

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

---

Meeting to be held in Civic Hall, Leeds, LS1 1UR on  
Tuesday, 9th July, 2024 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;
E Bromley	-	Horsforth;
L Buckley	-	Alwoodley;
M France-Mir	-	Moortown;
J Gibson	-	Cross Gates and Whinmoor;
C Hart-Brooke	-	Rothwell;
W Kidger	-	Morley South;
K Ritchie	-	Bramley and Stanningley;
A Rontree	-	Kirkstall;
A Scopes (Chair)	-	Beeston and Holbeck;
E Taylor	-	Chapel Allerton;

#### **Co-opted Member (Non-voting)**

Co-Chair of Healthwatch Leeds\*

**Note to observers of the meeting:** We strive to ensure our public committee meetings are inclusive and accessible for all. If you are intending to observe a public meeting in-person, please advise us in advance by email ([FacilitiesManagement@leeds.gov.uk](mailto:FacilitiesManagement@leeds.gov.uk)) of any specific access requirements, or if you have a Personal Emergency Evacuation Plan (PEEP) that we need to take into account. Please state the name, date and start time of the committee meeting you will be observing and include your full name and contact details.

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

<https://democracy.leeds.gov.uk/ieListDocuments.aspx?CId=1090&MId=12660>

---

\* Jane Mischenko or Jonathan Philips will be in attendance as a Co-Chair of Healthwatch Leeds

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

Produced on Recycled Paper

# A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p><b>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</b></p> <p>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).</p> <p>(* 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).</p>	
2			<p><b>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</b></p> <ol style="list-style-type: none"> <li>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.</li> <li>2. To consider whether or not to accept the officers recommendation in respect of the above information.</li> <li>3. If so, to formally pass the following resolution:-</li> </ol> <p><b>RESOLVED</b> – 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:</p> <p><b>No exempt items have been identified.</b></p>	

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 INTERESTS**

To disclose or draw attention to any interests in accordance with Leeds City Council's 'Councillor Code of Conduct'.

5

### **APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES**

To receive any apologies for absence and notification of substitutes.

6

### **MINUTES - 18TH JUNE 2024**

5 - 12

To approve as a correct record the minutes of the meeting held on 18<sup>th</sup> June 2024.

7

### **COMMUNITY MENTAL HEALTH TRANSFORMATION AND CRISIS TRANSFORMATION PROGRAMMES.**

13 - 34

To receive a report from the Head of Democratic Services which presents a briefing paper by the Leeds Health and Care Partnership on the Community Mental Health Transformation and Crisis Transformation Programmes.

8

### **COMMUNITY HEALTH AND WELL-BEING SERVICE**

35 - 44

To receive a report from the Director of Adults and Health surrounding the development and implementation of the new Community Health and Well-being service pilot.

9

### **WORK SCHEDULE**

45 - 66

To consider the Scrutiny Board's work schedule for the 2024/25 municipal year.

**DATE AND TIME OF NEXT MEETING**

Tuesday, 10<sup>th</sup> September 2024 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.

**Webcasting**

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

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

TUESDAY, 18TH JUNE, 2024

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

Councillors C Anderson, H Bithell,  
E Bromley, L Buckley, M France-Mir,  
C Hart-Brooke, W Kidger, K Ritchie and  
E Taylor

Co-opted Members present – Jane Mischenko and Jonathan Phillips

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

There were no appeals.

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

There were no exempt items.

### **3 Late Items**

There were no late items.

### **4 Declaration of Interests**

No declarations of interests were made at the meeting.

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

Apologies for absence had been received from Councillor J Gibson and Councillor A Rontree, with Councillor H Bithell attending as a substitute for Councillor Rontree.

### **6 Minutes - 12th March 2024**

**RESOLVED** - That the minutes of the meeting held on 12<sup>th</sup> March 2024, be approved as an accurate record.

### **7 Co-opted Members**

The Head of Democratic Services submitted a report regarding the appointment of co-opted members to the Scrutiny Board (Adults, Health and Active Lifestyles) in line with the arrangements detailed in the Council's Constitution.

Members of the Board were reminded of the longstanding positive working relationship with Healthwatch Leeds in terms of appointing a non-voting co-opted member onto the Scrutiny Board. The Chair then paid tribute to the valuable contribution made by Dr John Beal who had filled this position over the last 10 years as the former Chair of Healthwatch Leeds. It was agreed that the Chair would also write to Dr Beal to relay the Board's thanks and best wishes for the future.

The Chair explained that for the current municipal year, Healthwatch Leeds have requested that this position be shared by the two Co-Chairs of Healthwatch Leeds (Jane Mischenko and Jonathan Phillips) as this approach will help to secure representation at each Board meeting. In welcoming the attendance of both Co-Chairs to the Board's June meeting, the Chair invited them to formally introduce themselves to the Board.

**RESOLVED –**

(a) That the Chair writes to Dr John Beal to relay the Board's thanks for his valuable contribution to the work of Scrutiny over the last 10 years as the Scrutiny Board's Healthwatch Leeds representative.

(b) That the Healthwatch Leeds non-voting co-opted member position on the Adults, Health and Active Lifestyles Scrutiny Board be shared by the two Co-Chairs of Healthwatch Leeds (Jane Mischenko and Jonathan Phillips) for the 2024/25 municipal year.

**8 Scrutiny Board Terms of Reference**

The Head of Democratic Services submitted a report which presented the Scrutiny Board's terms of reference for Members information.

Appendix 3 of the report particularly helped to give an overview of how each of the council's five individual Scrutiny Boards for the year had been aligned to Officer Delegated Functions and Executive Portfolios.

**RESOLVED –** That the Scrutiny Board's terms of reference, be noted.

**9 Local Authority Health Scrutiny**

The Head of Democratic Services submitted a report associated with the discharge of the Boards special responsibility to fulfil the council's statutory health scrutiny function and scrutinising any matter relating to the planning, provision, and operation of local health services.

The Scrutiny Board (Adults, Health and Active Lifestyles) had been assigned to fulfil the council's statutory health scrutiny function and so the report presented further information and guidance to assist the Board in undertaking this specific role. In particular, Members were signposted to the new guidance document: Local Authority Health Scrutiny: Guidance to support local authorities and their partners to deliver effective health scrutiny (DHSC,

Draft minutes to be approved at the meeting  
to be held on Tuesday, 9th July, 2024

2024), which was published on 9th January 2024 and replaces/supersedes guidance of the same name published in June 2014.

Members were also presented with draft Terms of Reference for the Health Service Developments Working Group, which aims to provide a forum for health partners to present proposed service changes or developments at an early stage to help determine the level of engagement and/or consultation with the Scrutiny Board.

The report also provided details of the West Yorkshire Joint Health Overview and Scrutiny Committee and sought the Board's nomination for two members to serve as the Board's representatives on the Joint Committee for 2024/25.

### **RESOLVED –**

- (a) That the content of this report be noted.
- (b) That the re-establishment of the Health Service Developments Working Group, in line with the Terms of Reference as presented at Appendix 1, be agreed.
- (c) That Councillor A Scopes (Chair of the Board) and Councillor C Anderson be appointed as the Board's representatives to serve on the West Yorkshire Joint Health Overview and Scrutiny Committee (JHOSC) for the municipal year, 2024/25.

