
LHRP	Local Health Resilience Partnership Board
LCH	Leeds Community Healthcare
LSRP	Leeds System Recovery Plan
LSWP	Leeds System Winter Plan
LTHT	Leeds Teaching Hospitals Trust
LYPFT	Leeds & York partnership Foundation Trust
LIDS	Leeds Integrated Discharge Service
SRPG (ORG)	System Resilience Partnership Group
OPEL	Operational Resilience Escalation Level
PEG	Partnership Executive Group
STP	Sustainability and Transformation Plan
SiTREP	Situation Report
SRAB	System Resilience Assurance Board
UHCS	Unplanned Health and Care Strategy
UTC	Urgent Treatment Centre

Appendices

Appendix 1	Leeds System Resilience Governance
Appendix 2	2018/19 Review
Appendix 3	System Resilience Communications Plan
Appendix 4	System Resilience Risk Register

Appendix 1

Leeds System Resilience

Terms of Reference 2019/21

Contents

Introduction

The governance relating to the unplanned health and care system has developed over the last 5years through a combination of national mandates and guidance, continued pressure and unachieved performance targets and the recognition of collaboration and integration to improve services for the people of Leeds. As a result there appears to be a number of meeting forums that have similar agenda with the same attendees.

Due to the publication of the NHS Long Term Plan and the Leeds Plan refresh there was an excellent opportunity for Leeds to review governance and priorities related to the unplanned health and care agenda. A survey gathered the views of representatives, full results of the survey Can be found in appendix 1.

Key findings of the review were:

- There was duplication across the various groups
- A stronger focus on the priorities would result by reducing the number of meetings
- Strong recognition that both a strategic and operational focus is required but that this could me more clearly defined within the Terms of Reference (TOR)
- Representation within the groups needs to be clearer with organisational commitment and accountability.
- The new structure, TOR and priorities need to reflect the whole system pathway

Recommendations were presented to the SRAB for consideration, these included:

- Review the TOR across all groups including purpose, aims, objectives and outputs
- Define clear structure of accountability
- Gain representation commitment from all organisations
- Create a smaller more focussed group for SRAB
- Ensure priorities reflect system inclusivity and focus on the whole pathway e.g community care/999
- Agree new processes for managing the work plan priorities for updating on work streams instead of highlight reports
- Propose new governance structure –June 2019
- Agree system priorities August 2019

System Resilience Governance

This document sets out the approach for implementing robust system resilience governance across the Leeds health and care agenda based on the recommendations.

National guidance dictated in June 2014 the urgent care groups would evolve into System Resilience Groups (SRG) with accountability for System Resilience across the Health and Social Care Economy, these later evolved into the A&E Delivery Boards in 2017. Leeds took the opportunity at this point to create the Leeds System Resilience Assurance Board (SRAB) incorporating the A&E delivery board national mandate. The rationale for this was to maintain a whole system approach from across the health and care economy and recognize the importance all organisations play in the delivery of an effective A&E and system flow.

To ensure we continue to deliver quality, safe and responsive services the Leeds system needs to be equipped, prepared and coordinated to respond quickly and appropriately to any change in demand or circumstances. It also requires us to develop a strategy to transform our system for the future and deliver The NHS Long Term Plan.

Our approach to address the complexities of the landscape is to develop an overarching system resilience plan, detailing the method to our planning; and demonstrates how the system will continue to meet the needs of the population from operational and strategic perspectives.

We acknowledge that this can only be achieved by working as a system with strong leadership, commitment to support changes in culture and behaviour and an integrated approach to service delivery with clear jointly owned governance processes.

System Resilience governance will oversee the Unplanned Health and care system seeking assurance regarding the quality, delivery, improvement and development of all services associated with delivering effective system flow across the Leeds health and care system. Partners from the health and care system will come together to inform the development of the system wide system resilience plan and hold each other to account for the delivery of the elements within the plan that underpin the sustainable provision of services to the population.

System Resilience governance recognises overlaps with other strategies, partnerships, boards and delivery groups. An aim of attached governance structure will be to ensure that there is oversight of any interdependcies to provide system assurance and support where required. System Resilience arrangements do not supersede accountabilities between organisations their respective regulators and or commissioners.

Principles for Joint Working

The focus of the governance is system wide accountability, collaboration and partnership working to ensure we create a culture for change to improve the outcomes for our population.

Across the spectrum of boards and groups all parties have been asked to agree act in accordance with the principles below:

- Act in the best interests of our population
- At all times act in good faith towards each other
- Collaborate and co-operate to work towards delivering a high quality resilient health and care system, including
    - identify solutions,
    - eliminate duplication,
    - mitigate risk and
    - maximise efficiencies
- Hold each other to account of actions to maintain pace and progression
- Act in a timely manner and recognise that some actions and decisions are time-critical and require an immediate response
- Share information, data, experience, materials and skills to learn from each other and develop effective working practices
- Be proactive maintaining a positive outlook
- Recognise the role and contribution of individual organisations with regards system wide delivery
- Work towards delivering the Leeds Health and Well-being Strategy
- Ensure effectiveness, productivity and seek best value for the Leeds Pound

Terms of Reference and Reporting

System Resilience Assurance Board

A monthly report will be provided to SRAB along with the Dashboard to demonstrate progress and highlight risk and issues.

System Resilience Partnership Board

Projects will be reporting on a bi-monthly basis

Steering Groups and Task and Finish Groups

- **Terms of Reference**

  To ensure a consistent approach to governance all of the identified projects leads will be required to complete the terms of reference template (page 19) to highlight the following for the group:

  - Purpose
  - Activities
  - Outputs of the group
  - Scope
  - Membership

- **Reporting**

  In addition all project leads will be responsible for submitting a highlight/flash report (Page 20) re progress and escalating any issues and risks. Reporting will be on a bi monthly timetable to the System Resilience Partnership Group for focused discussion and ensure pace and provide a mechanisms to hold each other to account for system delivery and development

- **Metrics**

  All projects will be required to develop output measures included SPC charts where appropriate to demonstrate impact.

Meeting and reporting structure/timetable

A full timetable will be established for the following meetings:-

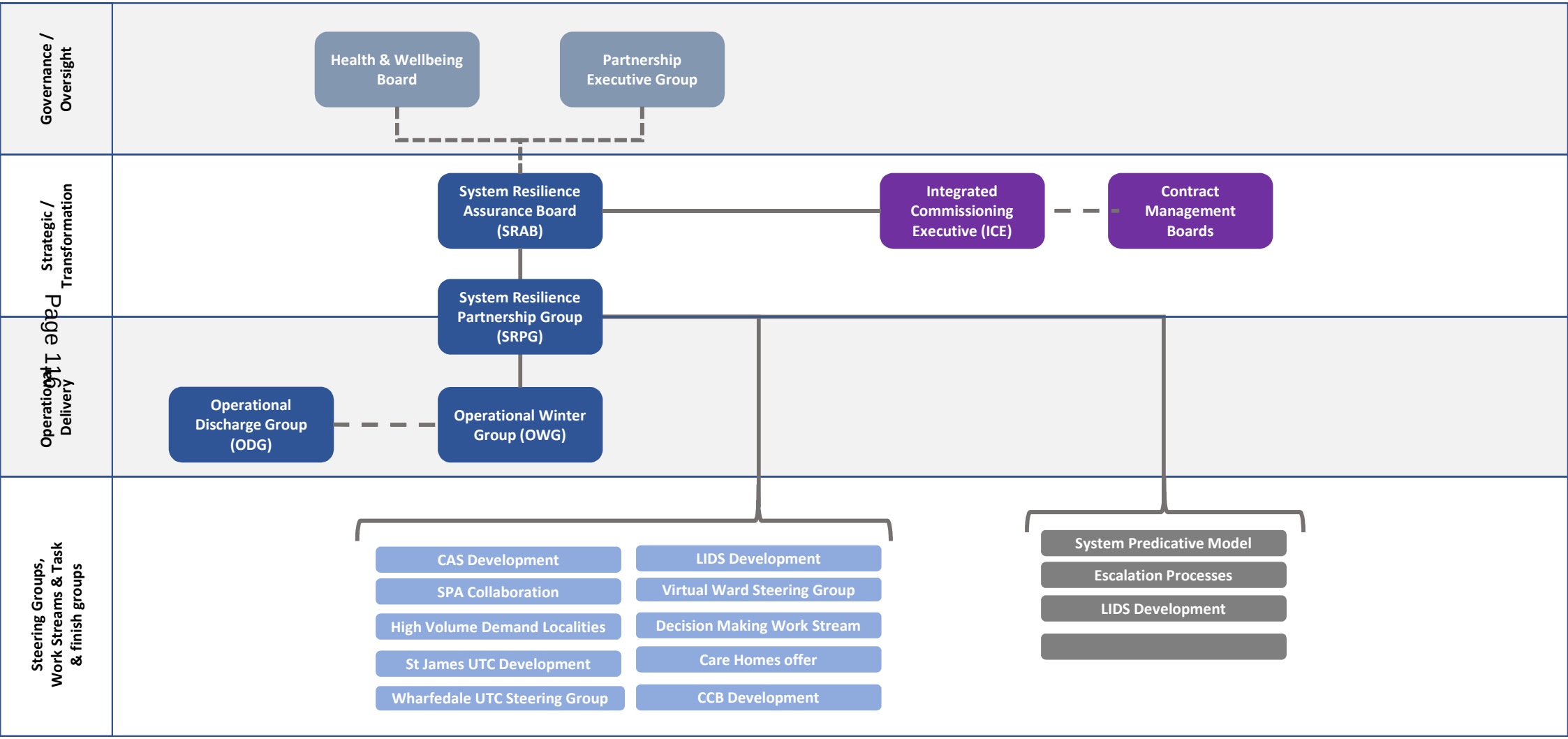
OWG

SRPG (ORG)

SRAB

In addition we will provide bi-monthly reporting timetable.

System Resilience Structure



System Resilience and Assurance Board (SRAB)

Purpose

- Gain system assurance that resilient unplanned health and care services are in place, including EPRR
- Hold each other to account for system delivery and effective patient flow, providing constructive challenge
- Provide a senior decision making / approval forum
- Oversight of NHS England / Improvement policy and guidance implementation
- Support the West Yorkshire and Harrogate ICS Urgent and Emergency Care Board
- Set Strategy direction for
    - system resilience
    - Urgent and Emergency Care
    - System Flow
- Hold current risks and mitigations for the delivery and transformation of resilient unplanned health and Care services
- Approve funding allocations – ICS/winter
- Inform future system commissioning prioritise

Membership

System Partner Senior Executives:

- CCG – Chair
- LTHT
- NHSE
- LYPFT
- Health Watch
- LCD
- LCC – Deputy Chair
- Public Health
- LCH
- YAS
- 3rd Sector
- GP Confederation

Activities

- Oversea system-wide assurance;
    - strategic planning & delivery,
    - operational system flow,
    - EPPR,
    - unplanned health & care services care delivery
    - Performance against agreed priorities and national targets/trajectories
- Set priorities and mandates to deliver/develop a resilient unplanned care system
- Ensure compliance with NHS England / Improvement submissions and guidance
- Address escalated system barriers
- Review current risks and mitigations
- Implement local and national learning and share best practice
- Act as the link into the ICS for urgent and emergency care
- Commit resources on behalf of their organisation

Accountability & Reporting

- Health & Wellbeing Board
- Partnership Executive Group
- NHS England / Improvement
- Partner Boards/ Governing Body

Quoracy & Administration

- All partners to be represented
- Supported by CCG Unplanned Care Team
- Agenda item call 2 weeks prior to meeting
- Agenda to be circulated 1 week before meetings

Outputs

- Co-ordinated Health & Care System
- Partnership Board with Unplanned Health and Care focus
- Positive system culture and collaboration
- Annual system resilience plan;
    - system management, escalation & EPRR
    - winter planning
    - strategic planning, delivery and transformation
- A managed risk register
- A system-wide performance and activity dashboard
- NHS statutory compliance

Interdependencies

- Health & Care system strategies - PHM
- Technology developments
- Leeds Plan Delivery Group
- Health Protection Board
- Local Health Resilience Partnership
- Individual Organisations;
    - Leeds City Council
    - Trust/Provider Boards,
    - Contract Management Boards, Quality Boards
    - West Yorkshire Urgent and Emergency Care Board

Meeting Frequency

Monthly

Approval & Review

dd/mm/yyyy & dd/mm/yyyy

System Resilience Partnership Group (SRPG)

Purpose

- To deliver system resilience ensuring patient safety, quality of care and experience
- Creating the culture to facilitate system working through strong leadership, collaborative and co-operative partnerships
- To ensure the system delivers key national policy and operational targets/performance
- Members to be the voice of their organisation and ensure dissemination of information
- Identifying service development and service improvement opportunities
- Implement SRAB mandates
- Manage system risks and mitigations
- Monitor projects and task and finish groups across the system to ensure successful delivery holding each other to account
- Place for system escalation to unlock operational/strategic issues
- Oversee interdependcies of effective resilience and system flow
- Produce & monitor the SRAB dashboard

Membership

System Partner Senior Executives:

- CCG – Chair
- LTHT
- NHSE
- LYPFT
- Health Watch
- LCD
- OPCare
- LCC – Deputy Chair
- Public Health
- LCH
- YAS
- 3rd Sector
- GP Confederation

Activities

- Maintain an overview of the operational and strategic system delivery through monthly reporting and deep dives
- Adopt a working/task and finish group approach ensure effective use of the meeting and deliver targeted solutions
- Working collaboratively across the Health and Care System, to support the system wide approach to the delivery of all local and national targets (e.g. ECS)
- Unblock any issues, monitor outcomes and suggest improvements on reported projects
- Make recommendations to SRAB on areas of future developments to support system resilience
- Implement, manage and monitor escalation processes, actions and outcomes to ensure effective system management at times of surge and or incidents.
- Sharing best practice and learning from both local and national experiences.
- Interrogate the data to inform decision making

Interdependencies

- System wide participation
- Monthly reporting of flash reports and deep dives
- SRPG Task & Finish Group activity
- Effective management of the Operational Winter group
- System wide strategies
- NHSE/I requirements

Quoracy & Administration

- All partners to be represented
- Supported and chaired by CCG Unplanned Care Team
- Agenda item call 2 weeks prior to meeting
- Agenda to be circulated 1 week before meetings

Outputs

- Strategic and operational system management as set out in the System Resilience Plan
- Managed projects with robust reporting and monitoring of improvement
- Environment with strong accountability for delivery of the system
- Identifying blockages, barriers, issues and risks to delivery of the System Resilience plan
- Promotion of system openness and transparency
- Bi-monthly reports to SRAB, providing recommendations, issues and risks.

Accountability & Reporting

- Report to the Leeds System Resilience Assurance Board
- Provide monthly highlight reports to SRAB on task and finish groups and system projects
- System Accountability to deliver the System Resilience Plan
- Ensure links to the Emergency Planning forums for Leeds.

Meeting Frequency

Monthly

Approval & Review

dd/mm/yyyy & dd/mm/yyyy

Operational Winter Group (OWG)

Purpose

- Facilitate system working through strong leadership, collaborative and co-operative partnerships
- Ensure the operational delivery of resilient services across Leeds, to maintain effective System flow and promote patient safety and quality of care
- Seek solutions to barriers effecting system flow
- Plan for future seasonal pressures across health and care economy
- Ensure an effective response to seasonal pressures though the OPEL, EPRR and mutual aid
- Ensure clear system level communication

Membership

Operational Managers form across System partners:

- Age UK
- CCG (Unplanned Care and Neighbourhood Commissioning)
- LCC (Commissioning and Adult Social Care)
- LCD
- LCH
- LTHT
- LYPFT
- GP Confed
- OPC (OMG)
- YAS

All representatives to act as a point of contact within their respective organisations for all actions and updates to the group.

