

## **SCRUTINY BOARD (ADULTS, HEALTH & ACTIVE LIFESTYLES)**

**TUESDAY, 9TH JULY, 2024**

**PRESENT:** Councillor A Scopes in the Chair

Councillors C Anderson, E Bromley,  
L Buckley, M France-Mir, J Gibson,  
W Kidger, K Ritchie, A Rontree and  
E Taylor

Co-opted Member present – Jane Mischenko

### **13 Appeals Against Refusal of Inspection of Documents**

There were no appeals.

### **14 Exempt Information - Possible Exclusion of the Press and Public**

There were no exempt items.

### **15 Late Items**

There were no late items.

### **16 Declaration of Interests**

No declarations of interests were made at the meeting.

### **17 Apologies for Absence and Notification of Substitutes**

Apologies for absence had been received from Councillor C Hart-Brooke.

### **18 Minutes - 18th June 2024**

**RESOLVED** - That the minutes of the meeting held on 18<sup>th</sup> June 2024, be approved as an accurate record.

### **19 Community Mental Health Transformation and Crisis Transformation Programmes.**

The Head of Democratic Services submitted a report which presented a briefing paper by the Leeds Health and Care Partnership on progress made with the Community Mental Health Transformation (CMHT) and Crisis Transformation programmes.

The following were in attendance:

- Councillor Fiona Venner, Executive Member for Equality, Health and Wellbeing
- Councillor Salma Arif, Executive Member for Adult Social Care, Active Lifestyles and Culture
- Caroline Baria, Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- Eddie Devine, Programme Director (Mental Health, Learning Disabilities and Neurodiversity), ICB in Leeds
- Alison Kenyon, Deputy Director of Service Development, Leeds and York Partnership NHS Foundation Trust
- Helen Thurston, Interim Programme Manager, Community Mental Health Transformation, Leeds and York Partnership NHS Foundation Trust
- Dr Jamie Pick, Clinical Director, Leeds and York Partnership NHS Foundation Trust
- Debbie Thrush, Clinical Lead for Working Age Adults, Community Mental Health Transformation
- Claire Nixon, Development Manager, Forum Central

The Chair explained that while the Adults, Health and Active Lifestyles Scrutiny Board has previously monitored the development and general delivery of the Leeds Mental Health Strategy, the Board was keen to receive a more detailed update surrounding these two specific Strategy workstreams.

The Chair then invited the representatives of the Leeds Health and Care Partnership to provide a brief overview of their briefing paper, which was presented in the form of a PowerPoint presentation and included the following key points:

- The vision of the Community Mental Health Transformation (CMHT) programme is to re-shape the care offer for adults and older people with complex and ongoing mental health needs, typically referred to as 'Severe Mental Illness' or 'SMI'.
- This new model of care aims to respond to local populations' needs and remove barriers so that people can access care, treatment and support as early as possible and also live as well as possible in their communities.
- The model design has been informed by a wide range of partner organisations and people with lived experience, including carers.
- The new model will operate in Integrated Community Mental Health 'Hubs' which are aligned to Local Care Partnerships (LCPs).
- In moving from model design to testing and delivery, 'Early Implementer' Integrated Community Teams were established from March 2024 across 3 LCPs.
- Some of the key changes are linked to expanding community-based support and involves the introduction of new roles, which include Community Wellbeing Connectors; Peer Support Workers; and Key Workers. The model also includes the co-location of teams 'anchor days', to facilitate improvements in multidisciplinary working and provide a sense of belonging for the team.

- Examples of feedback/quotes made by staff within the early implementer teams were shared as part of the presentation, including feedback from a recent visit made by the Health Services Safety Investigations Body (HSSIB).
- Throughout the remainder of 2024 and into 2025, work will continue in terms of evaluating and learning from the wave 1 Early Implementor teams, with the aim of embedding and scaling up to the second and third wave of LCPs.
- Healthwatch have also been commissioned to undertake community engagement in preparation for phase 2 mobilisation.
- An overview of the mobilisation and evaluation timeframe was shared as part of the presentation.
- An overview of the seven Crisis Transformation programme workstreams was provided as part of the presentation, with each one aimed at addressing the existing challenges around accessing crisis services.
- Particular reference was made to the introduction of the NHS 111 Crisis Line, which went live in Leeds at the end of April 2024.
- It was acknowledged that both the CMHT and Crisis programmes are interdependent in the delivery of an integrated primary-community mental health transformed model of care for Leeds.

The Executive Member for Equality, Health and Wellbeing provided further comment and reflected on her own experience of working in mental health crisis services for many years. Reference was made to the national 'Mental Health Crisis Care Concordat', published in 2014, which gave a commitment at that time to improve outcomes for people experiencing mental health crisis and to also put mental health on a par with physical health. However, the Executive Member reiterated some of the demand pressures and challenges that continue to impact services both locally and nationally.

