

SCRUTINY BOARD (ADULTS, HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 11TH JULY, 2023

PRESENT: Councillor A Scopes in the Chair

Councillors P Alderson, C Anderson,
L Farley, M France-Mir, J Gibson, C Hart-
Brooke, M Iqbal, K Ritchie and E Taylor

Co-opted Member present – Dr J Beal

15 Appeals Against Refusal of Inspection of Documents

There were no appeals.

16 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

17 Late Items

With the agreement of the Chair, there was a formal item submitted as Agenda Item 11 - Leeds Tier 3 Specialist Weight Management Service. This is referenced at minute 24.

18 Declaration of Interests

No declarations of interest were made at the meeting.

19 Apologies for Absence and Notification of Substitutes

Apologies for absence had been received from Councillor S Firth, with Councillor P Alderson substituting.

Apologies had also been received from Councillor W Kidger.

Apologies had also been received from Cllr F Venner as the Executive Member for Children's Social Care and Health Partnerships.

20 Minutes - 13th June 2023

RESOLVED - That the minutes of the meeting held on 13th June 2023, be approved as an accurate record.

21 Matters Arising

Minute 10 – Sources of Work for the Scrutiny Board

Minutes approved at the meeting
held on Tuesday, 12th September, 2023

Members were advised that the Director of Public Health was progressing the Board's request to raise the issue of cannabis use, particularly amongst young people, with the Drug and Alcohol Board and that a briefing paper will be provided to Board Members to help determine whether any further work by the Scrutiny Board is warranted.

It was also confirmed that the Children and Families Scrutiny Board had used its meeting on 5th July 2023 to discuss a briefing paper from Public Health on the issue of vaping amongst children and young people. As a contributor to this meeting, the Chair gave a brief overview of the key issues raised and highlighted that the Children and Families Scrutiny Board will be undertaking further work on this matter via a working group approach that will be arranged after the summer and will also include representation from the Adults, Health and Active Lifestyles Scrutiny Board. The Chair highlighted that this work is to cover 3 key areas – what the Council can do within its own remit; what other partners in Leeds can do (eg Trading Standards); and identifying any national issues where lobbying for change may be needed.

22 Leeds Mental Health Strategy 2020-2025

The report from the Head of Democratic Services presented an update on the delivery of the Leeds Mental Health Strategy 2020–2025.

The following were in attendance:

- Councillor Salma Arif, Executive Member for Adults Social Care, Public Health and Active Lifestyles
- Caroline Baria, Interim Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Tony Cooke, Chief Officer Health Partnerships
- Caron Walker, Chief Officer Consultant Public Health
- Liz Hindmarsh, Programme Manager Transforming Community Mental Health, Leeds & York Partnership NHS Foundation Trust (LYPFT)
- Alison Kenyon, Deputy Director of Service Development, LYPFT

The Executive Member for Adults Social Care, Public Health and Active Lifestyles explained that while mental health strategies largely fell into the remit of the Executive Member for Children's Social Care and Health Partnerships, she would like to provide some introductory comments on her behalf. In doing so, the following points were raised:

- The Leeds Mental Health Strategy 2020- 2025 contributes to the wider Health and Wellbeing Strategy, with a vision for Leeds to be a mentally healthy city for everyone.
- The Strategy has three targeted passions which are to reduce mental health inequalities; improve children and young people's mental health; and improve flexibility, integration and compassionate response of services.
- The Strategy also has eight key priorities, as detailed in appendix 1 of the agenda report.

- Data had shown mental health to be worsening for the population in recent years, particularly over the Covid-19 pandemic, with services experiencing high demand and long waiting lists for referrals.
- Anxiety and depression in school age children and young adults aged 18-25 had increased, which involved issues surrounding gender identity, ADHD and autism.
- Progress was being made by relevant services to improve provision and compassion however, challenges remained with long waiting lists and inequality between demographics.
- The Strategy has an important community grassroots focus and representation.

The Chief Officer Health Partnerships briefly introduced the report and gave an overview of some of the key challenges that the Strategy aims to address. Members were also reminded that the former Scrutiny Board had held a working group meeting on 9th March 2023 to consider the Strategy and in doing so, had particularly recognised the potential benefits linked to the Community Mental Health Transformation Programme. More detailed information on this programme had therefore been provided in the agenda report for Members' consideration.

The Programme Manager Transforming Community Mental Health also explained some of the key aspects of the Community Mental Health Transformation Programme, which included the development of new Integrated Community Mental Health Hubs. These are to be trialed in autumn 2023 in three locations with the aim of scaling them up across Leeds in 2024.