Activities

- Hold an overview of operational system delivery
- Develop year round capacity/demand model
- Share and assess recent operational challenges (7-14 days)
- Collate demand forecasts (7-21 days) and longer predictive analysis to allow the implementation of collective solutions
- Identify blockages for system delivery, acting as a point of escalation for operational teams
- Seek practical solutions to operational challenges
- Agree and implement actions to mitigate predicted peaks in demand
- Provide a local Winter Room function aligned to NHS England Improvement - co-ordinating, monitoring and reporting performance and pressures
- Agree operational communications messages
- Provide a narrative for NHSE/I during national winter reporting period

Interdependencies

- System wide support and participate required
- Task & Finish Group activity from SRPG (ORG) undertaking short-medium term projects

Quoracy & Administration

CCG Commissioner &
Relevant Provider Representatives

Outputs

- Escalate recommendations to SRPG
- Provide a summary of recent operation performance
- Agree system activity to mitigate pressures
- Provide assurance of future system resilience for coming weeks
- Share situational awareness of ongoing organisational priorities
- Provide feedback to the system of identified pressures
- Provide consistent messages at times of escalation and pressure
- Co-ordinated response to the NHSE/I

Accountability & Reporting

Monthly reporting to SRPG (ORG)

- Highlight any predicted increases in demand and planned mitigations
- Escalate any matters/barriers that require a higher level of decision making

Meeting Frequency

Apr-Sept Bi-weekly
Oct-Mar - Weekly

Approval & Review

30/07/2019 (proposed content v2) & 01/06/2020

Leeds Clinical Assessment Service Steering Group

Purpose

- Develop a Local Clinical Assessment service for the Leeds Health and Care System CAS
- Monitor progress , impact and benefits
- Use the learning to inform future development
- Deliver integration across the system e.g. 111/999/LCD/PC
- Contribute to the National 50% clinical assessment target
- Contribute to the national 40% direct booking targets

Activities

- To discuss delivery and performance of the current service
- To test new approaches to build upon the pilot
- To evaluate all approaches
- To make links with relevant services
- Continue to test and develop the Leeds
- Engagement with local providers

Outputs

- Phase 2 evaluation report
- Monthly monitoring of the service
- Mini evaluations of new approaches built into the service
- Agreement of Phase 3 scope
- Evidence based future commissioning plans
- Proof of concept
- System benefits realisation

Accountability & Reporting

- Monthly. TBD once scope of Phase 2 agreed
- System Resilience Partnership Group/SRAB

Membership

- Representation from:
- CCG: unplanned care commissioner, finance rep, contracting rep, business intelligence rep, quality rep, health evaluation rep
- LCD
- GP Confederation
- Directory of Services
- NHS 111
- Membership to be expanded as project develops

Project scope

Interdependencies

Clinical advice target
Direct booking target
'Talk before you walk'
NHS 10 Year Plan
LCD infrastructure
Leeds Digital Strategy

Administration

Meeting frequency- Monthly
Approval date
Review date
Quoracy –

Escalation Task & Finish Group

Overall RAG Project implementation	

Objectives	To continue to develop escalation processes, improving the use of OPEL reporting , further reviewing mutual aid and maximising use of UEC-Raidr application	Start date	End Date
		21/05/19	03/10/19

Milestones	Planned completion date	Actual completion date	Current Progress, Status or Comments	RAG Green = On track Amber = Behind schedule Red = Not progressing
Identify appropriate group membership	06/06/19	tbc	21/05/19 All provider organisations asked to identify suitable representative – follow-up conversation required for LTHT, LYPFT and LCH re membership and objectives	
Agree group objectives & frequency	27/06/19	tbc	07/06/19 Objectives agreed - review OPEL reports, consider mutual aid and look to maximise use of UEC-Raidr. Proposed to extend future OWG to accommodate future meetings	
Evaluate current OPEL processes	25/07/19	tbc	07/06/19 YAS OMG, LCD and CCG asked to consider existing reports and how these could better inform the system of pressures	
Review and agree mutual aid	22/08/19	tbc		
Hold UEC-Raidr feedback/workshop	19/09/19	tbc		
Create system guidance / policy	03/10/19	tbc		
Create plan for development of UEC-Raidr application	03/10/19	tbc		

Risk to Objective / Issues	Recommended Action / Control	Progress	Impact 1 = Insignificant 2 = Minor 3 = Moderate 4 = Major 5 = Catastrophic	Probability 1 = Rare 2 = Unlikely 3 = Possible 4 = Likely 5 Almost certain	Status Impact x Probability Green = 1-5 Amber = 6-15 Red = 15+
Limitations of current UEC-Raidr application	Early and continuous engagement with NECS regarding potential requirements	10/06/19 NECS included in T&F group membership and separate weekly calls also taking place	2	1	
Inclusion and availability of all group members and data to fulfil commitments of group	Activity intentionally linked to current system operating procedures so as to minimise additional task Support of OWG/SRPG representatives expertise and knowledge	10/06/19 Group membership sought based on most appropriate personnel Contribution of PC and ASC still to be agreed as neither currently provide OPEL data	4	3	

Work Stream Title

Overall RAG Project Impact	

Up Coming Items of note

- NECS planning to facilitate a workshop for system partners specifically on UEC-Raidr application

Key accomplishments

- Weekly calls re-established with NECS
- First meeting held to discuss proposed objectives held at WIRA 07/06/19 – positive engagement from those present

Metrics – demonstrating Impact

Impact contribution

What system metric the projects contribute too achieving

Templates

The following 3 slides are templates

Terms Of Reference – Meeting / Steering Group

Purpose

Activities

Outputs

Accountability & Reporting

Membership

Project scope

Interdependencies

Administration

Meeting frequency-
Approval date
Review date
Quoracy –

Work Stream / Task & Finish Group Title

Overall RAG project implementation	

Project Aim/s	What are you trying to achieve	Start date	End Date

Milestones	Planned completion date	Actual completion date	Current Progress, Status or Comments	RAG Green = On track Amber = Behind schedule Red = Not progressing
1. Project milstones	dd/mm/yy	dd/mm/yy	Date last updated	

Risks (R) and Issues (I)		Recommended Action / Control	Progress	Impact 1 = Insignificant 2 = Minor 3 = Moderate 4 = Major 5 = Catastrophic	Probability 1 = Rare 2 = Unlikely 3 = Possible 4 = Likely 5 Almost certain	Status Impact x Probability Green = 1-5 Amber = 6-15 Red = 15+
R						

Work Stream Title

Overall RAG Project Impact	

Up Coming Items of note	Key accomplishments

Metrics- demonstrating Impact

Impact contribution

What system metric the projects contribute too achieving

Leeds System Resilience Winter 2018-19 Evaluation

Document Maintenance

Title	Winter 2018/2019 Review
Author	NHS Leeds CCG – Unplanned Care
Version / Date	1.0 14/05/2019 – Initial draft 2.0 28/05/2019 – draft 3.0 18/06/2019 – inclusion of ECS performance 4.0 27/08/2019 – final

Acknowledgements

This report has been informed by feedback from across the Leeds Heath and Care system, and the regional NHSE Winter Review.

All system partners in Leeds should be thanked for their support shown to one another throughout winter, during which positive and productive time was spent in the Operational Winter Group and other forums to contribute to the management of winter pressures.

1. Introduction

Seasonal variations on demand occur year round in many sectors and winter is widely regarding 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.

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.

This report provides a outcomes of the evaluation of winter planning, performance within in the Leeds Health and Care System 2018/2019.

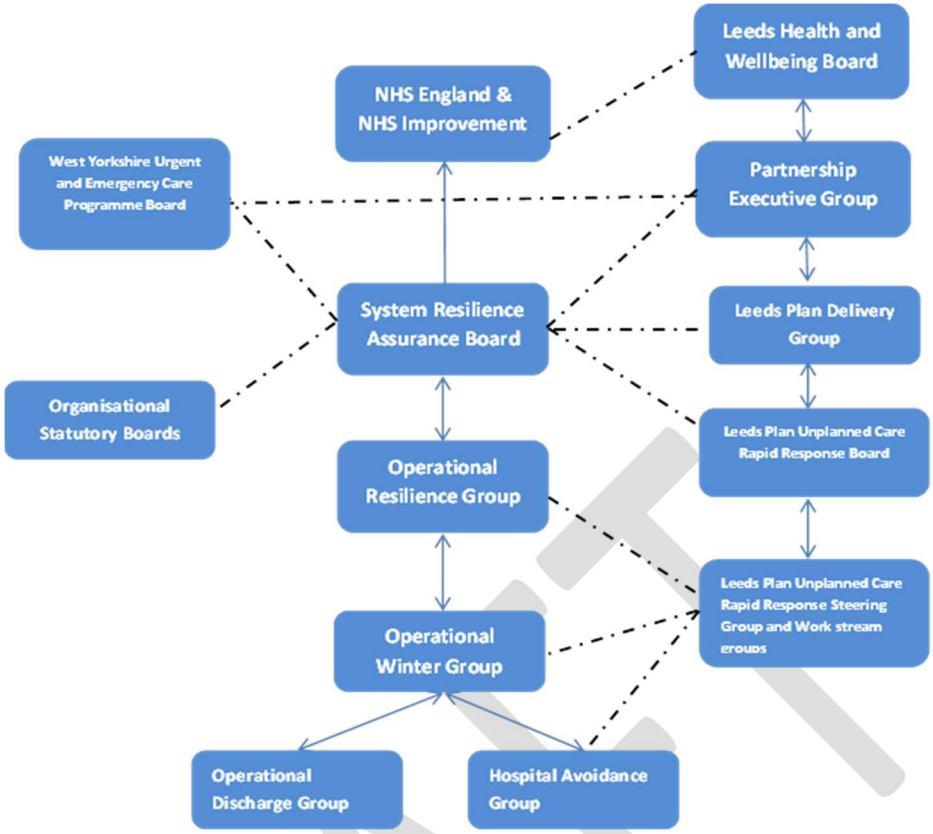
The report reflects on the experiences of last winter, the governance, what worked well and areas for further development.

The Leeds system includes a range of providers and commissioners across health and social care. For the context of this report experiences from those provider-organisations directly involved in the system resilience governance and operational delivery groups have been included, however it is acknowledged that many more specific individuals, providers and organisations in the city continue to work towards Leeds's shared health and care values. Specific contributors to this review include:

- One Primary Care (One Medical Group)
- Leeds and York Partnership NHS Foundation Trust
- Leeds GP Confederation
- Leeds City Council
- Leeds Community Healthcare NHS Trust
- The Leeds Teaching Hospitals NHS Trust
- Age UK (Leeds)
- Local Care Direct
- Yorkshire Ambulance Service NHS Trust
- Leeds Clinical Commissioning Group
- NHSE England – Yorkshire and the Humber

2. Governance Structure 2018/19

The following diagram shows the governance structure supporting the system resilience agenda in Leeds. This has subsequently been reviewed as it was felt that there was considerable duplication which it was felt lead to confusion and a lack of focus. The new governance structure in can be found in Appendix **X.** of the System Resilience Plan 2019/20.



2.1 Operational Winter Group

It is important to refer to the Operational Winter Group (OWG) and its importance in managing relationships over the winter.

Starting in October 2018, the OWG was a new element within the governance structure. Meeting weekly the remit of this group was to review recent past activity, consider future demand, surges & challenges and agree and enact action across the system in response.

Representatives of the OWG under the system resilience governance structure were drawn from across the system to:

- Promote successful collaboration, communication, and partnership working across the health and care system in Leeds by:
  - Recognising each other's challenges and constraints
  - Recognising system interdependencies and opportunities
  - Promote system openness and transparency
  - Creating a culture of supportiveness and *a no blame* culture
  - Communicating weekly with the system, successes, impact, difficulties etc. through 3 key messages.
- Provide focused management for the delivery of resilient services, across the Leeds health and care system with an agreed time period through:
  - Driving the identified system culture and behaviour change

    - Using data to drive decision making
    - Identifying themes, developments and improvements
    - Identifying predicted pressures and system blockers
    - Developing and implementing system wide management tools
    - Considering and recognising the consequences, including any unintended consequences
    - Seeking solutions to address and deliver the opportunities and unblock barriers
    - Developing the capability for the system recovery
- Take an overview of the management of system risk aligned to the system decision management tool to make recommendations to SRAB when required.
- Report to Operational Resilience Group:
    - Areas for improvement and opportunity
    - System impact
    - Escalate barriers, issues and risks
    - Identify future developments to support the system form both an operational and strategic perspectives.

3. System Winter 2018/19 Planning

The principles of the Leeds Resilience Plan are clear with high-quality and patient safety paramount. Through robust planning and collaboration the planned winter 2018/19 interventions below supported improved system delivery and improved outcomes for people.

- Weekly operational system meeting with senior managers sharing timely data - the impact of this weekly senior meeting is felt to have been significant.
- Operational Discharge Group at LTHT meeting 3 times a week to manage individual patients
- Sign off and implementation of the Transfer of Care policy.
- Planned opening of additional capacity/ beds within LTHT
- Flu, *point of care testing* in A&E to support management of diagnosed patients
- Discharge Transport booking times extended
- Community Care Bed flexibility in terms of criteria, times and quality of admissions
- Care home manager invited into the hospital to maximise use of beds in care homes, previously difficult to fill.
- Recruiting Trusted Assessor for the Care Home market
- Additional social workers to support additional winter beds (community and acute) to support maintained flow
- Urgent Treatment Centre (UTC) designation at St George's Middleton expanding capacity and providing direct bookable appointments from NHS111

- 100% population coverage for GP extended access
- Age UK collect and deliver medicines to further support patient discharge
- Additional staff deployed to meet increased demand at the Walk-in-Centre
- Enhanced streaming within the LGI GP streaming service in A&E to increase flow through the service
- Community services continue to support increases in referrals in additional pathways including respiratory, CIVAS and stroke
- Leeds hospices undertaking in reach to LTHT
- System wide mutual aid actions agreed and signed off
- Improved system relationships and understanding of services
- Weekly update to the system with a focus on front line staff to ensure good communication and provide feedback

3.1 NHS England Exception Reporting

To ensure a national view of performance regional winter rooms have been in operation 7 days a week to gather information from systems. The Leeds system had robust processes in place to ensure that we complied with the requirements of exception reporting 7 days a week during the reporting periods. Reporting 2018/19 consisted of the following elements:

1. NHS England's weekly call for systems to report their performance, pressures and recovery/supporting actions, CCGs represent their system. To ensure we are able to provide timely information, the Operational Winter Group discusses each week the local pressures and actions taken to provide an overview which is further informed by a call immediately prior to the NHS call between LTHT and the CCG, with other partners included by exception.
2. Relates to assurance reporting to NHSE by way of a daily assurance return, should one of five trigger criteria be met. On days when a specific trigger is met, ongoing actions within the acute hospital are shared by the A/DOP for escalations (that day) or the on call general manager (weekends and bank holidays). The CCG is responsible for collating and submitting the assurance return detailing the steps taken both short and long term by the system to recover the position and support performance improvement and recovery, either via the unplanned Care Team or the CCG on call manager (weekends and bank holidays).

There are triggers in place that necessitate exception reporting each day from October to March and on all bank holidays:

- A&E standard at or below 80% or a deterioration of more than 10% from the previous day,
- Any 12 hour trolley breaches,

- More than 5 Ambulance delays greater than 60 minutes,
- Increase in beds closed due to D&V by 20 beds from one day to the next,
- Other significant event e.g. disruption due to a catastrophic event or loss of infrastructure where the flow of ED is disrupted, major patient safety issues, developing situations where national briefing and preparedness would be of help to the system

4. Performance

4.1 Key issues from Yorkshire & Humber Region

Understanding the wider system/regional position helps us bench mark our position and provides the opportunity for us to learn from good practice of other systems. NHS England conducted a *mini* winter review using feedback from individual systems and observations through the winter reporting period.

The following regional themes were identified:

- Milder weather than 2017/2018 reducing the impact of travel disruption and school closures on Leeds staff, as well as potentially reduced minor injuries and cold-weather related illness presentations
- Seasonal Flu and D&V not above expected levels – and also much reduced from last year.
- Ambulance conveyance to/from care homes has not been reported as a pressure of this winter
- Some systems have experienced handover delays, although not significantly so in Leeds
- High patient acuity, especially respiratory disease been a feature throughout winter and this has been evident in A&E presentations at times of pressure
- A&E attendances are reported up year on year, although Leeds noted no increase in admission conversion rates

4.2 Leeds Health and Care System

Our improved position over winter has been attributed to:

- improved operational response
- predictive bed modelling
- planned reduction in elective operations resulting in less cancellations but overall a greater number of operations than in previous years)
- a milder weather (reducing the risk to vulnerable populations groups)
- lower number of people suffering from flu

Nationally, the Emergency Care Standard is used as a key metric of establishing the performance of a health and care system. Since November 2018, a month on month trend of improvement has been reported in the ECS when compared to equivalent months last year – notably March this year was 18.52% up on 2018.