## **10 Sources of work and draft work schedule for 2024/25**

The Head of Democratic Services submitted a report regarding the potential sources of work for the Scrutiny Board. The following information was appended to the report for Members' consideration:

- Appendix 1: Best City Ambition (2024 update)
- Appendix 2: Leeds Health and Wellbeing Strategy 2023-2030
- Appendix 3: Healthy Leeds Plan 2023 – 2028 (Summary Document)
- Appendix 4: Draft AHAL Scrutiny Board Work Schedule for 2024/25

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
- Tim Fielding, Deputy Director of Public Health
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- Jane Walne, Chief Officer Operations and Active Leeds
- Steve Baker, Head of Active Leeds
- Tim Ryley, ICB Accountable Officer (Leeds Place)
- Sara Munro, Chief Executive, Leeds and York Partnership NHS Foundation Trust

- James Goodyear, Director of Strategy, Leeds Teaching Hospitals NHS Trust
- Selina Douglas, Chief Executive, Leeds Community Healthcare NHS Trust
- Sam Prince, Executive Director of Operations, Leeds Community Healthcare NHS Trust

The Chair invited those present to introduce themselves and to outline key issues and potential areas of work for the Scrutiny Board to undertake during the current municipal year.

The Chair also invited Board Members to raise any questions and share their views on potential areas of work for the Scrutiny Board to undertake this year.

In summary, the following potential areas of work were raised:

- Reviewing the local impact of future national health related policies post General Election, with regular briefings being facilitated by the ICB Accountable Officer (Leeds Place).
- Exploring and addressing barriers to physical activity in the most deprived areas of the city, as well as for people with disabilities.
- Receiving the latest Public Health Annual Report.
- Maintaining an overview of progress in delivering the budgeted savings and efficiency/investment measures within the Adults and Health and Active Leeds service areas for 2024/25.
- Tracking delivery of the Community Mental Health Transformation and Crisis Transformation Programmes.
- Reviewing methods to help increase the take up of direct payments, to be considered within the broader context of the Council's Personalisation Offer.
- Following up on the Board's earlier discussions in September 2023 in terms of reviewing access to General Practice.
- Seeking assurances around the Leeds Health and Care System Resilience and Winter Planning.
- Continuing to review workforce challenges impacting on health and care service delivery in Leeds.
- Undertaking a whole systems review aimed at tackling neurodiversity assessment waiting lists for children and adults.
- Seeking assurance surrounding the Council's preparations linked to the new Care Quality Commission (CQC) assessment framework.
- Reviewing how all partners are contributing towards tackling health inequalities, including progress in delivering the Marmot City programme and relevant workstreams within the Healthy Leeds Plan, as well as exploring any accumulative consequential impacts of existing cost improvement measures across health and social care.
- Following up on the Board's earlier discussions in March 2024 around tackling obesity and supporting healthy weight and active lifestyles.
- Continuing to monitor the Home First Programme in terms of achieved outcomes and proposed next steps, including a focus around improving system flows and admission avoidance measures.
- Monitoring progress regarding the joint bid for intermediate care beds.



- Reviewing local actions to tackle NHS waiting times, to include specific consideration of elective care/treatment wait times.
- Exploring actions aimed at improving unplanned/urgent care systems and patient flows.
- Monitoring progress surrounding the new Leeds Children's hospital.

Reference was made to the draft work schedule presented at Appendix 4 of the report, which reflected known items of scrutiny activity, such as performance and budget monitoring, as well as other identified areas of work recommended by the former Scrutiny Board to pursue in this new municipal year.

While acknowledging that some of the suggested areas of work raised during this meeting are already reflected within the draft work schedule, the Chair explained that he would work with the Principal Scrutiny Adviser to consider how best to prioritise and incorporate other identified areas of work into the work schedule with a view to bringing an updated version to the Board's next meeting for consideration and approval.

**RESOLVED** – That the Chair works with the Principal Scrutiny Adviser to consider how best to prioritise and incorporate identified areas of work into the work schedule with a view to bringing an updated version to the Board's next meeting for consideration and approval.

## 11 Performance Update

The joint report submitted by the Director of Adults and Health, the Director of Public Health and the Director of City Development provided an overview of outcomes and service performance related to the Council and city priorities within the remit of the Adults Health and Active Lifestyles Scrutiny Board.

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
- Tim Fielding, Deputy Director of Public Health
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- Jane Walne, Chief Officer Operations and Active Leeds
- Steve Baker, Head of Active Leeds
- Rob Wood, Head of Intelligence and Performance, Adults and Health

In consideration of the report, the Board discussed a number of matters in more detail, across Adult Social Care, Public Health and Active Lifestyles, including the following:

### Public Health

Draft minutes to be approved at the meeting  
to be held on Tuesday, 9th July, 2024

- *Infant mortality rates* – Members were advised that the IM rate in Leeds, which is calculated by dividing the number of deaths in children under one per 1000 live births, is highest for both the most and least affluent deciles. With the risk of infant death typically increasing with greater levels of maternal deprivation, the Board discussed possible factors surrounding the higher rates found in the most affluent cohort. However, Members noted the difficulty in drawing definitive conclusions given that IM rates are generally very small but were assured that the Council is continuing to monitor the data closely.
- *Vaccine hesitancy* – Members discussed the potential use of key performance data to help alleviate concerns and address vaccine hesitancy.
- *Childhood obesity* – In recognition that children with obesity are very likely to be adults with obesity, importance was placed on continuing to reduce existing levels of childhood obesity.
- *NHS health checks* – The Board welcomed the significant increase in the uptake of NHS health checks that are offered to people aged 40-74yrs and particularly for those prioritised to be most at risk.

#### Adult Social Care

- *Rate of care home admissions for people aged 18-64* – Members were advised that the increased admission rate for this cohort primarily relates to individuals with a learning disability being admitted to residential rather than nursing homes. The Board discussed contributing factors linked to the increased rate and were also assured of processes in place within the service to help identify appropriate supported living arrangements for these individuals.
- *The care and support market in Leeds* – The Board was advised that while the role of the care and support market in Leeds remains a key factor, it does not feature as a reported performance measure. However, Members were assured that it is considered and monitored by the Leeds Safeguarding Adults Board in accordance with its governance role.
- *Acknowledging the vital role of the Third Sector* – Members were advised that while prevention and early intervention measures do not feature as performance indicators within the reporting framework for adult social care, the vital role of the Third Sector in this regard continues to be valued and maximised by the Council.
- *Direct Payments* – The Board briefly discussed some of the possible barriers impacting the take-up of Direct Payments and agreed to explore this in more detail as part of its work programme.

#### Active Lifestyles

- *Levels of inactivity* – With levels of inactivity in the city remaining highest in the most deprived areas, Members supported the need to better understand the barriers to physical activity within these communities, including environmental factors. The Chair suggested that this forms part of the Board's commitment to follow up on its earlier work around supporting healthy weight and active lifestyles.

- *Get Set Leeds Local* – Members praised the positive work of the Get Set Leeds Local team in supporting multiple community projects that cover a wide range of physical activities to local residents. The Board also welcomed plans to continue expanding this work to other communities.

The Chair thanked the Executive Members and Officers for their ongoing work.