It was highlighted that a large focus of the community mental health model is around supporting people to recover and to continue to live a fulfilling life in their own community. Investment had been made in establishing the role of Community Wellbeing Connectors who will work with people to help them access a range of different types of support in communities. Investment had also been expanded to community-based support through a grant funding scheme being jointly delivered by Forum Central and Leeds Community Foundation. This was aimed at small to medium local organisations who offer support for people with complex and ongoing mental health needs. Details of successful grant bids had been provided in the agenda report.

The Chief Officer Consultant Public Health referred to her role as co-chair of the Mental Health Partnership Board and gave a brief overview of the work being undertaken in relation Priority 1 and Workstream 1 of the Strategy which focuses on targeting mental health promotion and prevention within communities most at risk of poor mental health, suicide prevention and self-harm. As a response to the Covid-19 pandemic, work around supporting community volunteers to improve their resilience for themselves and to better support others was noted. The Leeds Mindful Employers Network also assisted developing a positive approach to mental health at work. Reference was made to the programme of work around reducing suicide and self-harm, along with work to reduce stigma surrounding mental health, with a focus on minority ethnic communities. It was also highlighted that the 'Being You

Leeds' mental wellbeing programme had recently been launched, promoting group work, training and challenging stigma involving many third sector organisations across the city.

In response to questions from Members and subsequent discussion, the following was outlined:

- The backlog for neurodiversity assessments for children was challenging due to the increase in referrals, capacity being overwhelmed, workforce recruitment and retention issues and insufficient funding to meet demand.
- Pilot programmes and initiatives were ongoing to address the children's neurodiversity assessment back log. This involved looking at where support could be provided without the need for formal assessment and diagnosis. However, Members queried whether this approach would restrict access to specific support and funding streams that are linked to a diagnosis. Given the Board's specific interest in this area, the Chair requested that a short briefing paper be provided to Board Members setting out the current scale of the challenge and the actions being taken to try and address this.
- In terms of complex rehabilitation needs, it was highlighted that multiple agencies are often utilised for rehabilitation needs and so a new model of home first or community care was being developed through the Leeds and York Partnerships NHS Foundation Trust with the investment secured for mental illness and learning disabilities for West Yorkshire.
- For people living with learning disabilities and/or neurodiversity the aim is to provide support in the least restrictive environment, which was usually at home. For more extreme cases, Members were assured that current data modelling showed sufficient capacity in hospital beds and that improvements to community provisions would help increase capacity levels even further.
- Complex rehabilitation services were partnered with the third sector, providing complex care packages, including occupational therapy, varied visiting times and assistance for normal life activities as part of the offer. The Community Mental Health Team would then assist once a patient was home.
- People could be self-referred or referred by others to the Community Mental Health Hubs, with response times aiming to be within 5 days.
- Addressing mental health issues for university students was largely done through the Leeds Student Medical Practice in partnership with the Universities and the NHS to tailor care to this specific demographic.
- It was acknowledged that crisis service performance data was not meeting expected or desired targets, which was largely due to workforce recruitment and retention issues.
- A 90-day learning cycle through the Leeds and York Partnership Foundation Trust had made up part of the transformation consultation process. The results were noted to be mixed due the short time scale and ambitious model; it had provided insight into key worker roles, workforce principles and culture changes. Development of the model also included feedback gathered through Local Care Partnerships.

- The Leeds Involving People organisation ran a working reference group which encouraged lived experiences and was comprised of specialists from across the services to address barriers to access for people from different backgrounds.
- It was noted that 80% to 90% of mental health issues were created within communities and so health services alone cannot solve all mental health problems.
- Inadequate housing and exposure to poor social conditions and anti-social behaviour were noted to be common factors linked to people's mental health and wellbeing. Linked to Priority 1 of the Strategy, it was acknowledged that early intervention and preventive measures linked to these factors would have greater lasting impacts and therefore requires investment in local authority core services too.
- Measures for diverting situational mental health issues, leading people to use more adept services were outlined as social prescribing, encouraging good workplace practises and support and reducing inequalities, with specific links made to the Marmot City work.
- Staff shortages were noted across all professional groups. However, there was an aim to reduce spending on agency staff and increase the bank of permanent staff within the system. In terms of funding staff pay increases, it was noted that this would generally need to be found within the service.
- The workforce plans to address low recruitment and retention were outlined, which included the 'refer a friend' scheme; maximising the Apprenticeship Levy; and running recruitment campaigns; all of which had amounted to some success and remain ongoing. It was noted that international recruitment had not been overly successful for mental health service providers.
- Importance was placed on GPs having up-to-date and accurate information surrounding existing demand pressures and waiting times. Work was therefore underway to improve communications with GPs so that they are better informed and can consider the range of options available when considering referrals.
- Members sought further information on the evaluation framework linked to the grant allocations set out in appendix B of the report.
- Members outlined the need for expanded agency involvement within mental health services to support people through accessing Universal Credit and food banks.
- Areas of deprivation had poorer mental health outcomes and the impact of inadequate housing and exposure to alcohol and addiction therefore need to be addressed. The approach of medicalising mental health issues in most instances may not be effective if other protective factors are not also implemented. Societal impacts can undermine mental health services and open, lived experience conversations can improve the wider response to the increasing poor mental health problems in the population.
- As Local Authority services are based on an individual's address and patient services are linked to their registered GP address, Members highlighted that this can sometimes lead to difficulties for those people