In 2018/2019, 8,554 additional attendances were reported when compared to 2017/2018, representing an increase of 3.58% (and above the 2% anticipated growth in Leeds).

Following winter, and specifically in April 2019, the ECS was 4.7% improved on April 2018, whilst a 6.4% increase in attendances was reported in the same period (an additional 1237 patient).

Exception reporting in Leeds and weekly regional conference calls described consistent themes and challenges throughout the winter months:

- Patient acuity frequently combined with respiratory issues
- Surges in attendances in the evenings and at weekends
- High paediatric presentation numbers were a national trend

By November A&E attendances started to increase with notably high weekend demand. This was also seen in the Walk in Centre where weekend attendances often approached 200. Nationally paediatric attendances were high and this was also the case in Leeds. As a major trauma centre the demand for critical care capacity remained pressured over winter.

In January, the flow through community care beds was at its highest resulting in a lower than expected bed occupancy level allowing widening of the acceptance criteria. However, this increased flow into the beds did highlighted challenges in the current discharge processes between the homes and the hospital.

National changes to NHS pathways and 111 algorithms posed a significant challenge to the Out of hours GP service, with a marked increase in people requiring contact within 1 hour. The Leeds Clinical Assessment Service pilot supported this increase for Leeds maximising GP extended access appointments. As in previous years bank holidays saw the greatest reported pressure in these services.

St Georges became a designated Urgent Treatment Centre (UTC) in December 2018. Activity naturally increased at the Centre due to the additional minor illness service offer, as well as the traditional minor injury and GP Out of Hours service. The GP Out of Hours service saw a marked increase in activity which still remains a challenge to service delivery due to the national introduction of an additional disposition code for the NHS 111 service which specifies patients need to ‘speak to’ a GP within 1 hour.

Neighbourhood teams operated consistently over the winter and managed spikes in demand through their own internal business continuity plans. There were many

discussions regarding attendance/admission avoidance opportunities within our community services and it was agreed that this will be a priority for 2019/20.

Mental health services proved a challenging area for Leeds with high bed occupancy rates leading to high levels of out of area placements. These were at their highest at the beginning and then at the end of the winter period.

4.3 Escalations

In previous winters, sitrep calls were held daily. During this winter, on only 3 occasions was it deemed necessary to call a system-wide Sitrep call – on occasion subsequent pre-arranged calls were held to update on outstanding agreed actions. These calls were as a result of significant pressure within LTHT. All partners' participated and discussions lead to a number of solutions including:

- An offer to increase the capacity of the co-located streaming GP in A&E) if required
- All care home providers asked to accept admissions beyond 5pm
- Patients close to existing referral criteria to be identified for case by case review with a view to enable discharge
- Comms message to general practice, promoting the use of PCAL and sharing awareness of acute pressure in the hospitals
- CCB providers were asked to accept patients later in the day, as well as working with a wider inclusion criteria
- In reach by Neighbourhood Teams to also focus on patients identified suitable for discharge into their service.
- LCD staff, including care navigators, were to monitor demand from elderly patients and any others recent discharged to support avoiding re-admission
- SPUR staff were asked to escalate any referrals to the Ops Centre

All additional new actions were monitored and where beneficial will be included into a revised mutual aid suite.

Feedback from all partners stated that the OWG was a more effective way of managing escalations, and had improved relationships across the system.

4.4 Communications

Our proactive approach to internal and external communications resulted in the following:

- Sustained positive media coverage including a week long double-page feature in the Yorkshire Evening Post running from Saturday to Friday during the first week of December as well as regular press coverage of a range of our activities and campaigns designed to respond to system pressures

- Regular updates shared internally reflecting work of the OWG and sharing details of services that could help staff such as reablement (SkILS) and Home Plus (Leeds)
- Two effectively evaluated campaigns that avoided the *'don't come to A&E'* message that has typified recent approaches. *The Big Thank You* saw over 1600 messages posted and support from a range of citywide partners. The *Looking out for Our Neighbours* campaign has seen 3 in 4 people engaged with the campaign doing something new to help one of their neighbours. Both campaigns received regular media coverage
- Regular briefings were shared with Cllr Charlwood and other elected members as appropriate
- Proactive social media advertising ahead of extreme weather events and bank holiday periods
- A resource page was set up for primary care colleagues and shared with third sector partners as well, including social media plans, posters, leaflets and other resources to help people prepare for winter and beyond
- A joined up approach that ensured consistent messages around prevention including the *flu jab*, *Winter Friends* programme and *Keeping warm, Keeping well* as well as series of films produced by Leeds TV

5. System Evaluation process

The NHS England regional team (Yorkshire and the Humber) created a written review based upon findings from a questionnaire to local systems along with the outcomes of regional focused exception reporting. This approach provided a mechanism to share examples of '*what worked well*' across systems.

The Leeds system conducted a workshop; this provided all organisations the opportunity to share their challenges to inform system wide future planning. All organisations presented '*what worked well*' for them and the system from their perspective, along with '*lessons learned*' and suggested '*priorities for winter 19/20*'. Hearing about each other organisation's challenges proved invaluable to all partners and positively supported the strengthening of relationships across the system.

Subsequent exercises were focussed on themes from these presentations and informed a local evaluation and action plan that a number of task and finish groups are to progress in preparation and readiness of next winter.

5.1 What Worked Well

From the presentations it was clear that the foundations for improvement are well established;

- Relationships between operational leads are in place so as to facilitate cross-organisational discussions

- Those individuals routinely demonstrate positive behaviours including an understanding and acceptance of each other's challenges and limitations
- There was good accountability for actions taken during times of escalation
- Transparency in terms of data sharing and any specific limitations was evident
- The Operational Winter Group was thought to be a positive and improved model for regular management of system activity over winter
- A deeper mutual understanding of services helped to dispel myths regarding service provision and operating procedures

A key point of this winter was the improved use of data. LTHT created a demand and capacity model to inform their own operational plans but this proved to be a useful tool to timeline opportunities for system interventions.

System mutual aid, in terms of reactive system sitrep calls was significantly reduced this year, with opportunities for proactive solutions at the forefront of discussions.

Significant performance milestones were achieved this winter;

- No patients have been cared for in non-designated areas (NDA) throughout winter (and in actuality since May 2018)
- A&E performance, in terms of the Emergency Care Standard was improved
- Despite reducing the number of planned elective operations over winter, more operations were undertaken overall. There was also a reduction in the number of days when all operations had to be cancelled
- Patient flow into and out of the Community Care Beds was markedly improved, allowing for a broader use across more patient cohorts

5.2 Areas for Further Development in 2018/19

A number of areas offering potential opportunities for improvement have been highlighted:

- Continue to develop improved discharge process to reduce the numbers of patients in surge beds
- Dementia (complex) bed capacity in the independent sector resulting in delays in discharge for people with dementia and complex needs in both in both LYPFT and LTHT
- Maximise Transfer / discharge to assess pathway
- Increase referral rates to community services – Neighbourhood Teams and Reablement
- Improved access and capability of the Leeds Care Record (allowing more health professionals '*write*' privileges)
- Development of local DoS to better inform operational staff of available services and operating hours

- A focus on pathway development crossing organisations and specifically on the interfaces between organisations to improve patient flow
- A greater adoption of a shared education and culture by further embedding '*Home First*' and the consideration of sharing staff training programs (across organisations)
- Review of Leeds Integrated Discharge service (LIDs)
- Maximise the Community Care Beds to reduce reliance of the surge wards in LTHT
- Greater participation of Primary Care (including Pharmacy) and wider 3rd Sector inclusion across system meetings. Initial progress has been made this year with the direct inclusion of LCC Housing in discharge discussions
- Continued improved data use, such as a system-wide data planning tool and the UEC-Raidr tool

5.3 Winter Evaluation Actions

The outcomes of the evaluation session below have been progressed in preparation for winter 19/20.

Review current escalation processes – test plans
Develop proactive year round modelling / planning (capacity demand and staffing)
Dementia capacity in the community
Evaluate LIDs service
Review discharge pathways/processes into Community Care Beds
Identify hot spots for urgent care activity across the city

The outputs form these actions will be used to inform the system priorities for 2019/20 forming part of the LSRP 2019/20.

In addition to the system wide review, all partners are in the process of conducting internal organisational winter reviews to identify areas of learning and evidence key actions for 2019/20. Each organisation including the CCG has clear internal governance processes for the sign off of their individual winter plans.

Milder weather reduced the impact of disruption to staff, and potentially cold weather related presentations within urgent care settings. That said, at times of pressure,.

6. Conclusion

Overall the system agreed that we had a much improved winter in 2018/19 compared to 2017/18 with milder weather and low levels of flu presentations. ECS in April 2019 was 4.7% higher when compared to April 2018 despite a 6.4% average increase in attendances and the planned cancellation of all electives resulted in more elective activity overall.

At times of pressure high patient acuity especially respiratory illness was a considerable factor. Community investment and pathway improvements to support both avoidable attendances and reduce non-elective admissions would improve outcomes and experience.

Discharge processes and outcomes have seen an improvement but these can be further developed starting with a review of the LIDS team.

Our approach to planning, managing pressure and working together supported positive behaviours building on existing relationships across the system. The OWG was a key vehicle in enabling this and in promoting the benefits of system co-operation.

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Winter resilience 2018-2019 communications plan DRAFT V.2

1. Introduction

The NHS is under considerable pressure across all areas. However this pressure is keenly felt within urgent and emergency care services throughout the year with a significant rise in activity expected over the winter months. Data shows that the 'winter pressures' experienced by urgent and emergency care units is a year round issue with spikes experienced throughout any given year however the media tends to highlight activity during the winter period. This results in further pressure on system partners from a range of stakeholders. Winter 2017-2018 saw exceptional pressures experienced by the whole health and care system and this year is expected to be just as tough, if not tougher. This communications plan, which is to be regularly updated, has been designed to show how system partners can provide mutual support and clear messages throughout the winter to provide reassurance to the public while also recognising the hard work of all those working to support local citizens.

To combat this the Leeds health and care system has robust operational plans in place to deal with increased demand. Evidence suggests that some of the pressure on the system could be reduced by patients making appropriate use of all services available to them should they fall ill or get injured. "While A&E is the right place for many of these patients, estimates quantifying the size of non-urgent A&E demand (patients who could be better treated elsewhere) vary from 20% to 40% of all attendances", (source: Department of Health). In addition it is recognised that the pressures on the system from delayed discharges, due to a number of reasons including patient choice, has a significant impact on performance (King's Fund, 2018).

In Leeds we are now working together to see how all system partners can support communication activity that encourages people to self-care where appropriate, use alternatives to A&E and look out for vulnerable neighbours. We are following the principles of the national 'Help us help you' campaign with communication messages and activities based around preparedness, prevention and performance and the idea of developing a reciprocal relationship with people.

We also need to recognise and ensure we acknowledge the hard work that all health and care professionals, community and voluntary groups and carers/unpaid carers do. This is reflected in our planned activity for this winter and beyond. As a system we recognise the issues we are faced with are not unique to Leeds therefore we will support and share regional and national communication resources.

2. Aims of the plan

The overarching aim of the plan is to demonstrate how the system is gearing up for winter, what we'll deliver, what our actions will be, recognising the efforts of all those supporting local citizens and maintaining confidence in services.

More specifically the plan will aim:

- To demonstrate how Leeds has prepared for winter, continue to provide assurance that we are doing all we can despite the pressures faced
- To raise awareness of how local citizens can access the most appropriate services to keep themselves or their loved ones well
- To encourage people to do all they can to stay well such as having their flu jab, self care at home, completing courses of antibiotics, looking out for vulnerable neighbours etc.
- To maintain staff morale and encourage greater recognition of their efforts

3. Key messages

With such a broad range of audiences the key messages need to be tailored accordingly depending on who we are communicating to, how we are communicating with them and what we expect them to think or do differently. The overarching key messages are below however these have been further broken down by audience profile.

- At the first signs of illness speak to your local pharmacist
- GPs are now open longer so if it is an illness that won't go away, arrange an appointment with your GP including evenings or weekends
- 'Talk before you walk' – ring NHS 111 if you feel unwell but don't think it's an emergency
- Keep an eye out for vulnerable neighbours / be a winter friend
- Take preventative action such as getting the flu jab, wearing appropriate clothing, taking medication / ordering enough medication to cover holiday, preparing for spells of cold and/or icy weather and having a well stocked medicines cabinet

The key messages should look to address one of the following areas of advice:

- Prevention – to reduce the risks of falling ill in the first instance or to support others to stay well (eg be a winter hero or a winter friend if you're a frontline worker/actively engaged community volunteer)
- Self care – to be able to look after yourself using over the counter medicines or items that can be found in first aid kits
- Appropriate use of services – considering the right service to support you

4. Additional messages by audience

Staff and carers/unpaid carers

- Thank you for everything that you do to help citizens in Leeds
- We recognise the pressures you all face and are doing all we can to support you
- The system is ready for winter and we recognise your ongoing support
- Don't forget to have you free flu jab

Parents and carers of children aged 0 - 5

- If you're pregnant get the flu jab
- Ensure your child is protected against flu
- If your child is unwell ring NHS 111 or speak to a pharmacist or GP
- Ring 999 or go to A&E in any emergency

Parents and carers of children aged 5-11

- If your child is eligible for a free jab, make sure they are protected
- If your child has asthma please ensure they have their inhaler with them at all times
- If your child has any respiratory conditions please ensure they are dressed appropriately especially during colder weather
- Hand washing is the single most effective way to prevent the spread of infections
- If your child has the winter vomiting bug keep them off school for 48 hours

Children aged 11 – 18 (as well as parent's carers)

- If your doctor has asked you to get a flu jab it means you need it
- Some people need to take extra care in cold weather, make sure you wrap up warm as well as looking out for any older relatives
- There can be lots of things that stress you out or make you anxious as you grow older, you can get some great advice from www.mindmate.org.uk **NB** targeted comms and resourcing for Mindmate sits outside this plan

Higher education students

- Not feeling great? Go visit your local pharmacy
- If your doctor has asked you to get a flu jab it means you need it
- Being away from home can be tough if you need advice on staying mentally well visit www.mindwell-leeds.org.uk or speak to your university's counselling service NB targeted comms and resourcing for Mindmate sits outside this plan
- Have you or someone you know been helped out by a winter hero last year, why not say thank you to them?

Working age adults

- Keep a well stocked medicine cabinet and self care for common conditions
- Your GP is now open for longer so you could get an appointment on an evening or at the weekend
- Reduce the risk of infections by practicing good hand hygiene, finishing your course of antibiotics and staying at home when you're feeling sick
- Keep an eye out for any vulnerable neighbours
- If a family member is in hospital, could you help them at their usual residence as it would be better for them

People with a long-term condition

- Get your flu jab as you need it
- Ensure you take any medication as advised and have this reviewed regularly at least once every six months
- Keep warm, keep well
- Stay active as much as possible

Older people

- Get your flu jab as you need it
- Keep warm, keep well
- Have you ordered your repeat prescription especially over any holiday periods
- Being at your usual home is the best place for you
- Get up and keep moving – staying active is best for you
- Hospital is not the best place for you, we'll aim to get you home as soon as we can and we'll need your support to do this
- Home being "safe, suitable and warm linked to the core message of Care & Repair's Home Plus service https://care-repair-leeds.org.uk/news/home-plus-leeds/

New migrants

- Know where to go to help when you fall ill or get injured
- Register with a GP
- Call NHS 111 – ask for an interpreter if you need one
- Only use A&E in an emergency

5. Support from system partners

We have established a winter /system resilience communications group which has started meeting on a monthly basis since August 2018 with representatives from NHS Leeds CCG, the city's three NHS provider trusts, Leeds City Council, Healthwatch Leeds, One Medical Group, Forum Central / Leeds Older People's Forum as well as service managers and members of the operational resilience group.

6. Membership of the winter / system resilience communications group

Members of the citywide communications group are listed below, these are based on nominated leads suggested by members of the operational resilience group as well as additional membership from third sector partners and Healthwatch Leeds. The group meets on a monthly basis with notes and actions shared after the meeting.