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

## **12 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, 9<sup>th</sup> July 2024 at 1:30pm (pre-meeting for all Board Members at 1.00 pm)

This page is intentionally left blank

## Community Mental Health Transformation and Crisis Transformation Programmes.

Date: 9<sup>th</sup> July 2024

Report of: Head of Democratic Services

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

Will the decision be open for call in?  Yes  No

Does the report contain confidential or exempt information?  Yes  No

### Brief summary

- Being a mentally healthy city for everyone is a vision set out in the Leeds Health and Wellbeing Strategy. To achieve this vision, a Leeds Mental Health Strategy (2020-2025) was developed. This is for all ages and aims to ensure that activity across children's and adult services, across both prevention and treatment and in community settings and hospitals, can be better aligned and have the greatest impact on people's lives.
- Last year the Scrutiny Board had considered the 2022 updated version of the Strategy detailing the three passions, five outcomes and eight priorities linked to achieving the overall vision of Leeds being a mentally healthy city for everyone. Given the changing context of the Strategy, particular attention was drawn to the three additional workstreams that had been added since 2020. These are focused on 'Covid Recovery', 'Transforming Community Mental Health Services' and 'Redesigning Crisis Services' and have important connections to all eight priorities as well as being vital ways in which to achieve the five outcomes and three passions.
- Having previously monitored the development and delivery of the Leeds Mental Health Strategy (2020-2025) in general, the Adults, Health and Active Lifestyles Scrutiny Board agreed to utilise its July 2024 meeting to focus its attention on the Community Mental Health Transformation and Crisis Transformation Programmes.
- A briefing paper has therefore been produced by the Leeds Health and Care Partnership and is appended to this report for the Board's consideration.

### Recommendations

Members are requested to consider and provide any comment on the appended briefing paper by the Leeds Health and Care Partnership.

## What is this report about?

- 1 Having previously monitored the development and delivery of the Leeds Mental Health Strategy (2020-2025) in general, the Adults, Health and Active Lifestyles Scrutiny Board agreed to utilise its July 2024 meeting to focus its attention on the Community Mental Health Transformation and Crisis Transformation Programmes.
- 2 A briefing paper has therefore been produced by the Leeds Health and Care Partnership for the Board's consideration (see Appendix A).

## What impact will this proposal have?

- 3 The appended briefing paper provides an update on progress across two of the three cross cutting workstreams within the All-Age Mental health Strategy. The successful implementation of these workstreams is central in delivering the outcomes within Leeds All-Age Mental Health Strategy across the identified priorities to achieve the city strategic ambition. Community mental health and crisis transformation are also mandated national NHS policy directives and is also one of the six core priorities set out in the Leeds Health and Care Partnership Healthy Leeds Plan to contribute to achieving the core strategic goal of reducing unplanned care.
- 4 The prevalence of severe mental illness (SMI) for 18+ (per 100,000) is also a key performance indicator in terms of population health outcomes for Leeds and forms part of the Public Health bi-annual performance report to the Scrutiny Board. At the Scrutiny Board's meeting on 18<sup>th</sup> June 2024, it was reported that the SMI rate for Leeds in Q4 2023/24 was 1,308.5 per 100,000. Although the overall trend was reported to be stable, the disparity between the most and least deprived areas was notable, as the rate for people living in the most deprived areas was 1,942.4 compared to a rate of 665.5 for those in the least deprived areas.

## How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing

Inclusive Growth

Zero Carbon

- 5 Being a mentally healthy city for everyone is a vision set out in the Leeds Health and Wellbeing Strategy and the Leeds Mental Health Strategy (2020-2025) was developed with the aim of achieving this vision.

## What consultation and engagement has taken place?

Wards affected:

Have ward members been consulted?

Yes

No

- 6 In tracking the development and delivery of the Leeds Mental Health Strategy (2020-2025), the Adults, Health and Active Lifestyles Scrutiny Board has previously engaged with Senior Responsible Officers (SROs) linked to the eight priorities set out within Strategy, as well as those with an Implementation Lead role relating to the three additional workstreams linked to the Strategy.
- 7 Lead health and care partner representatives have also been invited to attend today's meeting to present the attached briefing paper and address any further questions from Board Members.

**What are the resource implications?**

8 Any related resource implications will be reflected as part of the appended briefing paper.

**What are the key risks and how are they being managed?**

9 Any related risk management implications will be reflected as part of the appended briefing paper.

**What are the legal implications?**

10 This report has no specific legal implications.

**Appendices**

- Appendix A – A briefing paper by the Leeds Health and Care Partnership updating the Adults, Health and Active Lifestyles Scrutiny Board on the Community Mental Health Transformation and Crisis Transformation Programmes.

**Background papers**

- None

This page is intentionally left blank



**Author(s):**

Helen Thurston, Programme Manager , Alison Kenyon, Deputy Director Service Development, LYPFT; Eddie Devine: Programme Director, ICB in Leeds

## Update on Community Mental Health Transformation and Crisis Transformation Programmes for AHAL Scrutiny Board, 9<sup>th</sup> July 2024

### Introduction and Purpose of Paper

This paper sets out a focused update on progress across two of the three cross cutting workstreams within the All-Age Mental health Strategy for Scrutiny board. The successful implementation of these workstreams is central in delivering the outcomes within Leeds All-Age Mental Health Strategy across the identified priorities to achieve the city strategic ambition. Community mental health and crisis transformation are also mandated national NHS policy directives and is also one of the six core priorities set out in the Leeds Health and Care Partnership Healthy Leeds Plan to contribute to achieving the core strategic goal of reducing unplanned care.

Widening proactive access to personalised care, support, and intervention at the earliest point of need is critical to reducing the high rate of unplanned care utilisation evidenced in people with complex and enduring mental health needs through the Leeds Data Model segmentation data . This focus aims to improve outcomes, and experience for individuals, and improve financial efficiency particularly in the context of significant pressures within mental health inpatient services that have impacted sustained challenges in sustainably reducing out of area mental health inpatient placements. The two workstreams are set out separately below in the report to reflect the way scope of each programme is organised. However, it should be read in the context that these programmes are interdependent into the delivery of an integrated primary-community mental health transformed model of care for Leeds. It is also important to emphasise that the work to transform community mental health and crisis provision in Leeds progressing is at a time of significant pressure and challenges across our health and social care system. Achieving the intentions of transformation and meaningful integration of services additionally requires driving culture change that takes time. The impacts and challenges identified in the report should be noted in that context.

### 1.0 Community Mental Health Transformation Programme

1.1. Specific requirements have been set out by NHS England in *The Community Mental Health Framework (2019)*, the *Mental Health Implementation Plan 2019 / 20 – 2023 / 24*, and the *Roadmap for Community Mental Health Transformation (2023)*. NHS England published a ‘Roadmap’ for transformed community mental health services in 2022, with an updated version published in May 2023.

1.2. [Transforming Community Mental Health](#) (*link to animation*) for Leeds is a partnership of NHS organisations, Leeds City Council, the Voluntary, Community and Social Enterprise (VCSE) sector, and service users/people with lived experience coming together to transform how primary and community mental health services are currently organised and delivered for adults and older people with ongoing and complex mental health needs. Whilst this national programme is primarily targeted at adults with complex mental health needs, this also incorporates improving access and pathways for young adults in transition from Children and Young Peoples services. Simply put, we are re-shaping the care offer for the adult SMI population, with more joined up and holistic care, with timely access to personalized interventions, and with specific attention to the impact of wider determinants on people’s mental health and recovery.

1.3. Our vision in Leeds is to ensure that people access the right care and support at their earliest point of need and have wide-ranging support closer to home so they can live as healthy and fulfilling lives as possible in their community. The principles of the new model of care we have designed are that people will be able to: access care and support when they need it, manage their condition, or move towards individualised recovery on their own terms, and contribute to and participate in the communities that sustain them, to whatever extent is comfortable to them.

1.4. There is a strong body of evidence that accessing interventions for mental health needs in the community, and remaining at home, achieves better longer-term outcomes for individuals. The implementation of the new model of community mental health care aims to provide access to integrated community support and interventions that enable and maintain recovery.