who require cross boundary service provisions and therefore emphasised the importance of collaborative working across the region.

In conclusion, the Chair provided a brief recap in terms of the additional information requested by Members and thanked everyone for their valuable contribution to the Board's discussion.

RESOLVED – That the report, along with Members comments and information requests, be noted.

23 Healthy Leeds Plan Refresh

The Head of Democratic Services submitted a report which presented an update from the ICB Accountable Officer (Leeds Place) on the refreshed Healthy Leeds Plan.

The following were in attendance:

- Councillor Salma Arif, Executive Member for Adults Social Care, Public Health and Active Lifestyles
- Caroline Baria, Interim Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Tony Cooke, Chief Officer Health Partnerships
- Catherine Sunter, Head of Population Health Planning, Leeds ICB
- Jo Howard, Population Health Outcomes Development Lead, Leeds ICB

The Head of Population Health Planning and Population Health Outcomes Development Lead presented the report and outlined the following information:

- The plan outlined the Health and Care contribution towards delivery of the Health and Wellbeing Strategy, achieving the ambition that *Leeds will be a caring city for people of all ages, where people who are the poorest improve their health the fastest.*
- The plan was ambitious to improve health goals in line with the system commitments to population needs. This was different from traditional approaches that focus on primary care and point of access.
- There are 9 exclusive segments of population and life stages that will be targeted by the plan, which are children and young people, healthy adults, maternity, long term conditions, cancer, severe mental illness, learning disabilities and neurodiversity, frailty and end of life.
- The draft plan set out within the agenda pack had been considered by the Leeds Committee of the West Yorkshire ICB on 5th July 2023 and due to be considered by the Leeds Health and Wellbeing Board during its meeting on 20th July 2023.
- Comments from the Scrutiny Board, ICB and Health and Wellbeing Board were to be incorporated into the plan.
- The Healthy Leeds Plan consultation had engaged with the public and shaped shared system goals and expected outcomes.

- It was noted that there were too many goals in the original Healthy Leeds Plan and the 2023 plan will be comprised of 2 system goals 'reduce preventable, unplanned care utilisation across health settings' and 'increase early identification and intervention'.
- The plan had taken inspiration from the New York Staten Island system with reduced goals, effective planning and realistic implementation.
- The goals were deemed reflective of the financial climate.
- The broader purpose and next steps of the plan were to contribute to the West Yorkshire Joint Forward Plan and influence local plans to meet regional and national goals. At a West Yorkshire ICB level the Leeds Place plan is unique in terms of its focus on populations which is in line with the Leeds system operating model.
- The small scope of goals gave greater ability for tracking and the actions being undertaken as a system to address the goals will remain under review as part of an annual refresh of the plan.
- All system partners have a role in achieving these system goals. A small number of priority data-led initiatives will be identified. These will in general be delivered through existing governance infrastructure – the relevant Population or Care Delivery Board and Local Care Partnership.
- The progress for goal 1 'reduce preventable, unplanned care utilisation across health settings' will be robustly monitored with target reductions.
- Goal 2 to 'increase early identification and intervention' will be informed via goal 1 data.
- Indices of Multiple Deprivation (IMD) 1 to 10 had been used to determine levels of deprivation for areas across Leeds to identify needs of specific communities.
- Once finalised and published, there will also be an easy-to-read version made available and this will be published at the same time.