Core members of the group

Organisation	Contact name	Contact details	Nominated by respective ORG rep	Comms highlight report expected by System Resilience Assurance Board	Winter comms plan received – as of 1 November 2018
NHS Leeds CCG	Shak Rafiq Communications Manager (chair of the group)	Shak.rafiq@nhs.net 0113 84 35529 07890 591487 (NB personal number)	✓	✓	✓
Forum Central / Leeds Older People's Forum	Rachel Koivunen Sean Tunnicliffe	rachelk@opforum.org.uk 0113 244 1697 sean@opforum.org.uk 0113 244 1697	n/a	n/a	n/a
Healthwatch Leeds	Dex Hannon	dex@healthwatchleeds.co.uk 0113 898 0035 07468 476 915	n/a	n/a	n/a
Leeds City Council	Sara Hyman	Sara.hyman@leeds.gov.uk 0113 37 89173 07712 217255	✓	✓	Wider flu plan only and overview of core

					messages
Leeds Community Healthcare NHS Trust	Jayne Murphy	Jaynemurphy4@nhs.net 0113 220 8524 07950 128221	✓	✓	
Leeds Teaching Hospitals NHS Trust	Rachel Warburton Ross Langford	Rachel.warburton@nhs.net 0113 206 9223 07500 063129 Ross.langford@nhs.net 0113 206 4098 07917882958	✓	✓	✓
Leeds and York Partnership NHS Foundation Trust	Oliver Tipper	Oliver.tipper@nhs.net 0113 855 5926 07534 907491	✓	✓	Received update on how Trust will support wider comms campaigns not specific comms plan for the organsiation
One Medical Group	Rebecca Chege Shaun Major-Preece	rebeccachege@onemedical.co.uk 07903622909 shaunmajor-preece@onemedical.co.uk 07769935980	n/a	n/a	n/a
Yorkshire Ambulance Service NHS Trust	Elaine Gibson	Elaine.gibson8@nhs.net 0845 120 0048 07919 044789	n/a	n/a	n/a

Also in attendance as required – colleagues from public health (Leeds City Council), an operational representative from ORG, NHS commissioners, project manager for urgent and emergency care for the West Yorkshire and Harrogate Health and Care Partnership and Adrian Winterburn from the Leeds Health Partnerships team

7. Evaluation

Each individual organisation will be responsible for the recording and measurement of its own communications activity, including the following:

- Social media engagement
- Media releases and statements issued / media enquiries received / media coverage received
- Reach of any advertising booked

In addition, this will be compared against standard performance figures for health and social care services throughout winter, for example, public and staff uptake on the flu vaccine. Figures will be submitted to the NHS Leeds CCG Communications Team by all partners involved in this plan, to be collated and submitted to the System Resilience Assurance Board.

Evaluation for the campaigns planned will be undertaken either by the appointed creative agency or by NHS Leeds CCG's communications team.

8. Available resources

- All partners are advised to sign up and download national resources from the Public Health England Campaign Resource Centre: https://campaignresources.phe.gov.uk/resources/campaigns **resources are only posted out centrally to GP practices and pharmacies. Community packs are available to order**
- Fridge magnet for parents and carers of children aged 0-5 **Currently out of stock, no reprint planned unless sufficient interest**
- Information for people from Czech Republic, Lithuania, Poland and Romania: www.healthinleeds.org.uk **Only a small supply of leaflets remaining, reprint will only take place if sufficient interest**
- Feel Better Leeds campaign aimed at students to encourage them to use pharmacies for common conditions: www.feelbetterleeds.org.uk includes printed resources such as the Little Book of Feel Better and pharmacy map **Resources available to order from NHS Leeds CCG**

- Seriously resistant antibiotic awareness campaign www.seriouslyresistant.com – campaign now being replicated by NHS Wales
  Resources available to order from NHS Leeds CCG including selfie frame, posters, pledge cards
- Self care resources developed in Leeds including videos featuring a range of healthcare professionals: www.leedsccg.nhs.uk/health/healthy-living/selfcare/ with additional resources available from the Self Care Forum: www.selfcareforum.org/
- Information for new migrants to Leeds https://newtoleeds.org/
- Leeds version of the former stay well this winter campaign: http://www.leedsth.nhs.uk/stay-well

9. Risks and issues

There are a number of risks and issues that need to be considered when delivering our communications plan.

- Lack of sufficient awareness = no significant change in behaviour or attitude from patients
- Significant increase in people with winter related illnesses that require support within hospital which cannot influenced by communication messages
- Severe wintry pressure increasing numbers of injuries and limited impact of comms when people are required to travel / walk such as attending work
- Lack of engagement and support from all partners due to other operational issues taking a precedent
- Risk of big thank you campaign also encouraging a relatively small number of people to provide negative feedback on their experience
- Information overload and general apathy

Action plan

NB Column highlighted in pink highlights expected pressure points at Leeds Teaching Hospitals NHS Trust

	1 Oct	8 Oct	15 Oct	22 Oct	29 Oct	5 Nov	12 Nov (expected pressure point)	19 Nov	26 Nov (expected pressure point)	3 Dec	10 Dec	17 & 24 Dec
National campaigns	Help us help you – know what to do (promote NHS 111)	Help us help you stay well this winter – flu vaccine Help us help you – know what to do (promote NHS 111)	Help us help you stay well this winter – flu vaccine Help us help you – know what to do (promote NHS 111)	Help us help you stay well this winter – flu vaccine Help us help you – know what to do (promote NHS 111) Keep antibiotics working	Help us help you stay well this winter – flu vaccine Help us help you – know what to do (promote NHS 111)	Help us help you stay well this winter – flu vaccine Help us help you – know what to do (promote NHS 111)	***launch*** Help us help you before it gets worse – first signs see your pharmacy ***launch*** Self care week 'choose self care for life'	Help us help you before it gets worse – first signs see your pharmacy	Help us help you before it gets worse – first signs see your pharmacy	Help us help you stay well this winter – your GP practice is open for longer	Help us help you stay well this winter – your GP practice is open for longer	Help us help you stay well this winter – your GP practice is open for longer
Regional campaign									Insight work for 'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership Dates still TBC and will begin with some targeted pilot activity before wider roll out	Insight work for 'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership Dates still TBC and will begin with some targeted pilot activity before wider roll out	Insight work for 'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership Dates still TBC and will begin with some targeted pilot activity before wider roll out	Insight work for 'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership Dates still TBC and will begin with some targeted pilot activity before wider roll out

Local campaigns	Flu vaccination campaign – led by Leeds City Council	Flu vaccination campaign – led by Leeds City Council ***soft launch*** Winter Friends – led by Leeds City Council	Flu vaccination campaign – led by Leeds City Council Winter Friends – led by Leeds City Council	Flu vaccination campaign – led by Leeds City Council Winter Friends – led by Leeds City Council	Flu vaccination campaign – led by Leeds City Council	***launch*** Feel better campaign encouraging students to visit their pharmacy – led by NHS Leeds CCG Winter Friends – led by Leeds City Council **communication resources expected to be shared with partners during this week** Flu vaccination campaign – led by Leeds City Council	***launch*** Seriously resistant antibiotics awareness campaign – led by NHS Leeds CCG & Leeds City Council Feel better campaign encouraging students to visit their pharmacy – led by NHS Leeds CCG Flu vaccination campaign – led by Leeds City Council Winter Friends – led by Leeds City Council	Seriously resistant antibiotics awareness campaign – led by NHS Leeds CCG & Leeds City Council Feel better campaign encouraging students to visit their pharmacy – led by NHS Leeds CCG Flu vaccination campaign – led by Leeds City Council Winter Friends – led by Leeds City Council	***launch*** malnutrition campaign 'where's your next hot meal coming from' – led by Leeds City Council Seriously resistant antibiotics awareness campaign – led by NHS Leeds CCG & Leeds City Council Feel better campaign encouraging students to visit their pharmacy – led by NHS Leeds CCG Flu vaccination campaign – led by Leeds City Council Winter Friends – led by Leeds City Council	***expected launch*** The big thank you and be a winter hero campaign – system wide campaign co-ordinated by the winter/system resilience comms group ***launch*** Extended access to GP appointments – led by NHS Leeds CCG malnutrition campaign 'where's your next hot meal coming from' – led by Leeds City Council The big thank you and be a winter hero campaign – system wide campaign co-ordinated by the winter/system resilience comms group Seriously	***launch*** Mental health awareness campaign with Teen Connect aimed at younger people – led by NHS Leeds CCG and Leeds Survivor Leeds Crisis Service ***launch*** Home first campaign to reflect agreed partnership approach around discharging patients Extended access to GP appointments – led by NHS Leeds CCG malnutrition campaign 'where's your next hot meal coming from' – led by Leeds City Council The big thank you and be a winter hero campaign – system wide campaign co-ordinated by the winter/system resilience comms group Seriously resistant antibiotics	Mental health awareness campaign with Teen Connect aimed at younger people – led by NHS Leeds CCG and Leeds Survivor Leeds Crisis Service Extended access to GP appointments – led by NHS Leeds CCG malnutrition campaign 'where's your next hot meal coming from' – led by Leeds City Council The big thank you and be a winter hero campaign – system wide campaign co-ordinated by the winter/system resilience comms group Seriously resistant antibiotics

										resistant antibiotics awareness campaign – led by NHS Leeds CCG & Leeds City Council Flu vaccination campaign – led by Leeds City Council Winter Friends – led by Leeds City Council	awareness campaign – led by NHS Leeds CCG & Leeds City Council Flu vaccination campaign – led by Leeds City Council Winter Friends – led by Leeds City Council	awareness campaign – led by NHS Leeds CCG & Leeds City Council Flu vaccination campaign – led by Leeds City Council Winter Friends – led by Leeds City Council
Briefings for elected members and senior leaders (eg Health and Wellbeing Board, Scrutiny, Partnership Executive Group)							Briefing paper outlining how Leeds is prepared for winter (and beyond) – dependent on information received from ORG members		Briefing on big thank you campaign and an opportunity to get involved – to summarise other campaign activity to date			
Media			Meet with Joseph Keith (Yorkshire Post/Evening Post) to discuss running a series on Leeds system getting ready for winter	Public health message around getting ready for winter if you have a respiratory condition – Leeds City Council (or NHS Leeds CCG if prefer a GP to front)	Update on flu jab uptake among staff from providers as national directive is 100% take up? Feel Better campaign to be launched – NHS Leeds CCG	Relaunch of seriously resistant antibiotics awareness campaign next week – possible photocall at Gledhow Wing Self care week takes place following week message from local GP – NHS Leeds CCG		Big thank you campaign launch – possibly film Cllr Charlwood and/or clinicians and / or a carer – NHS Leeds CCG or Leeds Plan team. Possibility of partnering with Yorkshire Evening Post to make this a #TeamLeeds effort Reminder about how pharmacists can help you this winter – NHS		Run YEP feature (**to begin on 1 December**) on winter preparedness as eg frailty unit, LIDS team, rotational paramedics, paediatric consultants working with Pudsey GP practices, community initiatives etc – led by NHS Leeds CCG/LTHT as	Christmas and new year reminder about repeat prescriptions, opening hours of services etc – NHS Leeds CCG Say no to noro – highlighting concerns around winter vomiting bug and what you should do – LTHT or NHS Leeds CCG?	What to do if the festive period affects you emotionally eg loneliness, stress etc – LYPFT or NHS Leeds CCG?

								Leeds CCG		well as partners Reminder that your GP practice is open for longer – NHS Leeds CCG		
Social media	NHS 111 information available from Public Health England Campaign Resource Centre End of paid for social media campaign targeting Leeds' Eastern European communities – NHS Leeds CCG	Flu vaccination information available from Public Health England Campaign Resource Centre Social media opportunities through NHS Employers #jabathon and #fridayflufacts	NHS Leeds CCG to share social media plan however this will be revised and additional content will be provided throughout winter where appropriate as highlighted in this action plan	Keep antibiotics working social media plan available from Public Health England Campaign Resource Centre please use Seriously Resistant campaign social media plan from w/c 12 November	Feel better campaign social media plan – specifically targeted at students (may include some paid for ads)	Seriously resistant campaign social media plan to be shared – NHS Leeds CCG	Seriously resistant social media from event at Gledhow Wing with LTHT Self Care week social media plan – shared by NHS Leeds CCG Big thank you social media plan – co-ordinated by NHS Leeds CCG on behalf of partners First signs see your pharmacy information available from Public Health England Campaign Resource Centre		NHS Leeds CCG to provide social media plan to promote localised info on extended access to GP practices	Extended access to GP information available from Public Health England Campaign Resource Centre use in conjunction with local social media plan	Reminder about repeat prescriptions/ bank holiday preparedness	
Websites		Flu information on Leeds City Council website Winter Friends pack available from Leeds City Council website	Share NHS Leeds CCG pages on accessing the right service at the right time		LTHT to show live waiting times for A&E, minor injury unit and walk-in centre?	Feel better campaign website re-promoted	Seriously resistant campaign website to be promoted internally/externally	Big thank you campaign microsite available – co-ordinated by NHS Leeds CCG on behalf of partners		Extended access to GP practices information to be made available – NHS Leeds CCG Opening times of GP practices and		

										information on hub appointments on GP practice websites – led by GP Confederation		
Internal comms This does not include organisational specific messages / campaigns such as staff flu uptake			Weekly message to primary care staff through GP bulletin – flu, respiratory etc	Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Reminder to sign up to Winter Friends scheme Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Launch of seriously resistant campaign Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Launch of the big thank you Launch of malnutrition campaign Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Message to remind colleagues GPs are open for longer Share any messages received from the big than you to date Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners

Action plan January – March 2019

	31 December	7 Jan	14 Jan	21 Jan	28 Jan	4 Feb	11 Feb	18 Feb	25 Feb	4 Mar	11 Mar	18 Mar	25 Mar
National campaigns	**TBC** Help us help you – know what to do (promote NHS 111 online)	**TBC** Help us help you – know what to do (promote NHS 111 online)	**TBC** Help us help you – know what to do (promote NHS 111 online)	**TBC** Help us help you – know what to do (promote NHS 111 online)	**TBC** Help us help you – know what to do (promote NHS 111 online)	Help us help you before it gets worse – see your pharmacist	Help us help you before it gets worse – see your pharmacist	Help us help you before it gets worse – see your pharmacist	Help us help you before it gets worse – see your pharmacist	Help us help you before it gets worse – see your pharmacist	Help us help you before it gets worse – see your pharmacist		
Regional campaign	'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership	'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership	'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership	'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership	'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership	'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership	'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership	'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership	'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership	'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership	'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership	'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership	'Neighbourliness' campaign from West Yorkshire and Harrogate Health and Care Partnership
Local campaigns	The big thank you and be a winter hero campaign – Seriously resistant antibiotics awareness campaign	The big thank you and be a winter hero campaign Seriously resistant antibiotics awareness campaign	***possible launch*** Leeds version of regional 'neighbourliness' campaign building on Winter Friends The big thank you and be a winter hero campaign – Seriously resistant antibiotics awareness campaign –	Leeds version of regional 'neighbourliness' campaign building on Winter Friends The big thank you and be a winter hero campaign Seriously resistant antibiotics awareness campaign	Leeds version of regional 'neighbourliness' campaign building on Winter Friends The big thank you and be a winter hero campaign Seriously resistant antibiotics awareness campaign	***launch*** End PJ paralysis campaign as part of 'Home first / why not home, why not today' initiative – LTHT / NHS Leeds CCG / Leeds City Council? Seriously resistant antibiotics awareness campaign	End PJ paralysis campaign as part of 'Home first / why not home, why not today' initiative	End PJ paralysis campaign as part of 'Home first / why not home, why not today' initiative	End PJ paralysis campaign as part of 'Home first / why not home, why not today' initiative	End PJ paralysis campaign as part of 'Home first / why not home, why not today' initiative	End PJ paralysis campaign as part of 'Home first / why not home, why not today' initiative	End PJ paralysis campaign as part of 'Home first / why not home, why not today' initiative	End PJ paralysis campaign as part of 'Home first / why not home, why not today' initiative
Briefings for elected members and senior leaders	Briefing on Leeds 'neighbourliness' campaign and		Briefing paper outlining how Leeds is responding to		Briefing on PJ paralysis campaign and links to home								

(eg Health and Wellbeing Board, Scrutiny, Partnership Executive Group)	an opportunity to get involved		system pressures including info on any pre-planned changes to elective appointments		first strategy								
Media		YEP week long feature on 'changing face of primary care/ your local GP practice' – NHS Leeds CCG Launch of Leeds neighbourliness campaign	Highlight any winter heroes either from big thank you campaign or those identified by partners		Launch of end PJ paralysis campaign		Reminder of role of pharmacists as trained medical professionals		Reminder of extended GP access				
Social media	Facing up to the new year including advice on staying mentally well as well as lifestyle info	CCG to reissue social media plan to include any additional content from national campaigns			Social media plan for end PJ paralysis campaign								
Websites					Content for websites for end PJ paralysis campaign								
Internal comms This does not include organisational specific messages / campaigns such as staff flu uptake	Launch of regional neighbourliness campaign Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored	Launch of Leeds 'neighbourliness' campaign Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Info on end PJ paralysis campaign Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored	Messages to wrap up big thank you campaign including one from Cllr Charlwood? Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners	Weekly message to primary care staff through GP bulletin – flu, respiratory etc Weekly update from operational winter group – tailored accordingly by all partners

	accordingly by all partners				accordingly by all partners								

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Leeds System Resilience Plan 2019 – 2020 Risks Register

The high level risks and mitigating actions to support the delivery of a resilient health and care system in 2018/19 are identified within 2 areas:

- Variable risks are those which we cannot fully predict but where we can put mitigating plans in place.
- Impact risks are those we have assessed and highlighted the probabilities and consequences of the risk.