1.5. To achieve this in Leeds, the approach included a specific focus on redesigning the model of community mental health care to reinforce and enhance integration through the following design principles:

- Dissolving the barriers between primary and secondary care, and between different secondary care specialist teams
- Strengthening cross-sector collaboration and integrated working with local authorities and VCSE partners
- Moving from a generic ‘care coordination’ model of care to a proactive intervention-based delivery.
- Optimising data and information sharing across organisations.
- Maximise continuity of care
- Adopting the principle of inclusivity as opposed to exclusions/criteria.
- Informed by data and qualitative insight understanding of communities to address the racial disparities, social determinants of complex mental health needs, and to reduce the health inequalities within specific local populations.

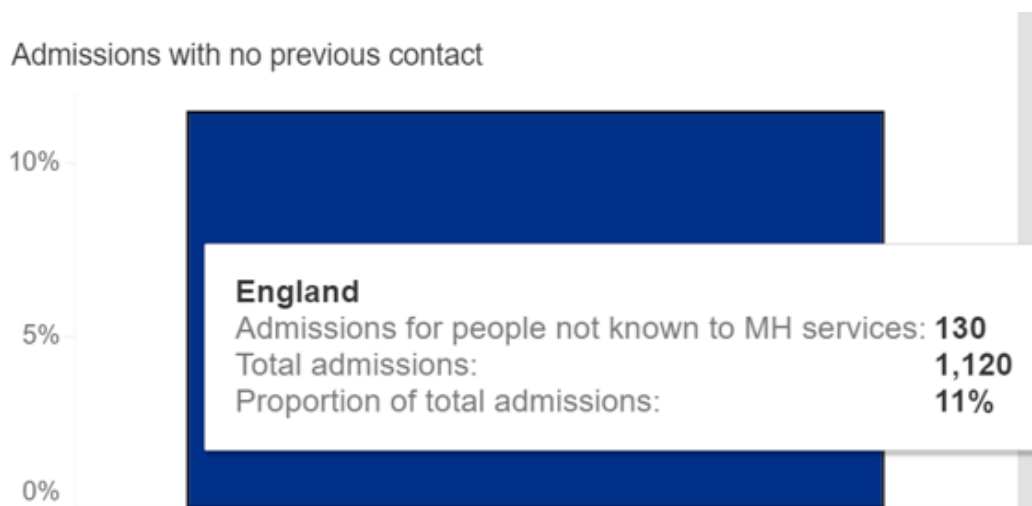
We will know if we have ‘transformed’ the community mental health offer in Leeds if we achieve the following four key outcomes:

<b>Outcome</b>	<b>We will know we have achieved it if...</b>
<b>Accessing high quality support</b>	The community mental health system across West Yorkshire is transformed so people and their communities can access high quality community based mental health support.
<b>Supporting care options</b>	People and their communities understand the options for support and can access what they need, when they need it and services which will work with them to agree the best options.
<b>Providing innovative, effective, and evidence-based care</b>	People and their communities work in partnership with a responsive workforce that provides innovative, effective, and evidence-based care that places the individual at the centre of decision making.
<b>Partnership working</b>	All partners work in a seamless way to provide people and their communities with the personalised care they need as one health and care system.

Now we are testing and expanding new ways of working, we would expect to see benefits and cost reductions associated with a more proactive care model that stimulates a “left shift” of activity, with reductions in unplanned care.

As a key measure of success we are 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. This links to both quality outcomes and experience for service

users and making best use of finite financial resources, with out of area mental health inpatient bed utilisation being a significant cost pressure, and quality impact.



1.6. Two key components of the new model of care identified within the NHS mandated specific requirements:

- Redesign of “core community model” – a proactive, integrated model of primary and community mental health care for adults and older people with complex and ongoing mental health needs (typically referred to as ‘severe mental illness’ or ‘SMI’) – what we, in Leeds, have been referring to as ‘integrated community mental health hubs.
- Improved pathways for specific ‘cohorts’ of people, including adults and older people with: an eating disorder/disordered eating; complex emotional needs associated with a diagnosis of personality disorder and/or people with complex psychosis.

## 2.0 Approach to developing a New Integrated Primary and Community Mental Health Model of Care

2.1. To develop the new integrated primary-community mental health model of care, a design group was established and utilised information generated from a 90-day learning cycle. This involved 6 workshops with representation and participation from a wide range of organisations across Leeds and people with lived experience. Further liaison with partners where required followed these. There have been further workshops to discuss elements of the model design within Local Care Partnerships and an Involvement Network for people with lived experience and carers.

2.2. Throughout the model design, implementation, and mobilisation phases we have been committed to involving people with lived experience, including carers, in the design and delivery of services. This has included, ensuring that we increased our efforts to understand those people whose voices are ‘easy to ignore’ so that we can design and deliver services that are responsive to the needs and characteristics of different groups and communities to reduce inequalities in access, experience, and outcomes .

2.3. The new integrated primary and secondary community mental health model now mobilised for testing, will operate in what we are calling Integrated Community Mental Health ‘Hubs’. The “hub” teams will be made up of people currently working in Community Mental Health Teams, mental health practitioners and support workers currently working in Primary Care Mental Health (part of Leeds Mental Wellbeing service), mental health social workers and a range of third sector roles with a focus on meeting people’s needs in a holistic way, including peer support.

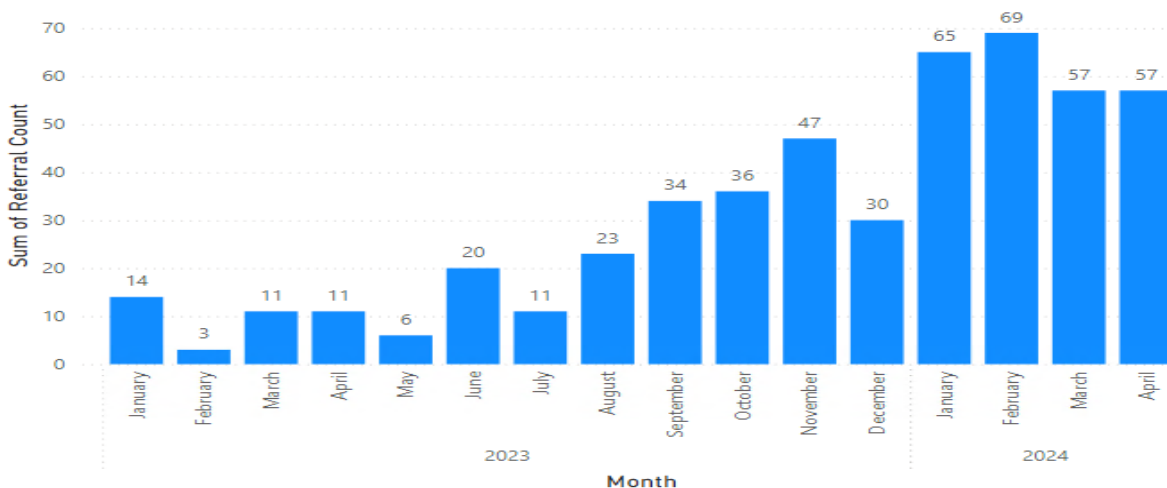
2.4. The community mental health hub aims to enable access close to people’s communities, are aligned to local care partnerships (LCPs), and designed to meet bespoke local population needs. Targeted new investment into VCSE organisations, and particularly grassroots organisations/groups, has been an underpinning strategic investment approach to reaching previously underserved communities. This approach aims to improve provision of bespoke and culturally competent care and support offers within communities, to improve equalities in access, experience, and outcomes.