In response to questions from Members and subsequent discussion, the following was outlined:

- It was noted the plan will focus on maximising the Leeds pound through engagement with the Population and Care Delivery Boards to strive for allocative efficiency. As the Scrutiny Board continues to monitor delivery of the plan, the Chair also emphasised the importance of maintaining an oversight of how well local NHS and local authority funding is being fully maximised, including cost sharing provisions.
- It was outlined that IMD1 populations had more unplanned care and IMD10 was predominately planned care. This model will not ignore the pockets of deprivation in the more affluent wards, as lessons can be learnt from IMD1 and feed out to other areas with the overall aim for improved services for everyone.
- Differences were noted between the healthcare systems of England and Staten Island, however, the process of the health led approach and focus on wider determinants and division of areas was appropriate and effective.
- The projections, detailed from page 71 of the report, were expectations of unplanned system utilisation alongside population growth and aimed

to be realistic and then add targets for less unplanned care with further data to be shared back to the Board if improved from the projections.

- The recruitment aims, detailed on page 114 of the report, were explained as being developed against NHS England national priority indicators and the GP recovery plan, and would consist of 515 full time equivalent staff for Leeds which can be appointed specifically to meet needs, such as social prescribers or ambulance staff.
- Data comparing current Leeds GP full time equivalent employment figures with that from 5 years was agreed to be compiled and the Chair advised that this can form part of the report that is expected for the Board's September meeting around improving access to General Practice.
- More GPs will be needed to be proportional to future population increases. It was noted various schemes such as the GP recovery plan identified how staff are best utilised, primary care was best for complex, long term needs, and preventative public health measures should limit unplanned care forecasts.
- Collective challenge was impacted by the rise in demand and needs of the population, services had to prioritise backlogs so proactive, preventative methods in the community needed to be targeted to relieve pressure from the care system.
- A streamlined approach was needed to pull services up together for any future technological developments, including Artificial Intelligence (AI). Various digital initiatives were outlined to be working towards this including the Academic Health Partnership; however, it was noted to be at an early stage of development with challenges including GDPR and access.
- Technological developments should have people and community as a priority to ensure trust and access and AI should not be implemented too fast as services are mostly utilised by older people. It was noted a watching brief should be kept over emerging technology in the system by the Board.
- It was highlighted that a number of the targets set out in the plan were reflected of those set out in the overarching Joint Forward Plan developed by the West Yorkshire ICB.
- Each Population and Care Delivery Board has an outcomes framework along with outcomes measures that they are accountable for delivering. It was agreed these would be shared with the Board. Population and Care Delivery Boards are responsible for advising the Health and Care system in how to improve outcomes, experience and make a better use of resources for their population.

In conclusion, the Chair thanked everyone for their contributions and requested that the Board's comments and requests for information be noted.

RESOLVED - That the report, along with Members comments and information requests, be noted.

24 Leeds Tier 3 Specialist Weight Management Service

The Board was reminded that the Chair had requested that senior NHS and Public Health representatives met urgently with Members of the Scrutiny Board in accordance with its Health Service Developments Working Group approach to provide clarity surrounding a decision to cease referrals into the Leeds Tier 3 Specialist Weight Management Service from 1st July 2023 and to allow the Scrutiny Board to share its views regarding the implications of that decision.

This working group meeting took place on 28th June 2023 and was attended by senior representatives from Public Health, the Leeds Health and Care Partnership and the Leeds Community Healthcare NHS Trust.

A summary of the main issues raised during the working group, along with key conclusions and recommendations, had been captured in the form of a draft Statement of the Scrutiny Board and with the agreement of the Chair, this had been added to the meeting agenda as a late item of business for consideration and agreement by the Board.

RESOLVED – That the appended draft Statement of the Scrutiny Board in relation to the Leeds Tier 3 Specialist Weight Management Service, be approved.

25 Work Schedule

The Head of Democratic Services submitted a report that presented the Board's latest work schedule for the forthcoming municipal year. The Chair explained that a number of key areas of interest were raised during the Board's last meeting and that efforts had therefore been made to try and reflect as many of these as possible into the work schedule while also ensuring that it remained manageable.

Discussions from Board Members included the following:

- The Chair highlighted that the Public Health Annual Report would now be brought forward to the Board's September meeting.
- The Chair advised that the work item around access to dental services would likely be considered via a working group approach.
- A request was made for the Board to explore the current position in relation to local renal services and to evaluate the impact of an earlier Scrutiny review into this service area.

RESOLVED – That the Scrutiny Board's work schedule for the 2023/24 municipal year, along with Members comments, be noted.

26 Date and Time of Next Meeting

RESOLVED – To note the next meeting of the Adults, Health and Active Lifestyles Scrutiny Board is scheduled for Tuesday, 12th September 2023 at 1:30pm (pre meeting for all Board Members at 1:00pm)