The high level risks RAG rating pre and post mitigation 1st **September 2019** are as follows:

	Variable risks	**RAG rating pre mitigation**	**Mitigating Actions 2017/18**	**Rag rating post mitigation**
1	Surges in demand from patients accessing services that may not always be appropriate to their needs	16	• Communications campaign. • New specification for the regional 111 service 100% • Extended access in Primary Care core services • Development of urgent treatment centres, • Integrating current services walk-in centre/Gp streaming	12
2	Surges in demand due to the ageing population and increased presenting levels of acuity resulting in significant pressure on services to deliver high quality safe services and maintain system flow	20	• Additional front of house services GP in A&E, Frailty, rapid assessment unit, Point of care flu testing Ambulatory care pathways, focused admission avoidance and discharge processes • Frailty strategy • Virtual ward development • Care home action plan • Workforce development group • System approach to escalation and development of robust mutual aid actions • Joint capacity planning, testing scenarios to inform mitigating actions interventions • Development of Primary Care networks and Local Care Partnerships	16

			• Extended GP services evening and weekend • Establishing urgent treatment centres, • Integrating current services walk-in centre/GP streaming • Expansion of PCAL • Integration of PCAL by YAS, spur	
3	Disruption in service delivery and system management due to adverse weather conditions resulting in limited system capacity to manage demand	10	• Adverse weather plans • Organisations' Business Continuity plans • Tested system escalation plans • Mutual aid agreements • Community network volunteers e.g. 4x4 capabilities	6
4	Insufficient system capacity to manage the additional demand and compromised service delivery as a result of health effects from Flu or infection outbreaks resulting in compromised workforce and services	12	• Outbreak plans • Flu immunisation campaign • Staff immunisation plans • Organisations' Business Continuity plans • Tested system escalation plans • Mutual aid agreements	6
5	Lack of system commitment to develop new ways of working/thinking/culture resulting in limited impact in proposed initiatives	8	• Strong System Leadership- SRAB, PEG, HWB • Commitment to deliver the Leeds System Resilience Plan • One version of the truth/system vision • Leeds Health and Care Plan • System escalation and mutual aid approach • Provider partnership collaborative and Local Care Partnership development • Integration Care System approach • Engagement with Newton Europe and adoption of the recommendations • IT developments, Leeds Care Record, Telehealth approach	4

6	Availability of a skilled workforce across the system due limited national workforce and changing political landscape resulting in challenges to deliver robust high quality and safe services for our population	16	• System workforce group- Leeds approach to recruitment • Organisations' internal staff management and recruitment plans • Robust recruitment and retention practices within all organisations • Established banks to share experienced staff	12
7	Inability of our workforce to flex skills and capabilities internally and across organisations resulting in limited opportunities to deploy a flexible and shared workforce	12	• System workforce group- Leeds approach to recruitment • Established banks to share experienced staff • Integrated service delivery- LIDS, EDAT, Frailty, A&E streaming, Urgent treatment centres	8
8	There is a risk of Industrial Action (IA) due to any arising political situation that will result in disruption to normal service delivery across the Health and Social Care Economy. E.G Clinical staff disputes, Fuel shortages	8	• All organisations test and activate internal and business continuity plans to militate against the impact and improve contingency plans • Manage communications across the system and work with colleagues to ensure consistent messages	8
9	Inability to respond to a major incident through a command and control approach due to insufficient agreed process and procedures resulting in an un-coordinated response	10	• Leeds system EPRR compliance • Robust Business Continuity and major incident plans • Participation in local and regional system resilience forum • Ongoing resilience exercises • Robust escalation and On Call systems across the system • Communication plans • Robust command and control structure NHS England lead • Consistent processes through both escalation and incident management	5

	System Impact Risks	RAG rating pre mitigation	Mitigating Actions 2017/18	Rag rating post mitigation
10	Disruption to the Leeds health and care system due to Britain's exit from the EU	16	• NHS England central management • Regional LHRP and LRF governance • System Task and finish group • Individual organisational assessment and risk assessments • Robust system wide business continuity plans	**12**
11	Compromised patient flow and service delivery due to excess demand, staff availability or an incident resulting increased pressure to deliver high quality safe services for our population and increased Mental Health out of area placements	20	• Organisational surge and capacity plans • Organisational quality and safety plans • System Escalation and mutual aid plans • Business Continuity and incident management	**12**
12	There is a risk to system flow due to the balance of service delivery between admission avoidance and discharge due to the increased demand from all points of referral into community nursing services.	16	• Leeds Community Healthcare surge and capacity plans • Leeds Community Healthcare quality and safety plans • System Escalation and mutual aid plans • Cross organisational Joint working • Newton Europe identified opportunities front and back door	**12**
13	Ability to meet system wide national performance targets due to system challenges in delivering system flow and insufficient system management and prioritisation of services	20	• Organisational surge and capacity plans • System Escalation and mutual aid plans • System agreement for the prioritisation of services • Regional agreement regarding the management of repatriations and critical care capacity	**16**

14	Ability to maintain an agreed level of planned activity across service providers due to system challenges in delivering system flow resulting lack of capacity to deliver planned activity	20	• Organisational surge and capacity plans • System Escalation and mutual aid plans • Planned suspension of routine elective over historical times of pressure • System agreement for the prioritisation of services-decision management tool • Regional agreement regarding the management of repatriations and critical care capacity	**16**
15	There is a risk that we do not realise the opportunity to achieve the left shift in the provision of care.	16	• CCG community strategy • 5 year demand and capacity modelling • Trajectory to reduce super stranded patients • Plans to close the Villa care wards within LTHT • Newton Europe actions to further develop attendance and admission avoidance pathways	**12**
16	Our ability to balance and share clinical risk across the system to manage the most vulnerable and needy people	20	• Organisational surge and capacity plans • Organisational quality and safety plans • System Escalation and mutual aid plans • System agreement for the prioritisation of services-decision management tool • Regional agreement regarding the management of repatriations and critical care capacity	**16**

17	There is a risk increased patient flows into Leeds acute trust, increasing demand and impacting on the quality and safety of services across the system. This is due to the of the proposed regional acute trust changes which will result in reconfiguration/closure of various services including A&E which will in turn result in increased demand flowing towards Leeds service.	12	• Partnership working and collaboration through the following regional forums
			  ○ West Yorkshire ICS
			  ○ West Yorkshire Acute Trust Group
			  ○ West Yorkshire Urgent and Emergency Care Network
				8

18	Loss of financial allocation/incentives associated with the achievement of system and national targets	8	• Robust monitoring and escalation to track progress	**6**
	Risk to the Leeds system's reputation due to our inability to provide assurance and evidence of our actions	8	Documented evidence of our actions and decisions associated with the execution of our: • Organisational surge and capacity plans • Organisational quality and safety plans • System Escalation and mutual aid plans • System agreement for the prioritisation of services • System Agreement for the management of risk • Robust commissioning and contracting practices • EPRR compliance – self assessment levels • EU Exit individual and system wide plans	**4**

	Consequence (initial)				
Likelihood (initial)	**Insignificant**	**Minor**	**Moderate**	**Major**	**Catastrophic**
Expected to occur at least daily. More likely to occur than not.	○ 5 Low Priority	○ 10 Medium Priority	◉ 15 Medium Priority	○ 20 Very High Priority	○ 25 Very High Priority
Expected to occur at least weekly. Likely to occur.	○ 4 Low Priority	○ 8 Medium Priority	○ 12 Medium Priority	○ 16 Very High Priority	○ 20 Very High Priority
Expected to occur at least monthly. Reasonable chance of occurring.	○ 3 Low Priority	○ 6 Medium Priority	○ 9 Medium Priority	○ 12 Medium Priority	○ 15 Very High Priority
Expected to occur at least annually. Unlikely to occur.	○ 2 Low Priority	○ 4 Low Priority	○ 6 Medium Priority	○ 8 Medium Priority	○ 10 Medium Priority
Not expected to occur for years. Will occur in exceptional circumstances.	○ 1 Low Priority	○ 2 Low Priority	○ 3 Low Priority	○ 4 Low Priority	○ 5 Low Priority
	Rating (initial):		**Risk level (initial):**		

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Report author: Steven Courtney
Tel: 0113 378 8666

Report of Head of Democratic Services

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

Date: 26 November 2019

Subject: Urgent Treatment Centres - Update

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 introduce an update to Scrutiny Board (Adults, Health and Active Lifestyles) regarding the development of Urgent Treatment Centres (UTCs) in Leeds.

2 Background

2.1 The *"Next Steps on the NHS Five Year Forward View (5YFV)"* was published on 31 March 2017; and set out how the 5YFV's goals would be implemented over the next two years. Urgent and Emergency Care (UEC) was identified as one of the main national service improvement priorities, with focus on improving national A&E performance whilst making access to services clearer for patients.

2.2 NHS Leeds Clinical Commission Group (Leeds CCG) has engaged with the Scrutiny Board over an extended period of time as the proposals for Urgent Treatment Centres in Leeds have developed; and in January 2019, Leeds CCG launched a 12-week public engagement exercise to gain the views of interested stakeholders on its proposals to develop urgent treatment centres across Leeds.

2.3 A briefing paper provided by Leeds CCG was shared with Scrutiny Board members in July 2019 – setting out a summary of the responses to the formal engagement exercise; and describing the proposed next steps. This update also included the independent analysis of the engagement work.

3 Main Issues

3.1 An update from Leeds CCG on the development of UTCs in Leeds is attached to this report at Annex 1.

3.2 Appropriate representatives from Leeds CCG have been invited to attend the meeting to present and discuss the attached update.

4. Corporate considerations

4.1 Consultation and engagement

4.1.1 Development of Urgent Treatment Centres in Leeds was subject to a 12-week public engagement exercise in January 2019. A further public engagement event took place in September 2019.

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 An equality impact assessment undertaken by Leeds CCG is presented as part of the update attached to this report. .

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.

Climate Emergency

4.3.2 There are no specific climate implications associated with the content of this report. However, such considerations may need to be taken into account if any additional scrutiny activity is deemed appropriate.

4.4 Resources, procurement and value for money

4.4.1 This report has no specific financial implications at this time. Any appropriate matters will need to be taken into account if any additional scrutiny activity is deemed appropriate and if any specific recommendations are being considered.

4.5 Legal implications, access to information, and call-in

4.5.1 There are no specific legal implications arising from this report at this time. Any specific matters may need to be taken into account if any additional scrutiny activity is deemed appropriate and if any specific recommendations are being considered

4.6 Risk management

4.6.1 The information provided in this report largely 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 This report introduces an update from NHS Leeds Clinical Commissioning Group to Scrutiny Board (Adults, Health and Active Lifestyles) regarding the development of Urgent Treatment Centres (UTCs) in Leeds. Appropriate representatives from Leeds CCG will attend the meeting to present and discuss the update.

6. Recommendations

6.1 The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to consider the details presented in this report and agree any specific scrutiny actions or future activity.

7 Background papers[1]

7.1 None used

[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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ANNEX 1

Scrutiny Board (Adults, Health and Active Lifestyles)

Update paper: Urgent Treatment Centres

Purpose of paper

1. To provide Members with an update on our progress in delivering five urgent treatment centres in Leeds.

Ongoing engagement

2. We've continued to look for opportunities to involve local citizens in our work to set up urgent treatment centres in the city. Most recently we held an event on 27 September at Leeds City Museum where people had the opportunity to find out more about the results of our formal engagement that took place earlier this year.

3. The event provided an opportunity for people to hear about our proposed next steps as we look to have five urgent treatment centres in the city over the coming years. Around 20 people attended the event with questions including car parking, access to the centres and comments around some areas of the city not being geographically near to the centres. Colleagues in attendance provided assurance around the issues discussed whilst also covering key points around availability of suitable estate and the budget we have to work to.

4. As part of our efforts to actively involve our colleagues from Scrutiny Board (Adults, Health and Active Lifestyles), we asked Councillor Hayden to open the event. Due to unforeseen circumstances, Councillor Hayden was unable to attend. However we were pleased to welcome Councillor Lay to the event and appreciated his support on the day as well as subsequent press coverage that he secured with the Wharfedale Newspapers.

5. We remain committed to making our urgent treatment centres as accessible as possible and will work with individual patients and patient representative groups to do this.

6. We have shared a letter, received from Councillor Hayden on behalf of Members, with NHS England as they have requested this. Further to this we have offered to meet with NHS England to discuss any further requirements or evidence they may need. The letter from Councillor Hayden has demonstrated how we actively involved our local Scrutiny Board in the decision making process and confirmation that Members accepted that our formal engagement was robust. If any further actions are required by NHS England we will notify Members as soon as possible.

Involving elected members

7. We remain committed to working with all elected members as much as possible through direct communication and through our work with local area committees. We will be looking to attend area committees in early 2020 with an update on progress, subject to acceptance as an agenda item from committee co-ordinators and chairs.

8. From the outset we promised to work closely with ward members for the Burmantofts and Richmond Hill and Harehills and Gipton wards due to the sensitivities around the planned move for the walk-in centre. We remain committed to working in partnership with elected members, community groups and citizens from these wards. We'll be looking to set up a meeting with these ward members to provide an update on progress and proposed plans for the move of the walk-in centre – the timescales are covered in this paper.

9. We will also look to provide a tour of the site at St James's Hospital as requested by elected members covering these two wards. We're not expecting this tour to take place for at least 12-18 months as this is the current timescale we're working to.

Progress on community-based urgent treatment centres

10. As members will have noted from previous updates, St George's Urgent Treatment Centre received official designation from NHS England at the start of this year, although all necessary work to meet the mandate was completed in December 2018.

11. We are in a continued 'plan, do, study and act' cycle at this centre which includes an initial evaluation of the service that's currently underway. This evaluation helps us make continued improvements that support better patient outcomes as well as ensuring we work with clinicians to identify ways we can integrate services to provide a seamless experience for all.

12. To manage demand we have only undertaken very local communication activities, centred in the immediate areas nearest to the St George's Urgent Treatment Centre. This includes running education sessions for GP practice staff including a short film and patient information leaflets distributed to around 40 practices in this area. There have also been two education sessions for parents and carers of children 0-5 run by clinicians from Local Care Direct based on successful sessions run by One Medical Group at the walk-in centre. We will look to do further communications activities in the future. We will work closely with staff at NHS 111 to increase the number of people who are booked in for an appointment at the centre, reducing the need to walk-in and the subsequent waiting time to be seen when accessing the service through this route.

13. We are progressing well on our work to change the current minor injury unit at Wharfedale Hospital so that it meets the core standards, set out by NHS England, to be designated as an urgent treatment centre. We expect this to be formally designated by NHS England in early 2020, although we expect all necessary work to meet the mandate to be completed at the end of 2019. We will use a similar communications approach for the Wharfedale site as we have done at St George's Centre, again to manage demand.

Progress on co-located urgent treatment centres

14. We continue to work closely with Leeds Teaching Hospitals NHS Trust to develop plans to set up two co-located urgent treatment centres that sit alongside the city's two accident and emergency departments. As members will have noted, Leeds has now received confirmation of national funding for two new hospitals to be built at the Leeds General Infirmary site. This means the co-located urgent treatment centre at

the LGI site will need to be included in the wider estates transformation work. At this stage we are unable to give an accurate estimate as to when this work will start and when it will be completed.