Given the impact of trauma and adversity on people's mental health, the shift towards a more 'trauma informed' approach was welcomed in terms of professionals exploring what has happened in a person's life when considering support needs, rather than just questioning what is wrong with the individual. The Executive Member welcomed the Scrutiny Board's commitment to continue monitoring progress given the importance placed on delivering timely, effective and compassionate mental health crisis services.

During the Board's discussions, the following issues were also raised:

- *Use of language and terminology* – The Board sought further clarification surrounding some of the terminology being used, including 'Serious Mental Illness' (SMI), 'Trauma Informed Approach' and distinctions between acute and crisis services. Members were advised that although the use of such language and terminology is mandated by NHS England, it can sometimes be unhelpful when developing a model of care that is based around the principle of inclusivity as opposed to exclusions/criteria.
- *Maximising the role of the Third Sector* – The Board was advised of the work being undertaken to establish a Voluntary, Community and Social Enterprise (VCSE) alliance model that aims to reduce the number of

- individual contracts held by the ICB with VCSE at the same time as strengthening the position of the sector as a key pillar of community mental health transformation. Reference was also made to transformation grants funding scheme, delivered in partnership by Forum Central and Leeds Community Foundation, which distributed £628,000 of grant funding to 24 small to medium community organisations with the aim of increasing community-based support for people with complex mental health needs.
- *Capturing the voice of 'easy to ignore' groups* - The Board supported the use of this phrase and welcomed the efforts being made to design and deliver services that are responsive to the needs and characteristics of different groups and communities and help reduce inequalities in access, experience and outcomes.
  - *Referrals and targets linked to Community Crisis* – Members acknowledged the high referral rates into community crisis support across LYPFT crisis provision and Oasis crisis house and discussed actions needed to help improve performance in relation to the 4 hours and 24 hours assessment targets.
  - *Engaging with carers* – The Board was pleased to note the active engagement and involvement of carers in both transformation programmes, including direct input from Carers Leeds.
  - *Supporting people with learning disabilities* – Members were advised that the model aims to ensure that care is accessible to everyone irrespective of disabilities, deprivation, ethnicities and other barriers to access and while there has not been a specific focus on people with learning disabilities, there has been detailed work regarding neurodiversity given the high suicide rates among neurodiverse individuals in the UK.
  - *Focusing on children and young peoples transitions* – While the CMH Transformation programme is primarily targeted at adults with complex mental health needs, the Board was pleased to learn that it will also incorporate improving access and pathways for young adults in transition from Children and Young Peoples services. Members were advised that focused work around this specific cohort is at the early stages of development, with a workshop planned in September 2024. In acknowledging the role of Elected Members as Corporate Parents, Members were pleased to note that care leavers would be factored into the scope of this work too. While acknowledging that this scoping work is linked specifically to the new transformation programme that is dealing with complex mental health cases, there was a shared frustration in terms of the pace of improvement surrounding transitions in general.
  - *Access to estates* – As the CMHT programme moves into phase 2, the Board discussed the work being undertaken to identify and address infrastructure needs, particularly in terms of access to appropriate estates. Linked to this it was noted that the medium to long term vision is to utilise more community buildings where individuals tend to feel more comfortable accessing services.
  - *Measures of success* – Members discussed measures of success linked to the CMHT programme. Particular reference was made to tracking numbers of people admitted to acute beds that are unknown/not accessing community services as a proxy measure for effectiveness of proactive community intervention in avoiding hospital admission.

- *NHS 111 crisis service* – It was acknowledged that the communication surrounding the introduction of this new service was not as expected. Members were advised that action is currently being taken to make further improvements to this service and that any changes will be communicated more effectively. The Board requested to receive data on the NHS 111 mental health service response times so that this can also be monitored as part of future updates.
- *Independent advocates* – Members emphasised the importance of patients having timely access to independent advocacy services and were advised that this is generally provided by the Third Sector and that demand levels may have impacted waiting times.
- *Symptoms of menopause* – The Board was pleased to learn that there is greater recognition of the mental health links associated with the symptoms of menopause and that this has led to initial discussions around developing a specific training programme to help identify and assist those with symptoms.
- *Staff engagement and feedback* – The Board welcomed the positive feedback reported by staff in relation to the new CMHT model and were advised that while staff feedback had also been collated in relation to the Crisis Transformation work, different engagement mechanisms had been applied. It was agreed that future updates to the Board would include more detailed information around staff feedback in relation to the Crisis Transformation work.
- *The impact of health inequalities* – The Director of Public Health reminded Members that the prevalence of Severe Mental Illness (SMI) for 18+ (per 100,000) is a key performance indicator in terms of population health outcomes for Leeds. With an estimated 8,000 adults on the SMI register in Leeds, the latest SMI performance figures reported to the Scrutiny Board last month also highlighted the disparity between the most and least deprived areas. The Board was therefore pleased to note that ‘reducing health inequalities’ is identified as a key outcome indicator linked to the CMHT programme. In recognition that similar disparities also exist in relation to adults with less severe and more common mental health issues, importance was again placed on tackling health inequalities in general.