2.5. In progressing the model development in Leeds, we have expanded our community-based support and investment through the targeted funding from NHS England ringfenced to deliver this priority. Within 2023/24 the full year total committed funding through the programme was £4,669k. £2,685k was committed to schemes delivered by Leeds & York Partnership NHS FT. This included £1,769k made up of clinical roles and some programme delivery resource and £916k relates to the Emerge service that provides access to improved pathways for access to specialist intervention and support for young adults (18-25) with more complex emotional needs. Of the total 2023/24 investment, voluntary & Care Sector Enterprises received £1,418k (30%)

2.6. As a national NHS mandated priority for mental health, we have used the associated additional Service Development Funding (SDF) investment from NHS England to expand community-based support and grow the workforce. Including:

- Introducing a new primary care therapies team providing psychological therapies for people who fell between NHS Talking Therapies (IAPT) and secondary care. Between February 2023 and March 2024, 111 people were referred into this service with the main reason being for trauma, responding to an unmet need in existing service provision and a known gap between NHS Talking Therapies and secondary care. Referrals to this service continue to increase as shown below, contributing to increasing access to a range of 1:1 and group psychological therapies directly from primary care . This underpins a focus to shift the culture of mental health services from managing risk to delivering outcome focused interventions that enables recovery and maintains wellbeing.

Sum of Referral Count by Year and Month



- Expansion of peer support provision and introduced new Community Wellbeing Connector roles who work with people with SMI (not time limited) to support them to access care, support and community-based recovery and wellbeing offers. 286 referrals have been made to the service between February 2023 and March 2024.
- 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 through a

transformation grants funding scheme ,delivered in partnership by Forum Central and Leeds Community Foundation.Guidance to underpin the delivery and targeting of the transformation grants funding has been developed. This has been directly informed through lived experience involvement activity, feedback from the Transformation Involvement Network, and engagement with 109 third sector organisations/ community groups in Leeds to understand how we can better serve people within the scope of Community Mental Health Transformation. People with lived experience are directly involved in the decision-making process and represented through the grants award process as panel members. At a recent celebration event we heard the immense impact on people with complex needs through strengths-based approaches - this will be captured through the end of grant reports, a toolkit for organisations and a film.

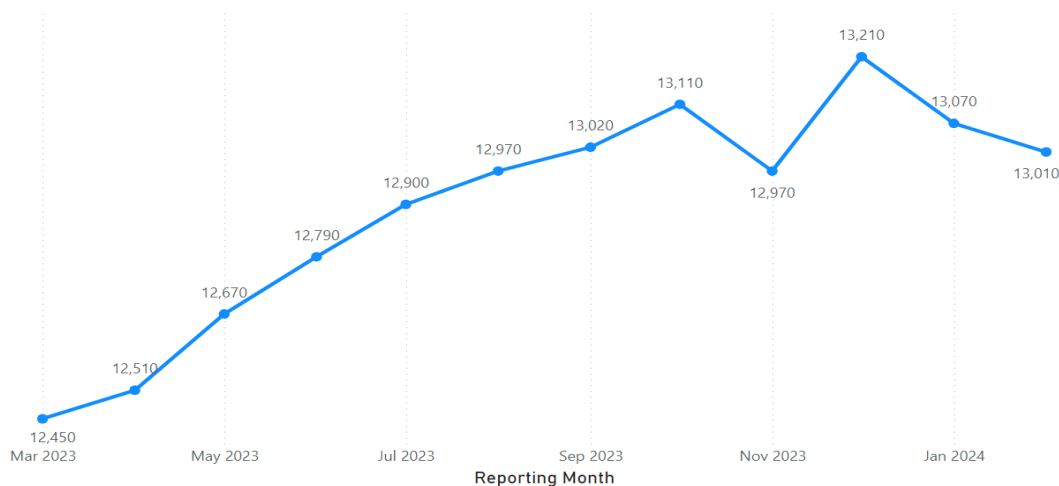
2.7. Further work was completed across the partnerships, to develop governance processes for the newly formed 'Early Implementor' teams in preparation for phase 1 testing and refining of the newly designed model of care operationally. This brought with it challenges due to differing existing delivery and contractual requirements, individual organisations each having their own internal governance and decision-making processes and there not being a 'lead provider' within the multiagency delivery model being tested. Positively all partners have collaboratively developed and signed a Partnership Agreement that defines agreed ways of working and has enabled mobilisation in March 2024 to test key components of the new model of care within the early implementer sites. Whilst progressing to this stage has not been achieved within the timeline anticipated, the additional work has made progress in addressing some key partner governance concerns that ultimately puts the mobilisation on a stronger initial footing to ensuring safe and effective care as this mobilises further. The agreement signed has agreed both joint management arrangements and data sharing agreements within this. However further work is still required to identify infrastructure solutions for ICT/digital to enable sustainable working across multiple record keeping systems, and access to estates as we further mobilise. The Leeds Health and Care Partnership are offering support through both the Integrated Digital Service and the 'One Leeds Estate' Board.

2.8. A newly formed Community Mental Health Transformation Partnership Board is now established and in operation. This Board is chaired by Dr Christian Hosker, Medical Director from LYPFT and Chair of the Leeds Health and Care Partnership Mental Health Population Board , with the inaugural meeting having taken place in May 2024. This marks a positive step in transitioning the community mental health transformation from a design programme to a mobilisation and delivery phase ,led collaboratively through partners. The Community Mental Health Transformation Partnership Board will oversee the operational impacts to make best use of resources, key performance indicators and evaluation of the outcomes. The first external evaluation report, that is being undertaken by NICHE, is due to be ready for September 2024. The ask of the partnership board will be they assured of Impact and progress to scale up delivery to the wave 2 Local Care Partnerships and PCNs.

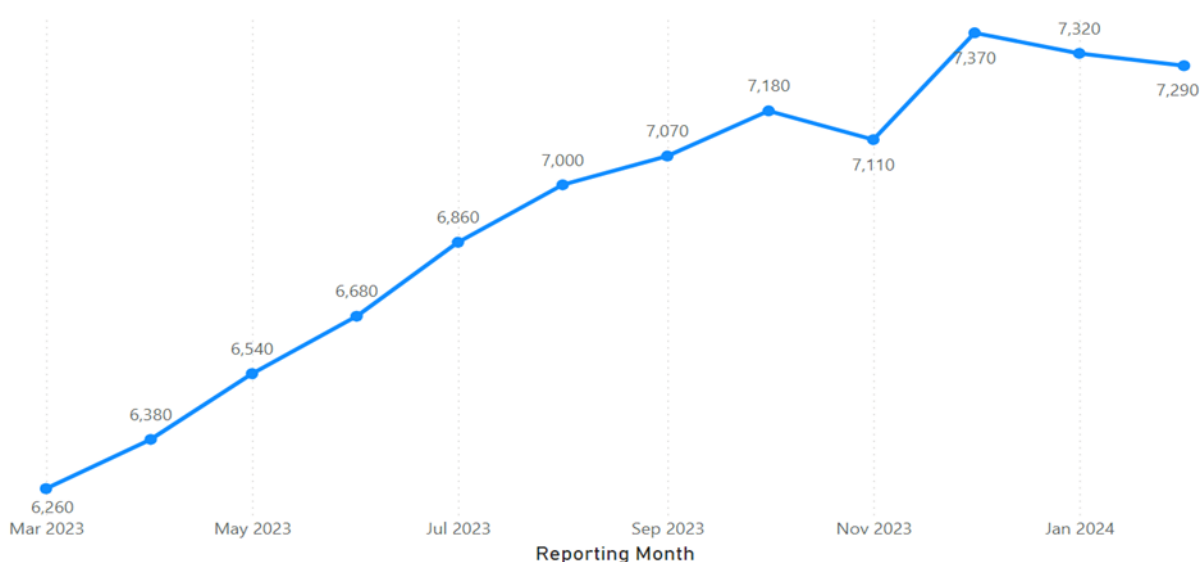
2.9. There is a nationally mandated target to increase access to community mental health services. This is measured by rolling 12 months of the number of people on a Community Mental Health Team caseload having had two or more contacts (on the rationale that they have been triaged and assessed and are on a caseload to receive one of more care "interventions"). Leeds achieved 20% above the target in 2023/24. We have seen an expansion of the number of people accessing community mental health services through increases in demand in existing services, but also through new services available to people through expansion in the programme such as Primary Care Therapies, Community Wellbeing connectors and peer support.