15. We recently visited a co-located urgent treatment centre in London to find out more about how they set up the centre and to share best practice. Based on the key learnings from this site, the steering group is reviewing its original plan of having a four-phased approach to developing the co-located urgent treatment centre at St James's Hospital. Our initial approach was to gradually integrate services on the St James's Hospital site, and using an interim location on a medium term basis.

16. We are now considering having a single phase approach to creating an urgent treatment centre at St James's Hospital so that it is immediately based at its permanent location. This is the Ground Floor, Chancellor Wing. The project group feels this will improve patient experience, reduce confusion by taking out the option of a temporary location for the urgent treatment centre and will be more financially efficient. . An options appraisal has been written regarding how best to migrate the walk-in centre from the Burmantofts Health Centre up the road into St James's Hospital. The project steering group has unanimously agreed that the best option is - for a very short period of approximately two to four weeks - of dual running the walk-in centre and the co-located urgent treatment centre at St James's before completely moving from Burmantofts Health Centre. This dual running will take place once any necessary refurbishment works have been completed and we can run an urgent treatment centre at St James's Hospital.

Seacroft site

17. Following our formal engagement exercise earlier this year and the subsequent independent analysis, we are progressing with our proposals to have a fifth urgent treatment centre in the Seacroft area. Our early thinking, based on available estate, is that we will use the Seacroft Hospital site. However this could be subject to change due to other strategic estate commitments. Our current timescales would see this site being the final one of the five urgent treatment centres to open in the city.

Timescales

January 2019	St George's Centre officially an urgent treatment centre
September 2019 to early 2020	Wharfedale Hospital site reconfigured so that it can receive official designation as an urgent treatment centre
September 2019 to March 2021	St James's Hospital site reconfigured so that we can set up a co-located urgent treatment centre. This is to include the migration of the walk-in centre (dates to be confirmed), including a short period where we will dual run both sites
September 2019 to TBC	Leeds General Infirmary site to host a co-located urgent treatment centre. Exact dates to be confirmed as a much larger estate project underway called 'Building the Leeds Way'.
September 2019 to March 2024	Identify suitability of site in Seacroft to host an urgent treatment centre before stating any estate reconfiguration work. Project group yet to be established.

Equality impact assessment

18. Our independent analysis of our engagement includes an equality impact assessment highlighting the likely positive or negative issues that could affect people belonging to the protected characteristics as defined by the Equality Act 2010. The full report is available on our website, for simplicity we have pulled out and included the equality impact assessment from this report in appendix a. We undertook an equality impact assessment prior to our formal engagement which can be found in appendix b to this update paper.

Debra Taylor-Tate, Head of Unplanned Care, NHS Leeds Clinical Commissioning Group

October 2019

Equality impact analysis

This equality impact analysis is taken from the independent report based on the findings of our formal engagement. The full analysis report is available from the CCG website: www.leedsccg.nhs.uk/content/uploads/2019/01/2019_09_12_Brainbox_UTC_v5-.pdf

Protected characteristic or group	Impact on access	Comments
Age	There is no significant difference in access score based on age group (F (9,2568) = 1.73, p = 0.078).	The proposed changes will not differentially impact access to urgent care based on age. However, insight from the open survey questions highlight that older people may be less likely to drive, and so having good public transport to the centres is particularly important. People of working age and those with family responsibilities are more likely to need access before 8am.
Disability	People who reported they have a disability have a significantly higher access score than those without a disability (F (1, 2474) = 8.1, p = 0.004).	The proposed changes will have a positive impact on access to urgent care for people with a disability. However, insight from the open questions highlights that people who are D/deaf or hard of hearing are concerned about the availability of British Sign Language interpreters. People with a mental health problem are concerned that the urgent treatment centres are able to treat people in mental health crisis. People with other needs were concerned that staff should be trained in helping people with conditions such as autism.
Ethnicity and race	There is a marginally significant difference in access score based on ethnic group: white versus non-white (t = 2.0, p =	While the difference is not significantly different, there is a trend for the proposed urgent treatment centres to make access easier for people with white versus non-white ethnicity. Insight from the open questions suggests that this

Protected characteristic or group	Impact on access	Comments
	0.058) with white ethnic groups having higher access scores than non-white groups.	might be due to concerns that the staff in the centres may not reflect the diversity of the local area, or concerns that there will not be interpreters available.
Gender reassignment	There is no significant difference in access score based on people describing themselves as transgender (t = -0.001, p = 0.99).	The proposed changes will not differentially impact access to urgent care based on being transgender. There is one comment in the survey about a previous bad experience with an insensitive clinician but no indication of any concerns with the proposed urgent treatment centres.
Marriage and civil partnership	There is no consistent pattern of differences in access score depending on relationship status. However, there are some statistically significant differences between specific groups, with those in a civil partnership having higher access scores than those who are divorced or married (Games-Howell corrected F (6, 1957) = 2.5, p = 0.02).	There is some evidence that the proposed urgent treatment centres will make access easier for people in a civil partnership easier. There is no evidence in the open comments about why this might be.
Pregnancy and maternity	There is no significant difference in access score based on pregnancy status (t = -0.13, p = 0.89). People who reported they have recently	The proposed changes will not differentially impact access to urgent care based on pregnancy. The proposed changes will have a positive impact on access to urgent care for people who have recently given birth.

Protected characteristic or group	Impact on access	Comments
	given birth have a significantly higher access score than those who did not (t = -2.25, p = 0.03).	
Religion or belief	There is no significant difference in access score based on religious group (F (7,1980) = 1.19, p = 0.30).	The proposed changes will not differentially impact access to urgent care based on religion.
Sexual orientation	There is no significant difference in access score based on people describing themselves as heterosexual/straight versus other sexual orientations (t = 0.71, p = 0.48).	The proposed changes will not differentially impact access to urgent care based on sexual orientation.
Carer	There is no significant difference in access score based on caring responsibilities (t = 1.28, p = 0.20).	The proposed changes will not differentially impact access to urgent care based on caring responsibilities. However, insight from the survey highlights that carers often need to transport wheelchairs, so that it is important the centres are wheelchair accessible.
Parent of children under five years old	There is a marginally significant difference in access score based on parent status, with people with a child under five years having greater scores than those without (t = -1.97, p	While the difference does not quite reach statistical significance, there is a trend for the proposed urgent treatment centres to make access easier for people with children under the age of five. Insight from the open questions suggests that this might be due to late-night opening, as children are often ill in the night.

Protected characteristic or group	Impact on access	Comments
	= 0.05).	

APPENDIX B

CCG equality impact assessment prior to formal engagement

Prior to undertaking the formal engagement we carried out an equality impact assessment to identify those who could be affected (positively or negatively) by our proposed changes. The assessment is below.

Group	**Source** Where did the intelligence come from? (JSNA, provider previous engagement etc)	**Impact** (yes/no)	**Positive/ Negative/ Neutral** (describe)	**Comments** (add in further detail and how you are going to engage with this identified group)
Age (under 25/ over 65)	Data from NHS Leeds CCG informatics team Characterising non-urgent users of the emergency department (ED): A retrospective analysis of routine ED data (O'Keefe *et al.*, 2018) NHS Leeds CCG Partnership engagement on the walk-in centre (2017) Equality impact assessment to support the walk-in centre review/ engagement (2017) Accident and emergency statistics briefing paper (House of Commons Library, 2017) Mid Yorkshire clinical services strategy integrated	Yes	**Positive** - The urgent treatment centres will provide a greater number of services under one roof.	Urgent treatment centres are being established to reduce pressure on A&E units as well as reducing confusion for patients needed urgent (but not emergency) care. It's important to understand attendances at current urgent and emergency care services to assess the impact this could have. Before looking at age profiles it is worth bearing in mind that those at the older end of the age spectrum are more likely to attend A&E but this is also more likely to be an appropriate use of the service. Therefore the impact of the urgent treatment centres will be limited for this age profile except where they are carers for other younger family members. **A&E attendances** Adults aged 16 to 44 years are more likely to attend emergency departments for non-urgent presentations than older adults. People aged over 65 along with those aged 0-5 register the highest number of attendances at A&E followed by those aged 20-24.

Group	**Source** Where did the intelligence come from? (JSNA, provider previous engagement etc)	**Impact** (yes/no)	**Positive/ Negative/ Neutral** (describe)	**Comments** (add in further detail and how you are going to engage with this identified group)
	impact assessment (2013)			**Walk-in centre** Data shows that the highest number of users of the walk-in centre are children 0-5 and then those aged 20-24. Proportionally there are fewer people aged over 65 using the walk-in centre so any impact for this group would be minimal. Again data, locally and nationally, shows that over 65s are more likely to be admitted to hospital via emergency admission. We will be specifically engaging with these groups in various ways, including: through the Voluntary Action Leeds (VAL) Working Voices project, the Maternity Voices programme and through further and higher education organisations.
Gender (male/female/intersex/ other)	Data from NHS Leeds CCG informatics team NHS Leeds CCG Partnership engagement on the walk-in centre (2017) Equality impact assessment to support the walk-in centre review/ engagement (2017) Accident and emergency statistics briefing paper	Yes	**Neutral**	No significant impact expected. Data suggests that there's a broadly equal gender split between male and female users. No data available on intersex or other Gender differences in A&E attendance vary by age group. Among children aged 0-14, boys are more likely to attend A&E. Among those aged 15-34, women are more likely to attend A&E. From age 35 upwards, the rate of men attending A&E is slightly higher than women.

Group	**Source** Where did the intelligence come from? (JSNA, provider previous engagement etc)	**Impact** (yes/no)	**Positive/ Negative/ Neutral** (describe)	**Comments** (add in further detail and how you are going to engage with this identified group)
	(House of Commons Library, 2017) Mid Yorkshire clinical services strategy integrated impact assessment (2013)			We will ensure that any notable trends or themes that emerge will be reported on to highlight if any gender specific issues are identified.
Disability (sensory/ mental health/ long term illness/ addiction)	Data from NHS Leeds CCG informatics team NHS Leeds CCG Partnership engagement on the walk-in centre (2017) Equality impact assessment to support the walk-in centre review/ engagement (2017) Mid Yorkshire clinical services strategy integrated impact assessment (2013)	Yes	**Positive** and **negative**	Feedback from the previous review of the walk-in centre (2017) identified issues around a language barrier for deaf and hard of hearing patients. People with learning disabilities have markedly worse health than the general population as a whole and are therefore more likely to use health services (Equality and Human Rights Commission, 2013) In Leeds there are estimated to be around 12,900 adults with a learning disability (Joint Strategic Needs Assessment) and there are around 3,090 people recorded by Leeds GPs having a learning disability (Leeds, the compassionate city: tackling inequalities, 2017). We need to understand how we can ensure we meet the accessibility needs of people with a disability as well as those experiencing mental ill health. This engagement gives us an opportunity to consider access needs especially where an attendance for a mental health issue is not a crisis.

Group	**Source** Where did the intelligence come from? (JSNA, provider previous engagement etc)	**Impact** (yes/no)	**Positive/ Negative/ Neutral** (describe)	**Comments** (add in further detail and how you are going to engage with this identified group)
				We will provide the opportunity for people to feedback specifically on accessibility issues. We will also be working with Voluntary Action Leeds and their Engaging Voices partners to ensure we are reaching as many people who may be affected by these issues as possible. We will also be working with a number of third sector organisations (such as Leeds Society for the Deaf and Blind, Tenfold etc.) to ensure these communities are represented and have the chance to feedback. An easy read version of the engagement document and materials will be available as standard.
Gender Reassignment		Unknown	Unknown	It has been mentioned to members of the engagement team that often health services can feel unwelcoming to members of the LGBTQ+ community. This engagement provides an opportunity to engage with those communities and ensure that any we are seeking out any specific considerations that might need to be made to ensure that the UTC services are accessible to all.

Group	**Source** Where did the intelligence come from? (JSNA, provider previous engagement etc)	**Impact** (yes/no)	**Positive/ Negative/ Neutral** (describe)	**Comments** (add in further detail and how you are going to engage with this identified group)
				We will be working with Voluntary Action Leeds to engage with these communities as well as the Leeds City Council Equality LGBT Hub.
Marriage/ civil partnership		Unknown		There has been no identified impact on marriage/civil partnerships, however any noted themes or trends that are identified over the course of the engagement will be reported on and taken into consideration as part of the final recommendations.
Pregnancy/ maternity (breastfeeding / adoption/ single or teenage parents		No		There has been no identified impact on pregnancy/maternity groups, however any noted themes or trends that are identified over the course of the engagement will be reported on and taken into consideration as part of the final recommendations.
Race (non-English speakers/ refugees/ asylum seekers/ travellers)	Data from NHS Leeds CCG informatics team NHS Leeds CCG PCCC paper: personal medical services equitable funding (2018) NHS Leeds CCG Partnership engagement on the walk-in centre (2017) Equality impact assessment	Yes	**Positive** - providing gaps around previously identified language barriers for non-English speaking patients are addressed	Feedback from the previous review of the walk-in centre (2017) identified issues around a language barrier for non-English speaking patients. Data has shown that BAME and non-English speaking populations are consulting more frequently and that consultations ae longer and more complex due to English not being the first spoken language.(NHS Leeds CCG, 2018) This engagement gives us an opportunity to consider how we engage with existing BAME and new migrant communities in Leeds. It's important

Group	**Source** Where did the intelligence come from? (JSNA, provider previous engagement etc)	**Impact** (yes/no)	**Positive/ Negative/ Neutral** (describe)	**Comments** (add in further detail and how you are going to engage with this identified group)
	to support the walk-in centre review/ engagement (2017) Mid Yorkshire clinical services strategy integrated impact assessment (2013)			that we understand their views on accessing urgent care services as they may have accessed healthcare differently in their country of origin. The number of Leeds residents that were born outside of the UK almost doubled - from 47,636 (6.7% of the population) in 2001 to 86,144 (11.5%) in 2011. Of these, 27,221 people were born in Europe, including 12,026 from EU accession countries (mainly Poland) and 58,923 were born elsewhere in the world. We will work with Voluntary Action Leeds, through the Engaging Voices programme, as well as other third sector organisations to engage with BAME and migrant communities. Surveys and communications will be available in alternative languages wherever needed. We will also work with the Leeds Equality BME Hub to reach out to as many members of the BAME groups in Leeds as possible.
Religion/ Belief (or non)	Data around religion is not collected at A&E or walk-in centres	Unknown		There has been no identified impact specifically relating to religion/belief, however any noted themes or trends that are identified over the course of the engagement will be reported on and taken into consideration as part of the final recommendations.

Group	**Source** Where did the intelligence come from? (JSNA, provider previous engagement etc)	**Impact** (yes/no)	**Positive/ Negative/ Neutral** (describe)	**Comments** (add in further detail and how you are going to engage with this identified group)
Sexual orientation (lesbian, gay/ bisexual)	Leeds LGBTQ+ Hub meeting, February 2018	Unknown		It has been mentioned to members of the engagement team that often health services can feel unwelcoming to members of the LGBTQ+ community. This engagement provides an opportunity to engage with those communities and ensure that any we are seeking out any specific considerations that might need to be made to ensure that the UTC services are accessible to all. We will be working with Voluntary Action Leeds to engage with these communities as well as the Leeds City Council Equality LGBT Hub.
Socio-economic deprivation	Socio-economic data is based on postcode data which shows presentation levels are higher from some of the most deprived wards.	Yes		We need to understand the impact on those from inner city deprived areas that are registered with practices that show higher levels of attendance at A&E with a number of these falling in the six priority wards. Homeless people or those with chaotic lives (such as people with a dependency on drugs/alcohol) need to be engaged to find out how they access services currently and whether the services provided by a UTC would help them
If your analysis has highlighted any gaps please outline what action you will take in section 7. Carers play a key role in helping people access services with around 74,000 unpaid carers in the city (Carers Leeds, 2018), we will look to engage with carers				

Report author: Steven Courtney
Tel: 0113 37 88666

Report of Head of Democratic Services

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

Date: 26 November 2019

Subject: Chairs Update – November 2019

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 provide an opportunity to formally outline some of the areas of work and activity of the Chair since the previous Scrutiny Board meeting in July 2019.

2. Background information

2.1 Invariably, scrutiny activity can often occur outside of the formal, regular Scrutiny Board meetings. Such activity may involve a variety of activities and can require specific actions of the Chair of the Scrutiny Board.