The Chair thanked everyone for their valuable contributions and reiterated the Board’s commitment to continue tracking progress surrounding this important area of work.

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

## 20 Community Health and Well-being Service

The Director of Adults and Health submitted an update report surrounding the development and mobilisation of the Community Health and Well-being pilot service.

The following were in attendance:

- Councillor Fiona Venner, Executive Member for Equality, Health and Wellbeing
- Councillor Salma Arif, Executive Member for Adult Social Care, Active Lifestyles and Culture
- Caroline Baria, Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- Kate Sibson, Commissioning Programme Manager, Adults and Health

The Chair invited the Executive Member for Adult Social Care, Active Lifestyles and Culture, Director of Adults and Health and the Commissioning Programme Manager to highlight key aspects of the report. In summary, the following points were made:

- The Community Health and Wellbeing Service (CHWS) is a transformational approach to delivering health and care services at home, delivered by a collaborative partnership of contracted providers working together on a neighbourhood basis.
- The new service model aims to achieve four key outcomes; A reduction in turnover of care workers; Improvement in continuity of care worker and therefore customer satisfaction; Improvement in service users' social connections; and Improvement in health and well-being through preventative approaches.
- It is being piloted in Bramley and Stanningley, Armley, Farnley and Wortley and will support approximately 200 people and represents about 8% of the total home care commissioning budget.
- The specification of the service has been developed over the last 18 months and informed by people who use home care services, their families, informal carers, key Third Sector organisations, care staff, care providers, social care professionals, trade unions and NHS colleagues.
- As well as a commitment to pay the Real Living Wage, another key benefit of the new service model is enabling care workers to be paid a salary for a block of hours. This will allow them to use their time more flexibly and fill gaps between calls to provide additional support where needed.
- Leeds Community Healthcare NHS Trust (LCH) are jointly commissioning the new service with the Council. The Neighbourhood Team will delegate visits to providers for tasks already within the skillset of care workers. The aim is to expand to more complex tasks backed up by enhanced training, career development, clinical oversight and robust governance.
- Following the tendering process, Be Caring and Springfield will be the two providers who will trial delivering the Community Health and Wellbeing Service.
- A three-month mobilisation period was put in place following the contract award. As such, the pilot is due to start on 9th September 2024.
- The pilot will run for 18 months with a key stock take at 12 months to review success or not against the stated objectives and outcomes. York Consulting Ltd will also undertake an independent evaluation of the service against the stated objectives and desired outcomes.

During the Board's discussions, the following issues were also raised:

- *Delivering person-centred care* – Members discussed the benefits of the new service model in terms of having greater flexibility to deliver support in a more personalised, outcome focused and person-centred way as it will involve a three-way meeting between the social worker, provider and the individual in terms of informing and designing an appropriate package of care that will also remain flexible in terms of meeting their ongoing needs.
- *Staff benefits* – The Board also discussed the key benefits of the new service model for staff in terms of moving away from commissioning on a “time and task” basis, reducing/ eliminating zero-hour contracts, paying for whole shift and also developing career pathways. It was also acknowledged that TUPE will be offered for eligible staff working for outgoing providers.
- *Citizens Panel* – Members were pleased to note that the citizens panel commissioned by Healthwatch continues to meet to support the mobilisation plans and implementation, including collaborating on the care worker training programme and reviewing all resident letters.
- *Learning from other local authorities* – Members discussed the learning drawn from Bradford City Council who recently undertook a similar transfer process. It was reported that since completing the transition to their new contracts, waiting lists have reduced, complaints are down and relationships are much improved between providers and the social work / contract teams.
- *Affordability of the new service model* – Based on 2024/25 figures, it was acknowledged that the total cost of the new service is £0.3m more than a traditional home care service. Members were advised that the aim is to be cost neutral by closely monitoring delivery hours and allowing adjustments to right size packages and allowing visits shorter than 30 minutes if appropriate and requested by the individual. Members were also informed that financial monitoring will be ongoing, and a full financial evaluation will be completed at 12 months to establish whether the new model is sustainable ahead of the recommissioning of citywide services. This will also include savings for LCH and the wider NHS by reviewing the impact on hospital admissions and discharges under the new model.
- *National expectations* – In anticipation of a national social care workforce strategy being published shortly, Members were informed that the Council has already been liaising closely with the Department for Health and Social Care (DHSE) regarding the principles and desired outcomes surrounding this new service model and how it also aligns with the objectives of the Home First Programme.

In conclusion, the Chair thanked everyone for their contributions and reiterated the Scrutiny Board’s support for the new service model, as well as its commitment to continue monitoring progress.

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

## 21 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.

**RESOLVED** – That the Scrutiny Board's work schedule for the 2024/25 municipal year, along with Members comments, be noted.

## **22 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, 10<sup>th</sup> September 2024 at 1:30pm (pre-meeting for all Board Members at 1.00 pm)