Our planning assumption for 2024/25 is to achieve an additional 5% activity above our current baseline.

## NHS E Rolling 12 months - Total people on caseload in all community services



## NHS E Rolling 12 months - Total people on caseload in all transformed community services



For the NHS England metric of the total number people on caseload in all **transformed** community services we have also seen an increase. Primary Care Mental health is considered and already transformed service as integrated with and directly accessible within Primary Care. As many other areas in the country don't have this, they are setting up similar services through community mental health transformation programmes. In Leeds we will soon see the addition of CMHT Working Age adults' data in wave 1 PCN's who have started testing the model.

### 2.10. Improving physical health for people with SMI – access to annual health checks

People with complex and enduring mental health need are one of the plus groups within the national Core20PLUS5 programme to reduce health inequalities. Improving access to Physical health checks is one of the identified clinical areas within the Core20PLUS5 programme that require accelerated improvement and is also a key requirement within the community mental health transformation programme.

Leeds continues to perform well on the NHS England requirement to increase access to physical health checks for adults on a GP SMI register (in response to the significant inequality of premature mortality for people with SMI). We have increased more targeted support for those not accessing physical health checks, including introducing primary care-based roles and outreach provision through SDF investment.

## Latest Quarter: 2324-Q4

Latest Quarter

# 76.74%

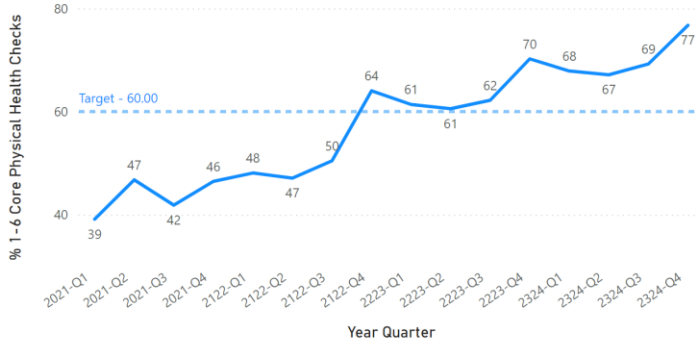
1-6 % Core Checks

Latest Quarter

# 7,408

SMI Register

% 1-6 Core Physical Health Checks, Target - 1-6 and Total SMI Register by Year Quarter



## ICB - Leeds - SMI Physical Health Checks

Latest Quarter

# 64.43%

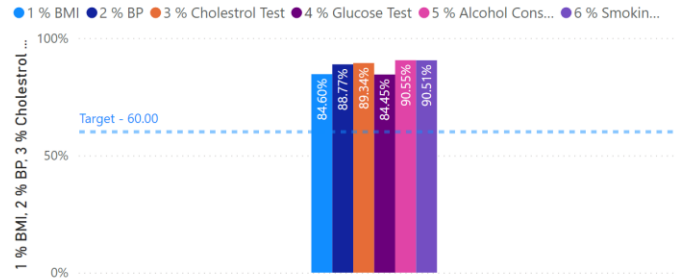
1-9 % Core Checks

Latest Quarter

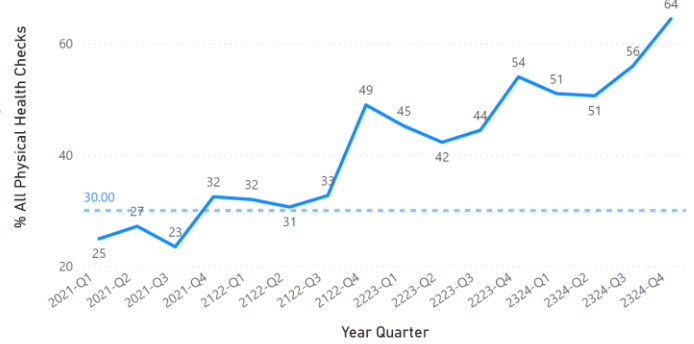
# 4,445

SMI Reg - 1-6 Target

1 % BMI, 2 % BP, 3 % Cholesterol Test, 4 % Glucose Test, 5 % Alcohol Consumption and 6 % Smoking Status



% All Physical Health Checks by Year Quarter



### 3.0 Embedding the Integrated community model:

3.1. We established “early implementer” integrated community teams from March 2024 across 3 LCPs/4 PCNs (HATCH, Leeds Student Medical Practice and the Light and West Leeds). The plan is to test and learn from changes and evaluate impacts of changes with a view to embed and scale up across Leeds during 2024/25.

Specific changes introduced include:

- Co-location of teams ‘anchor days’, to facilitate improvements in multidisciplinary working and providing a sense of belonging for the team. There is positive feedback from practitioners with a peer support worker commenting.
  - *“I needed to talk to someone’s key worker. We were in the same building. We had a conversation, and I was able to move forward with the required support”.*

Further feedback has also been received from the teams on how positive it is to be working in partnership, examples being:

Things to celebrate:

- *I think staff have worked so hard in connecting with one another, both professionally and socially, such as WhatsApp Groups, communal lunches, and a tuck shop. I think individuals’ willingness to tackle change has shown how positive it can be. In East we’ve experienced a real sense of connection, friendliness, and respect for each other’s roles.*
- *The anchor days in general have been a positive place to engage as a wider team, bringing various services together. We’ve been able to support joint appointments, have warm handovers face to face, with more much more ease.*

The challenges that have been overcome:

- *Getting staff to begin to move from thinking we’re individual teams and moving towards a larger service with different offers.*
- *Facilitating services to work together as a team when we’ve been separate to one another. I believe we have worked well in our anchor days. I think the first anchor day brought staff together well.*

- *“I was so nervous about coming onto an NHS site for the first anchor day, I now miss the days that I am not working with the team”.*
- Joint triaging of referrals by Primary Care Mental Health (PCMH) and Community Mental Health Team (CMHT) practitioners. Since this was introduced in August 2023 60 -80 referrals have been redirected from CMHT to PCMH each month. From this we can derive they were ‘inappropriately’ sent to CMHT, and the joint triage has meant they have then got to the “right service” without having to be first sent back to the GP and the person then having to wait for a further referral to the correct service. This relatively small shift in integrated ways of working within the new model of care is evidencing positive impact on avoiding referrals bouncing round the system, that improves outcomes and experience for people with mental health through more proactive access and reduces unnecessary referral processing activity and costs within the system and increases productivity.
- A new Advice and Guidance pathway has been introduced in our early implementer areas. This allows GPs and primary care prescribers access to advice and guidance from a specialist mental health pharmacist or consultant psychiatrist to help maintain people with complex needs within primary care and wider support within their communities; reducing unnecessary referral and hand-offs into secondary care specialist mental health teams that impact consistency of care. We will be monitoring the impact of this change.
- Introduction of key worker. The keyworker can be anyone within the early implementor MDT team, irrespective of role, seniority, or professional background. The main role of the keyworker is about maintaining supportive and therapeutic relationships, so it should be whoever knows the person best, or in the case of someone new to the service, is likely to build the best relationship with someone.