3. Main issues

3.1 This report provides an opportunity to formally update the Scrutiny Board on the Chair's activity and actions since the previous Scrutiny Board meeting held in September 2019. It also provides an opportunity for members of the Scrutiny Board to identify and agree any further scrutiny activity that may be necessary.

3.2 The Chair and Principal Scrutiny Adviser will provide a verbal update at the meeting on the above matters and any further issues that might arise, as required.

3.3 The Scrutiny Board is asked to consider the update provided and identify/ agree any matter where specific further scrutiny activity may be warranted, and therefore subsequently incorporated into the work schedule.

Developing the work schedule

3.4 As detailed elsewhere on the agenda; 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.

4. Corporate Considerations

4.1 Consultation and engagement

4.1.1 The update provided at the meeting is a factual report and therefore is not subject to consultation. However, it should be noted that matters often identified as part of the update can arise as a result of specific engagement activity with the Scrutiny Board that requires specific action from the Chair between the Scrutiny Board's formal meeting cycle.

4.1.2 Any specific consultation and engagement activity will need to be taken into account if/ when any additional scrutiny activity is deemed appropriate

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 Matters set out in the Council's Equality and Diversity Scheme will need to be taken into account if/ when any additional scrutiny activity is deemed appropriate.

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 This report has no specific climate emergency implications at this time. Any appropriate matters will need to be taken into account if/ when any additional scrutiny activity is deemed appropriate.

4.4 Resources, procurement and value for money

4.4.1 This report has no specific financial implications at this time. Any appropriate matters will need to be taken into account if/ when any additional scrutiny activity is deemed appropriate.

4.4.2 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 considering any additional detailed inquiry activity 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. Any appropriate matters will need to be taken into account if/ when any additional scrutiny activity is deemed appropriate.

4.6 Risk management

4.6.1 This report has no specific risk management implications. Any appropriate matters will need to be taken into account if/ when any additional scrutiny activity is deemed appropriate.

5. Conclusions

5.1 All Scrutiny Boards are required to determine and manage their own work schedule for the municipal year. This update provides an opportunity to highlight any emerging issues for the Scrutiny Board to consider.

6. Recommendations

6.1 The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to note the content of this report and the verbal update provided at the meeting; and identify any specific 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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Report author: Steven Courtney
Tel: 0113 37 88666

Report of Head of Democratic Services

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

Date: 26 November 2019

Subject: Work Schedule – November 2019

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 something 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 During the Board's initial meeting in June 2019, Members discussed a number of possible areas of work for the Board to undertake during the current municipal year. These matters are reflected in the latest iteration of the work schedule – attached at Appendix 1.

Developments since the previous Scrutiny Board meeting

3.2 The latest iteration of the Board's work schedule is attached as Appendix 1 for consideration.

3.3 While there are no significant additions to report since the previous Scrutiny Board meeting in October 2019, some matters that may subsequently impact on the work schedule will also be outlined as part of the Chair's update report, considered elsewhere on the agenda.

3.4 Other specific matters to consider are detailed below.

Women's Reproductive Health

3.5 At its meeting in July, the Board agreed to give specific consideration to Reproductive Health identified within the Women's Health Matters report. This followed a specific request for scrutiny in relation to endometriosis. Arrangements to progress this work early in the new year are being taken forward.

Unscheduled matters

3.6 Further to the discussions at the October meeting, a review of the unscheduled items and the overall work programme has been undertaken. The outcome of this work is presented in the latest iteration of the work programme – presented at Appendix 1.

3.7 The Board is asked to consider and agree that the following items should be removed from the list of 'unscheduled' matters.

- Congenital Heart Disease Services – Implementation of National Review/Update (RT/ PM)
- CAMHS (PSR) / Transitions – including CAMHS to AMHS (PSR)
- Yorkshire Ambulance Service NHS Trust – service capacity and transformation programme (PM)
- The progress of the NHS Northern Gambling Clinic
- The role of the private sector within the NHS
- Gaining an understanding of life as a career in Leeds
- A partnership approach to the Climate Emergency

Executive Board and Health and Wellbeing Board

3.8 Executive Board minutes from the meeting held on 16 October 2019 are appended to this report (Appendix 2).

3.9 Insofar as the above minutes relate to the remit of the Scrutiny Board, Members are asked to consider and note the content; identifying any matters where specific scrutiny activity may be warranted, and therefore subsequently incorporated into the work schedule.

Developing the work schedule

3.10 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.

3.11 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 deemed appropriate. This flexible approach may also require additional formal meetings of the Scrutiny Board.

3.12 As mentioned above, the latest iteration of the Board’s work schedule is attached as Appendix 1 for consideration. The Scrutiny Board is asked to consider the details in this report, the associated appendices and matters discussed at the meeting in order to agree its future work schedule for the remainder of the municipal year.

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 Active Travel now forms part of the Health, Wellbeing and Adults portfolio area.

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 2019/20 and further discussion.

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.

APPENDIX 1

SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)

Work Schedule for 2019/20 Municipal Year (October 2019)

25 June 2019	23 July 2019	August 2018
Meeting Agenda for 25/06/19 at 1.30 pm.	**Meeting Agenda for 23/07/19 at 1.30 pm.**	**No Scrutiny Board meeting scheduled**
Appointment of Co-opted members (DB) Scrutiny Board Terms of Reference (DB) Request for Scrutiny – Health Impacts of 5G Performance Report (Adults, Health & Active Lifestyles) (PM) Quality of services for adults and older people, including CQC Inspection Outcomes (Feb– April 2019) (PM) Proposals for Community Dentistry (C)	Request for Scrutiny – Inquiry into Endometriosis NHS Integrated Performance Report (PM) Mental Health Services for Adults and Older People in Wetherby (PSR) Dementia Strategy (PSR) Adults & Health – Financial Outturn (2018/19) – (PM)	
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 2019/20 Municipal Year (October 2019)

17 September 2019	22 October 2019	26 November 2019
Meeting Agenda for 17/09/19 at 1.30 pm.	**Meeting Agenda for 22/10/19 at 1.30 pm.**	**Meeting Agenda for 26/11/19 at 1.30 pm.**
Development of Leeds Mental Health Strategy (PSR) Mental Health Crisis in Leeds – Healthwatch Leeds report (DB) Local Care Partnerships – progress report (PM) Bereavement Arrangements at LTHT – Action Plan (PSR)	Proposals for Community Dentistry – update on engagement / consultation and proposed next steps (C) IAPT – mobilisation arrangements (PM) Leeds Health and Care System Review – progress against action plan (PM) Leeds Health and Care Plan – Progress Report (PM)	Quality of services for adults and older people, including CQC Inspection Outcomes (May – Sept 2019) (PM) Urgent Treatment Centres – update (PSR) Winter Plans (PDS)
Working Group Meetings		
Site Visits / Other		
West Yorkshire JHOSC – 10 September 2019		West Yorkshire JHOSC – 19 November 2019

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 2019/20 Municipal Year (October 2019)

December 2018	7 January 2020	11 February 2020
No Scrutiny Board meeting scheduled	**Meeting Agenda for 7/01/20 at 1.30 pm.**	**Meeting Agenda for 11/02/20 at 1.30 pm.**
	Performance Report (Adults, Health & Active Lifestyles) (PM) Adults Health & Active Lifestyles Financial Health Monitoring (PM) 2019/20 Initial Budget Proposals (PDS) Best Council Plan Refresh (PDS) Mental Health Services for Adults and Older People in Wetherby – update on engagement / consultation and proposed next steps (C)	NHS Integrated Performance Report (PM) Adult Social Care Annual Complements and Complaints Report (2018/19) (PM) Get Set Leeds – conversation feedback (PSR)
Working Group Meetings		
Site Visits / Other		
		West Yorkshire JHOSC – 18 February 2020

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 2019/20 Municipal Year (October 2019)

31 March 2020	April 2020	UNSCHEDULED
Meeting Agenda for 31/03/20 at 1.30 pm.	**No Scrutiny Board meeting scheduled**	
Leeds Safeguarding Adults Board Annual Report and Strategic Plan – mid-year review (PSR) Quality of services for adults and older people, including CQC Inspection Outcomes (Oct 2019 – Jan 2020) (PM) Leeds Health and Care System Review – progress against action plan (PM) Local Care Partnerships – progress report (PM)		Dental Services in Leeds (PM) Response to the request for a Scrutiny Inquiry into Endometriosis (extended to include reproductive health). GP appointment availability Gaining an understanding of life as a career in Leeds Bereavement Arrangements at LTHT – Action Plan Review and developing access to non-invasive post mortems (PM/ PSR)
Working Group Meetings		
	24 April 2020 – Joint Workshop – Quality Accounts (TBC)	Women's Health – One Year On: Progress Report (to coincide with / around International Women's Day (8 March 2020)
Site Visits / Other		
	West Yorkshire JHOSC – 14 April 2020	

Scrutiny Work Items Key:

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

EXECUTIVE BOARD

WEDNESDAY, 16TH OCTOBER, 2019

PRESENT: Councillor J Blake in the Chair

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

82 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, 'Redevelopment of 6-32 George Street', referred to in Minute No. 92 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 the information contained within Appendix 1 to this report relates to the financial or business affairs of a particular person and of the Council. This information is not publicly available from the statutory registers of information kept in relation to certain companies and charities. It is considered that since this information was provided to enable the Council to consider the commercial viability and funding option for the redevelopment of the George Street shops, then it is not in the public interest to disclose this information at this point in time. Also, the release of such information would, or would be likely to prejudice the Council's commercial interests in relation to the OJEU procurement exercise. It is considered that whilst there may be a public interest in disclosure, much of this information will be available from the Land Registry following completion of the development structure and consequently the public interest in maintaining the exemption outweighs the public interest in disclosing this information at this point in time;

(b) That Appendix 1 to the report entitled, 'Financial Health Monitoring 2019/20 – Month 5', referred to in Minute No. 94 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 the information contained within Appendix 1 to this report relates to the financial or business affairs of any particular person (including the authority holding that information), in this case Leeds City Council and other relevant parties. It is considered that since this information

concerns negotiations with other parties to effect the realisation of capital receipts then it is not in the public interest to disclose this information at this point in time as this could affect the integrity of those negotiations. It is considered that the public interest in maintaining the content of the appendix as being exempt from publication outweighs the public interest in disclosing the information, as doing so would prejudice the Council's commercial position and that of relevant third parties should it be disclosed at this stage.

83 Late Items

With the agreement of the Chair, a late item of business was admitted to the agenda entitled, 'Update on Leeds City Council's Preparations for the UK's exit the European Union'.

The report was submitted to Executive Board as a late item of business due to the fast-developing nature of this issue at a national level, which impacts upon how preparations are made locally. The report details the Council's preparation for the UK's exit from the European Union including for a 'no deal' scenario, based on the most recent information available at the time of the publication of this report. As such, in order to provide Members with the most up to date information, it was not possible to include the report within the agenda, as published on 8th October 2019. The Government's planned exit date from the EU is 31st October 2019. Given that this meeting is the last scheduled Executive Board prior to this date, it was deemed necessary by the Chair that this matter be considered as a late item of business at the 16th October 2019 Board meeting. (Minute No. 89 refers).

Also, although not formal late items of business, prior to the meeting, Board Members were provided with the following which had been omitted from some the paper agenda packs. To ensure that all Board Members were in possession of all relevant information, these documents were provided/re-provided to Board Members ahead of the meeting so that they could be incorporated into their agenda packs and could be taken into consideration when the Board discussed those items at the meeting:

- Appendices 1-2 of Item 10 (Better Lives for People with Care & Support Needs in Leeds: The 2018-19 Annual Adult Social Care Local Account) (pages 119-122 of the agenda pack refer) (Minute No. 90 refers); and

- Appended illustrations to Item 12 (Redevelopment of 6-32 George Street) (pages 155-160 of the agenda pack refer) (Minute No. 92 refers).

84 Declaration of Disclosable Pecuniary Interests

There were no Disclosable Pecuniary Interests declared at the meeting.

85 Minutes

RESOLVED – That the minutes of the previous meeting held on 18th September 2019 be approved as a correct record.

ENVIRONMENT AND ACTIVE LIFESTYLES

86 Proposal for road-safety park, family cycle trails and new event space at Temple Newsam

The Director of Communities and Environment submitted a report regarding proposals for the potential development of a family cycling scheme, events space and new approach to landscape management at the current location of Temple Newsam golf course. Specifically, the submitted report sought the Board's view on whether to progress with a public consultation exercise on such matters.

It was highlighted that Board Members had been in receipt of correspondence regarding the proposals in the run up to the meeting, with it being undertaken that all of the submissions which had been received would be taken into consideration as part of the proposed consultation exercise.

In considering the submitted report, the Board received an overview of what the proposed consultation exercise would entail, with assurance being provided that any consultation undertaken would be genuine.

Having raised concerns regarding the proposals detailed within the report, a Member requested that the submitted report be withdrawn from consideration at today's meeting to enable further work to be undertaken on the options which could potentially be considered at Temple Newsam including introducing new facilities alongside golf provision. The Member also requested that the matter be referred to the relevant Scrutiny Board with all relevant information and proposals then being brought back to Executive Board for determination.

Following this, a Member requested that officers ensure that any proposals which were brought forward for consideration and determination took into consideration the community's needs and wishes.

To conclude the discussion, it was further proposed that following the conclusion of the consultation exercise, the outcomes from that consultation together with any proposals regarding the future of Temple Newsam golf course be brought back to Executive Board for the Board's consideration and determination, with it being highlighted that should the relevant Scrutiny Board wish to consider such matters, then it would be free to do so.

RESOLVED –

(a) That, in taking into consideration the comments made during the discussion on the submitted report, the Board's consent be provided for the Parks and Countryside service to commence a public consultation exercise on the proposed closure of the golf course and the proposed developments, as outlined within the submitted report;

(b) That following the conclusion of the consultation exercise (as detailed in resolution (a) above), the outcomes from such consultation together with any proposals regarding the future of Temple Newsam golf course

be submitted to Executive Board for consideration and determination, with it being noted that the relevant Scrutiny Board could consider such matters, should it wish to do so.

(Under the provisions of Council Procedure Rule 16.5, both Councillor A Carter and Councillor S Golton required it to be recorded that they respectively abstained from voting on the decisions referred to within this minute)

COMMUNITIES

87 Procurement of Housing Responsive Repairs and Voids Services for the West of Leeds

The Director of Resources and Housing submitted a report which sought approval of the proposed strategy to deliver Housing Responsive Repairs, Voids and Cyclical Maintenance services to the city's housing stock from 2021, specifically including a proposal to internally deliver provision through Leeds Building Services (LBS) in the South and East of the city, with a proposal that a procurement exercise be undertaken for an external contractor to deliver such services in the West.

The following options were detailed in the submitted report, with option 4 being the recommended option:
1: External contractors to deliver the service citywide;
2: Maintain current arrangements, LBS to deliver for the East only;
3: LBS and external contractors each deliver to about half of the city;
4: LBS delivers for the East and South, and an external contractor delivers for the West;
5: LBS delivers the service citywide.

Members welcomed the mixed economy approach which was being proposed.

In terms of a Member's comments regarding the recruitment and retention of staff as part of the proposed approach, a request was made that the Member in question received a briefing on such matters, as and when appropriate. In addition, the Board was provided with information on the actions which would be taken to minimise any risk in this area, whilst the need for LBS to be viewed as an attractive employer was emphasised, with the associated apprenticeship schemes being highlighted as a current successful example.

Members also received further information on the proposed contract period of 5 years, with it being highlighted that following consultation with the private sector, this was seen as the minimum period in which to attract competitive interest in this area, however it was emphasised that there was no intention to go beyond a 5 year contractual period.

Responding to a Member's enquiry, the Board was provided with further information on the actions which would be taken to monitor and promote sustained performance by both the internal and external provider.

RESOLVED –

(a) That approval be given for LBS to deliver housing responsive repairs and voids services for the East and South of the city, and that an external contractor deliver such services for the West (in line with option 4 above / detailed in the submitted report), with it being noted that the new arrangements are planned to start from autumn 2021;

(b) That it be noted that this proposal involves changing existing service delivery boundaries in order to align with Leeds electoral Wards;

(c) That it be noted that the feedback received from the proposed consultation exercises will be considered and taken into account by the Director of Resources and Housing in implementing the proposals;

(d) That the Board's agreement be given that a procurement exercise should be undertaken for housing responsive repairs, voids & cyclical maintenance services in the West of the city, using a restricted procedure in accordance with the Public Contracts Regulations 2015, in order to establish a contract;

(e) That agreement be given that the procured contract should be for a period of 5 years, with an estimated total value of £72m, given an estimated annual value of £14.35m;

(f) That it be noted that LBS' housing responsive repairs and voids service delivery will expand from the current provision of 33% of the city (circa 17,000 of a total of circa 51,000 properties), to 61% of the city (circa 31,000 properties), with it also being noted that this represents an 83% increase;

(g) That approval be given to delegate the responsibility for implementing these proposals to the Director of Resources and Housing.