3.2. Aswell as embedding and testing new of working within the “early implementer” integrated teams, we have also established better links with more specialist community teams within Leeds and York Partnership NHS Foundation Trust (LYPFT). The Crisis transformation is also underway and incorporates a revised delivery model for the LYPFT that co-locates the LYPFT crisis team within the community localities. This aims to forge better working relationships, simplify crisis pathways to ensure that the right level of crisis support to meet needs is accessible at the earliest point, and ultimately to improve outcomes and experience for people with complex mental health needs. It is worth emphasising that whilst the work to transform community mental health services and improve crisis pathways are organised through separate work programmes, there are close interdependencies and these strands of work join to operate within the overall transformed model of care for integrated community mental health services.

3.3 As we have moved from model design to testing and delivery, we recognise how important it is that we continue to have the involvement and engagement of people with lived experience and carers. To reduce duplication and mainstream into delivery we have now embedded the involvement work within the Service User Network in LYPFT, with mechanisms for broader system input and oversight via the People’s Voices Group and the Involvement and Engagement Advisory Group which is a sub-group of the Partnership Board. This has the responsibility for ensuring that the programme is seeking feedback and involvement from a diverse range of communities, with a focus on reducing health inequalities, and with a clear mechanism for acting on insight and feeding back.

3.4. Healthwatch have been commissioned to undertake community engagement in preparation for phase 2 mobilisation the integrated community mental health hubs to Beeston and Middleton (Inner South), Bramley, Wortley, and Middleton, Woodsley and Holt Park Local Care Partnership localities. This work gives opportunities for communities in the four phase 2 target LCP areas the opportunity to share their views about mental health, mental health services, their local area and the key aspects of the Community Mental Health Transformation



service model has completed. Healthwatch have utilised a comprehensive engagement approach to achieve rich and targeted local insight was undertaken through a range of mechanisms; face-to-face engagement in community venues, face to face engagement through existing partner VCSE forums in the localities, social media and online communications, collaboration with LYPFT community mental health teams to engage with individuals currently in receipt of secondary care intervention in phase 2 localities , online survey for those who wished, and targeted communication through appearing on Rangoli Radio, a Leeds-based radio station catering to a largely Hindu audience.

3.5. We have undertaken work with VCSE partners supported by Forum Central to develop an approach to collaborative delivery models to reduce the number of individual contracts held by the ICB, strengthen the flexibility offered within outcomes based contracts for VCSE partners, and progress work to establish a VCSE alliance model to strengthen the position of the sector as a key pillar of community mental health transformation and the sector role in co-commissioning on the Partnership Board.

**4.0 Next Steps:**

Throughout the remainder of 2024 and into 2025 we will continue to learn and evaluate from the wave 1 “Early Implementor” teams and proceed to scale up to the second and third wave of LCPs.

Work has also commenced on the “Focussed Areas”:

- eating disorders
- complex psychosis and complex emotional needs
- Personality Disorders
- Children and Young Peoples transitions

This work remains in its infancy at present, with an ask of each of the subgroups to produce a report on the following areas in September 2024:

- Gaps in service delivery.
- Required work and time scales.
- Resource implications.

September 2024	Evaluation of early implementer integrated teams completed and assess readiness for scaling up into other LCPs (including staff and service user/patient and carer feedback)  Recommendations from review of pathways for eating disorders, complex psychosis and complex emotional needs and business case development in response
November 2024	Scale up into “wave 2” LCPs
March 2025	Assess readiness for scale up of early implementer teams to remaining LCPs
May 2025	Scale up to remainder LCPs

## Crisis Transformation Programme

### 5.0 Background

5.1. A crisis summit held in January 2020, involving service users, third sector partners, Leeds and York Partnership NHS Foundation Trust, members of the ICB and other stakeholders. This identified the key conditions listed below as being crucial to improve the citizens of Leeds experience of accessing Crisis Support.

- There needed to be more integration across the crisis and acute mental health pathway.
- There needed to be more timely access to services.
- That community-based services should support recovery.
- That the Blue light service pathway needed review.

5.2. The Crisis Summit suggested that there were challenges to ensuring timely access to crisis services as follows.

- I. There are several routes into crisis services which are confusing to navigate and create stress and anxiety for those seeking support.
- II. There is a need to understand how providers can work better together to create a more streamlined approach and offer.
- III. There must be improvements for individuals and their carers to receive a caring, compassionate response from services, ensuring they feel listened to throughout their journey.

5.3 The above demonstrates the interdependencies between the community mental health transformation and the crisis transformation programmes. To address these issues, the Leeds All Age Mental Health Strategy offered an opportunity to work collectively towards addressing these challenges through focussed attention. A specific workstream to address the timely access to services was developed and in the last 18 months all aspects of development work for mental health crisis services have been drawn into a transformation programme.

5.4. The focus of the Crisis Transformation Program is to create an accessible crisis service, that meets the needs of the people of Leeds, and achieves positive outcomes for those accessing the service.

There are several workstreams that are being delivered as part of the whole program.

- Reconfiguration of Mental Health Crisis Support Pathway (Improving access)
- Optimising Value Review
- Evaluation of Crisis Cafes
- Evaluation of the Crisis Assessment Unit and Oasis (Crisis House)
- Introduction of the NHS 111 MH Crisis Line
- Implementation of a revised police pathway
- Implementation of Crisis Response and Intensive Support Service evaluation and redesign.

The following describes a brief synopsis and update of each workstream.

### 5.6. Reconfiguration of Mental Health Crisis Support Pathway (Improving access)

This work stream is born out of the crisis summit described above the outcomes to be achieved are as follows.

- Those providing support should be part of a shared network in which information about an individual's support needs is accessible and accepted by services and reflect quality engagement highlighting what matters most to that individual. This is described as **system-wide accessible information**.

- It is accepted that each point of access has its own criteria for access. There is a need for consistency of skills and competencies those consulted with lived experiences would like to receive in the quality of their engagement with services. This has been described as the **consistency of skills and competencies**.
- Points of access where individuals present will vary depending on how they seek support. The environment in which support is offered can play an essential role in the management of people's experiences, supporting the de-escalation of their symptoms. This is described as having a **supportive environment**.

Progress in this workstream has been the slowest as resources have been limited, however, additional support has recently been sourced and plans to accelerate the rate of delivery are underway.

## 5.7. Optimising Value Review

The aim of this workstream is to review key lines of enquiry relating to the delivery of Adult Mental Health Crisis services; to identify where there are opportunities to make improvements to the pathway that will improve value and outcomes, improve efficiencies and productivity, and or reduce inequalities in access or outcomes for groups of people.

to date the following has been achieved:

- Analysis of VCSE crisis support services data and intelligence in collaboration with providers
- Reviewed LYPFT CRISS and Street Triage data through analysis of Mental Health Services Data Set (MHSDS) data flows
- Delivered a partnership workshop on the 14<sup>th</sup> of March to review key lines of enquiry identified in data analysis and seek to identify opportunities/actions for improvement to value in the pathway. 28 people attended the workshop including representation from LYPFT, VCSE sector, Forum Central, Leeds City Council, lived experience representatives and Synergi.
- Crisis insight review being completed by the ICB Engagement Team, incorporating insight from data review work and workshop.

## 5.8. Evaluation of the Crisis Cafes

An evaluation has been undertaken to review service user and staff experiences of the Crisis Cafes operated by Touchstone. This, alongside the optimising value review demonstrated that because of changes to the operating model required during the pandemic that the model of delivery had altered from its original specification. This reduced the capacity and effectiveness of the cafes. Actions are underway to reinvigorate the original specification, to undertake more face-to-face activity and promote the work of the cafes to a wide range of mental health teams and service users.