INCLUSIVE GROWTH AND CULTURE

88 Revenue Budget Update for 2020/21 – 2024/25 including Proposed Saving Proposals

Further to Minute No. 34, 24th July 2019, the Chief Officer (Financial Services) submitted a report providing an update on any changes to assumptions contained in the Medium Term Financial Strategy, as reported to the Board in July 2019; which detailed the announcement by the Chancellor on the 4th September 2019 regarding a one year settlement for 2020/21; presented a budget saving proposal which had been identified since the July Board meeting for 2020/21 and which set out the implications of such changes upon the estimated budget gaps that have previously been reported.

Members commented upon a number of issues including the current position of the Minimum Revenue Provision and the ongoing exercise of re-financing the Council's debt. In response to an enquiry, the Board received further detail

on the current position regarding that re-financing exercise, and also in respect of the Government's recent decision to increase the interest rate of the Public Works Loan Board (PWLB). Regarding the interest rate rise of the PWLB, the Board noted that representations had been made to Civil Servants about the timing of the rise together with the lack of consultation which had taken place.

RESOLVED –

(a) That the revisions to the Council's Forecast Budget Gap for 2020/21 to 2024/25, as summarised in Table 2 and as referenced in paragraph 4.4 of the submitted report, be agreed;

(b) That agreement be given for a consultation process to be commenced in respect of the planning charges budget saving proposal, as contained within the submitted report.

89 Update on Leeds City Council's Preparations for the UK's Exit from the European Union

Further to Minute No. 57, 4th September 2019, the Chief Executive submitted a report which provided the Board with a further update on the preparations being made by the Local Authority regarding the UK's exit from the European Union.

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 sections 4.5.2-4.5.3 of the submitted report, and as detailed in Minute No. 83.

A Member raised a concern regarding the late submission of this report, with a suggestion that in terms of future update reports, those reports be provided as part of the regular Board agenda and include the information available at the time, with an update and briefings for Members being provided as appropriate.

Responding to a Member's request, officers undertook to include a section regarding the agricultural sector in future reports. In addition, the Board received further information on the actions being taken in this area, with it being noted that the Chief Executive had met with the National Farmers' Union on such matters.

In conclusion, it was noted that such reports were produced with the aim of keeping Members as up to date as possible with all related matters.

RESOLVED –

(a) That the ongoing work being undertaken to prepare the Council and the city for the UK's exit from the European Union, together with the latest assessment of preparedness and the ongoing concerns which exist around the lack of clarity about the nature of EU exit, be noted;

(b) That the contents of the Strategic Response Plan, as attached to the submitted report at Appendix A, together with the updates provided in the submitted report, be noted, with it being recognised that assumptions and planning will continue to develop as new information becomes available;

(c) That it be requested that further updates be provided to Executive Board, Scrutiny Board and Members, as appropriate.

HEALTH, WELLBEING AND ADULTS

90 Better Lives for People with Care and Support Needs in Leeds: The 2018-19 Annual Adult Social Care Local Account

Further to Minute No. 64, 19th September 2018, the Director of Adults and Health submitted a report which presented the 2018/19 Local Account of Adult Social Care Services for Leeds citizens, together with related data from the 2018-19 Leeds Adult Social Care Outcomes Framework (ASCOF) and 'Better Lives' Strategy measures.

Prior to the meeting, Board Members were provided/re-provided with appendices 1 and 2 to this report, as following the publication and distribution of the agenda it had come to light that these appendices had been omitted from some of the paper agenda packs.

Responding to a Member's comments, the Board received further information on the 'person centred' and 'strength based' approaches being taken to encourage individuals to remain independent and stay in their own homes for as long as possible.

A Member highlighted the level of support being provided to individuals with learning disabilities across the city to help them live independent lives. Also, the 'community catalyst' work being undertaken in the city was emphasised and the need to ensure that wherever possible, regardless of where an individual lived, the level of services available to them remained consistent.

RESOLVED –

(a) That the contents of the submitted report, together with the appended Local Account: 'Creating Better Lives for People with Care and Support Needs in Leeds', and the appended Adult Social Care Outcomes Framework (ASCOF) and the 'Better Lives' measures, be noted;

(b) That agreement be given that a published version of the Local Account is produced and made available to the public and partners, which will include being placed on the Leeds City Council website following this consideration by Executive Board.

CHILDREN AND FAMILIES

91 Family, Drug, Alcohol and Problem Solving Court

The Director of Children and Families submitted a report providing an update on the successful work of the Leeds Family Drug and Alcohol Court (FDAC) and which set how the Children and Families directorate aimed to work with Government and local partners in order to secure and expand this valuable service.

Responding to a Member's enquiry, the Board was informed that Leeds had been successful with the submission of an FDAC funding bid to Government, however, it was highlighted that as two bids of differing levels had been submitted, it was not yet known what level of funding would be received. In response to an enquiry, it was noted that both bids did include provision to tackle domestic violence and substance abuse, although the scale of the provision between the two bids was different. Finally, it was requested that Executive Members be notified when the Government provided confirmation of which bid had been successful.

Responding to a Member's enquiry, the Board received further detail on the extent to which this programme could help to inform the public health approaches being taken to address issues regarding the misuse of drugs and alcohol, with it being highlighted that although there was a multi-agency approach being taken in such areas, it was acknowledged that the preventative measures for drug and alcohol misuse were wide ranging and needed to be implemented at the earliest opportunity.

In response to a Member's enquiry, officers undertook to provide the Member in question with the information regarding the age ranges of the parents involved in this initiative.

RESOLVED –

(a) That the contents of the submitted report, together with the success of Leeds' FDAC, be noted;

(b) That it be noted that the Director of Children and Families will lead future work with national and local partners with the aim of securing investment for an expanded FDAC service in Leeds.

LEARNING, SKILLS AND EMPLOYMENT

92 Redevelopment of 6 - 32 George Street

Further to Minute No. 113, 13th December 2017, the Director of City Development submitted a report providing an update on the ongoing associated redevelopment works regarding Kirkgate Market's George Street frontage and which sought further approvals from the Board, including for an injection into the Capital Programme and related 'authority to spend' for the purposes of acquiring a fifty percent share of the completed development, as detailed within the submitted report.

Prior to the meeting, Board Members were provided/re-provided with the appended illustrations to this report, as following the publication and distribution of the agenda it had come to light that this appendix had been omitted from some of the paper agenda packs.

Responding to a specific enquiry, it was noted that the proposed additional cost to the Council would not adversely affect the Capital Programme, as it was highlighted the additional cost would be financed by the value generated in the scheme.

Following the 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 meeting, it was

RESOLVED –

(a) That the contents of the submitted report, including the current position of the scheme, be noted;

(b) That the injection into the Capital Programme and the 'Authority to Spend' of an additional £917,000, as detailed within the exempt Appendix 1 to the submitted report, be approved, for the purpose of acquiring a fifty percent share of the completed development, whilst approval also be provided for the Council's payments to acquire its interest in the completed development to be made on a phased basis through the construction period against approved architect's certificates;

(c) That the scheme, as detailed within the submitted report, together with the previous recommendation, as approved by Executive Board at its meeting on 13th December 2017, be endorsed, namely that the Council should grant a 250 year ground lease of the development site to a Limited Liability Partnership (LLP) to be formed between the Council and Town Centre Securities and that the LLP will appoint Town Centre Securities to undertake the development on behalf of the LLP;

(d) That the necessary authority be delegated to the Director of City Development to enable the Director to make all subsequent decisions that may be necessary to deliver this scheme, with the concurrence of the Executive Member for Learning, Skills and Employment;

(e) That the Chief Officer, Financial Services and the Director of City Development, in liaison with the Executive Member for Resources and the Executive Member for Learning, Skills and Employment, be authorised to investigate further the opportunity for further financial savings, if the Council was to forward fund the entire scheme. If it is considered to be financially beneficial to the Council to proceed on this basis, then the necessary authority be delegated to the Chief Officer, Financial Services and the Director of City Development in order to enable the Director and Chief Officer to take all further decisions in

respect of this proposal, including the delegation of appropriate financial approvals.

93 Improving Employment Outcomes for People with Learning Disabilities

The Director of Children and Families, the Director of City Development and the Director of Adults and Health submitted a joint report which provided an update on the work being undertaken to improve the employment outcomes for people with learning disabilities in Leeds in line with the resolution of Full Council at its meeting on 10th July 2019. (Minute No. 32 refers).

In welcoming the submitted report, a Member highlighted the need for work to continue around the co-ordination of provision in this area, and also to complement the vital role played by third sector organisations.

In order to ensure that progress continued to be made in this area, it was requested that a further update report be submitted to the Board in a year's time.

RESOLVED –

(a) That the work undertaken to date and the progress achieved against the priorities in the employment strand of 'Being Connected' in the 'Being Me' Strategy, as detailed within the submitted report, be noted;

(b) That the Board's support be provided for engagement to continue with a broad range of stakeholders to improve employment outcomes for people with learning disabilities; and that the opportunities presented through the ongoing work to develop a Hub for the city and also on the provision of additional targeted employment support for adults with learning disabilities, be noted;

(c) That it be noted that the Chief Officer, Employment and Skills will work with the Chief Officer, Human Resources, the Deputy Director, Adults and Health and the Deputy Director, Learning, Children and Families in order to support the continuing work to improve employment outcomes for people with learning disabilities;

(d) That a further update report be submitted to the Board in a year's time.

RESOURCES

94 Financial Health Monitoring 2019/20 – Month 5

The Chief Officer (Financial Services) submitted a report which presented the Council's projected financial health position for 2019/20 as at Month 5 of the financial year.

Responding to a Member's enquiry regarding the transport budget for children and young people with special educational needs and disability and the independence of the panel which considered appeals against an application decision, the Board received a range of information on the related application process and also on the current budgetary position for the service. However,

in response to the specific enquiry raised, the Chief Executive undertook to respond to the Member in question together with the Director of Children and Families.

In response to an enquiry regarding the budgetary pressure in the Children and Families directorate arising from external residential and Independent Fostering Agency placements for children and young people, the Board received an update on the actions being taken in this area.

Following the 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 meeting, it was

RESOLVED –

(a) That the projected financial position of the authority, as at Month 5 (August 2019) of the financial year, be noted;

(b) That the requirement for the Director of Children and Families' proposals to identify further budget savings to address the projected overspend in the directorate, be noted;

(c) That the risk that the budgeted level of Capital receipts, as detailed in exempt appendix 1 to the submitted report, may not be receivable in 2019/20, be noted.

95 Proposed Suitability (Convictions) Policy for Taxi and Private Hire

The Director of Communities and Environment submitted a report that proposed arrangements for the implementation and review of a new Suitability Policy for applicants and licensees of drivers of taxis and private hire vehicles.

In response to a Member's enquiries, it was confirmed to the Board that all the other Licensing Authorities in West Yorkshire together with the City of York had signed up to the this policy. Members also received an update on the work being undertaken with the aim of ensuring that a consistency of approach was taken towards the enforcement of the policy by the relevant Licensing Authorities.

Responding to an enquiry, it was confirmed that Councillors and MPs were not permitted to act as referees for those applying for taxi or private hire licenses in Leeds. With regard to the other Licensing Authorities in West Yorkshire and the City of York, officers undertook to provide the Member in question with further information on the approach taken by those Authorities.

In conclusion, it was acknowledged that Leeds' approach in this area was more robust than some Authorities and given the cross-boundary nature of the issue, the importance of consistency across neighbouring authorities was highlighted. Finally, it was noted that representations would continue to be made to Government regarding the concerns which existed in terms of the national policy in this area.

RESOLVED –

(a) That the contents of the submitted report, be noted;

(b) That the Suitability Policy, as appended to the submitted report, be approved, which is to be implemented by Taxi and Private Hire Licensing within two months of this Executive Board meeting.

CLIMATE CHANGE, TRANSPORT AND SUSTAINABLE DEVELOPMENT

96 Bridgewater Place Wind Monitoring

Further to Minute No. 131, 10th February 2016, the Director of City Development submitted a report providing an update on the wind amelioration scheme undertaken subsequent to the consideration of the matter by the Board in 2016 and which sought a decision by the Board on the recommendation that the high winds protocol be lifted, following receipt of peer reviewed independent expert advice. The report also provided an update on the agreement reached in relation to the further works required to ameliorate the wind hot spots in the private land to the south of Bridgewater Place.

As part of the introduction to the submitted report, the Board's attention was drawn to the expert analysis on the wind conditions following the establishment of the wind mitigation measures. It was noted that the analysis had been carried out on behalf of the Building Owners and had been peer reviewed and validated by an independent wind analyst expert retained to act on behalf of the Council.

On the basis of the expert advice which had been received, the submitted report recommended that the high wind protocol was no longer necessary. However, notwithstanding this recommendation, the Board noted that precautionary safeguarding measures, as detailed in the report, were recommended to be retained, together with further recommendations, again as detailed in the report, regarding the residual hotspot areas.

A Member raised concern regarding the reliance upon expert advice in respect of the recommendation to stop the high wind protocol and suggested that the matter be deferred until the further testing had been carried out on the hot spot area at Back Row. In response, it was highlighted that the Coroner had recommended in 2013 that a road closure protocol be established under specified conditions, until a mitigation scheme had been established and which had been shown to be effective. It was noted that such recommendations had been followed and it was highlighted that the expert advice, which had been peer reviewed and validated, had confirmed that the high wind protocol was no longer needed, with it being acknowledged that although residual hot spots did exist, they did not impact upon the road closure protocol. As such, in determining this matter, the Board was asked to consider the expert advice as detailed within the submitted report, and should they not be minded to agree to the lifting of the protocol, what additional evidence would they require before doing so.

Responding to Members' comments, the Board received further detail on the 3 hot spots which remained, and the actions being taken in these areas.

Also in response to a Member's enquiry, it was confirmed to the Board that on the basis of the peer reviewed expert advice received, there were no longer any safety failure points to the north of the building which failed the Lawson Safety Criteria, which according to the experts was the only measure available to the development industry to assess wind conditions, and on that basis the experts had advised that the area was safe and no different to any other city centre environment. In addition to this, the Director of City Development confirmed that he supported the recommendation in the report to lift the road closure protocol, based upon the peer reviewed expert advice received.

Members considered the options available to them, and in response to comments, officers undertook to ensure that the monitoring of the wind conditions in the affected area would continue, and that Executive Members would be kept informed as appropriate on the outcomes of such monitoring, and also on the actions which were being taken in respect of the hot spot areas, to provide assurance to Members that the mitigation measures continued to be effective.

RESOLVED –

(a) That the updated information in relation to the installation and efficacy of the Wind Amelioration Scheme since this matter was last reported upon, as detailed within the submitted report, be noted;

(b) That the results of the post-installation wind monitoring exercise undertaken and of the expert advice received thereon, as detailed within the submitted report, be noted;

(c) That on the basis of the expert advice which has been received, the Board confirms its agreement that the implementation of the high winds protocol can be stopped, on the expiry of the related Call In period;

(d) That the agreement reached with the owners of Bridgewater Place to seek planning permission and implement the additional structures to ameliorate the wind conditions at the hot spot sites on privately owned land to the south of Bridgewater Place as soon as possible, be noted and supported;

(e) That the minor safety exceedance within the highway at Back Row, as detailed in the submitted report, be noted, with it also being noted that further investigations will be carried out at this location and that if this minor safety exceedance remains unmitigated the Council will seek that the Building Owner takes appropriate remedial action;

(f) That in noting that the monitoring of the wind conditions in the affected area would continue, Executive Members be kept informed, as

appropriate, on the outcomes of such monitoring, and also on the actions which were being taken in respect of the hot spot areas, to provide assurance to Members that the mitigation measures continued to be effective.

(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)

DATE OF PUBLICATION: FRIDAY, 18TH OCTOBER 2019

LAST DATE FOR CALL IN OF ELIGIBLE DECISIONS: FRIDAY, 25TH OCTOBER 2019