## 5.9. Evaluation of the Crisis Assessment Unit

The Crisis Assessment Unit is a 6 bedded facility located within the Becklin Centre within LYPFT. Its remit is to provide an extended period of assessment of an individual's needs within a 72-hour period. However, again because of changes to the operating model required during the pandemic and the increased demand for acute mental health inpatient beds the unit has been utilised as overflow capacity for acute inpatient beds. It has not been possible to determine if the unit designed to avoid acute inpatient admissions and to identify appropriate support services for individuals in the community has achieved its objective. LYPFT have now agreed to ring fence the unit and restore this to its original purpose and evaluate the impact over a one-year period.

## **5.10. Evaluation of Oasis (Crisis House) and the integrated crisis pathway with LYPFT**

The Crisis House named Oasis was commissioned 2 years ago to provide an alternative to hospital admission for individuals experiencing a MH crisis, to support reductions in use of out of area mental health inpatient beds in Leeds. The model has a more targeted focus on those assessed with more acute MH needs, than the wider range of community crisis alternatives provided in Leeds. Oasis is provided by Leeds Survivor Led Crisis Services in partnership with LYPFT Crisis Service (CRISS). The facility currently has five short stay beds that can be accessed by service users for up to seven days, clinical input is provided by the CRISS. In addition, there are several “day spaces” for service users who can attend the service during each day returning to their own home every evening. The service is delivered within an integrated pathway and collaborative working with LYPFT crisis team, the access route for Oasis is following an assessment by the LYPFT crisis team - this maintains this provision focused to providing integrated community support for individuals that would have been admitted to hospital in the absence of this robust alternative to hospital admission pathway.

The evaluation recommended that better integration of the teams within Oasis and CRISS was required; that both overnight occupancy and the day service should be utilised more to ensure value. Improvements have been made to the delivery model, the enhanced integrated clinical pathway, utilisation of a single information system. Service users have reported excellent experience and clinical outcomes. The service is also now developing proactive planned care pathways to avoid crisis and re-admission to hospital, for people with the most complex mental health needs being repatriated from longer stay complex mental health rehabilitation out of area beds.

## **5.11. Introduction of the NHS 111 MH Crisis Line**

As part of the Long-Term Plan, NHS England aims to simplify access to urgent mental health support. By 2023/24, anyone seeking urgent mental health support in England will be able to do so via the simple universal 3-digit 111 number. This will place England as a world leader being one of the first countries to set such ambitious plans for accessing mental health care through a universal 3-digit number.

As a result of this the NHS 111 ask and the Interactive voice response, have located to the West Yorkshire Mental Health Helpline to manage those referrals and flow that are not crisis, to relevant service lines using the current online referral form process.

The change requires the technical amendments to the National Interactive Voice Response system that is used by the Integrated Urgent Care NHS 111 to link callers who dial 111 and select the option mental health crisis into existing local mental health crisis/support lines' telephony platforms.

To access crisis mental health support via 111 the caller will have to make a number of selections to ensure they are connected to the right local mental health helpline on the IVR system - dependent on age, location and time of day [due to the proposed model of connecting multiple crisis line providers to the IVR and also complexities with the geography and not being able to rely on geolocation] in West Yorkshire. The call will then be connected to the relevant helpline/crisis team telephony platform where it will be managed in the same way as currently exists if an individual had called the mental health helpline directly.

The challenge for LYPFT, will be to ensure that those who do not need an immediate crisis response, will have a timely referral to the correct pathway/ appropriate service. Following consultation with their services and in collaboration with the Mental Health Helpline, the adult triage script and the decision-making matrix was agreed. A robust supervision strategy has been developed where services meet once a week to ensure pathways have been followed and discuss issues that have arisen during the previous week. This helps foster positive relationships, but also safeguard from any potential issues and or concerns.

The system went live in Leeds at the end of April 2024.

## **5.12. Implementation of a revised police pathway**

The service previously known as street triage is a joint service between LYPFT, social care and the police. The purpose of the street triage service is as follows.

- Reduce unnecessary detentions under Section 136 Mental Health Act (S136 MHA) and unnecessary voluntary attendances to A & E.
- Ensure that people whom it is necessary to detain under S136 MHA are taken to the most appropriate place of safety so that care and needs can be managed safely and effectively in the least restrictive environment, conducive to their well-being with strong focus on compassionate care.
- Divert people from Police custody who have a mental illness, where these factors are identified as the main reason for their involvement in the criminal justice system.
- To provide a liaison service between West Yorkshire Police, British Transport Police and Yorkshire Ambulance Service.
- To provide the service to adults aged 18+ responding to the needs of those who present within the Leeds District. Information and advice will be provided to other localities if a Leeds patient presents in their areas.
- Provide information and advice within police negotiator incidents.
- Share sensitive medical information where appropriate to relevant agencies whilst being mindful of data protection issues. Only sharing what is relevant.
- Provide advice in relation to live police incidents involving a mental health crisis.

In addition to this service, the Becklin centre have a S136 suite where individuals can be detained under section 136 of the Mental Health Act by the police whilst their ongoing needs are assessed, and appropriate interventions sought. LYPFT also previously operated a “district Control Room” service offer where mental health practitioners were based within the police call centre to provide advice and support to officers called to situations where people were suspected of being mentally unwell.

A review of these elements of the service has led to better integrated working between the police, the ambulance service, LYPFT and social care. The team are more frequently operating from the police station at Elland Road and more proactive response service is provided by the mental health practitioners whereas previously this was a reactive service. This is leading to a more efficient delivery of the service and better outcomes for service users.

## **5.13. Crisis Response and Intensive Support Service evaluation and redesign**

The purpose and aims of CRISS are as follows:

- Prevent, where possible, admissions and readmissions to hospital care.
- Support urgent crisis assessments and offer intensive support for working aged adults over a 24-hour period and overnight for older adults.
- Provide initial contact within 4 hours and provide assessment function within 24 hours,
- Support timely transfer from inpatient/out of area services including periods of shared care.
- Provide a robust gatekeeping role for inpatient services, the Crisis Assessment Unit, and the Crisis House (Oasis)

In January 2023, a Core Fidelity Review of CRISS was conducted. The Crisis Resolution Team Fidelity Scale is a national tool developed to measure the performance of Crisis Resolution Home Treatment Teams by scoring them between 39-195 from 39 fidelity items divided into 4 subscales: referrals and access, content, and delivery of care, staffing and team procedures, and location and timing of staff. Overall, the service scored moderate fidelity with an overall score of 118 out of a possible 195. The review laid out a list of recommendations and actions arising from the areas which scored low fidelity to improve practice and fidelity to the model.

The Core Fidelity standards that required focussed attention to improve were.

- The Crisis Response Team (CRT) provides explanation and direction to other services for service users, carers and referrers regarding referrals which are not accepted
- The CRT responds to requests for help from service users and carers whom the CRT is currently supporting
- The CRT is a distinct service which only provides crisis assessment and brief home treatment
- The CRT provides clear information to service users and families about treatment plans and visits
- The CRT promotes service users' and carers' understanding of illness and medication and addresses concerns about medication
- The CRT provides psychological interventions
- The CRT considers and addresses service users' physical health needs
- The CRT helps plan service users' and service responses to future crises
- The CRT provides a thorough induction programme for new staff and ongoing training and supervision in core competencies for CRT staff
- The CRT takes account of equality and diversity in all aspects of service provision

It is the recommendations made within this review which have been used as the rationale behind the proposed changes to the current CRISS model. As a consequence of the recommendations a restructuring of the CRISS model is being undertaken, this will involve reconfiguring the Crisis team into three teams to align with the intensive support teams and the new community mental health hubs leading to better integration and joint working. Separation of elements of work that are not related to crisis have been separated out from the service.

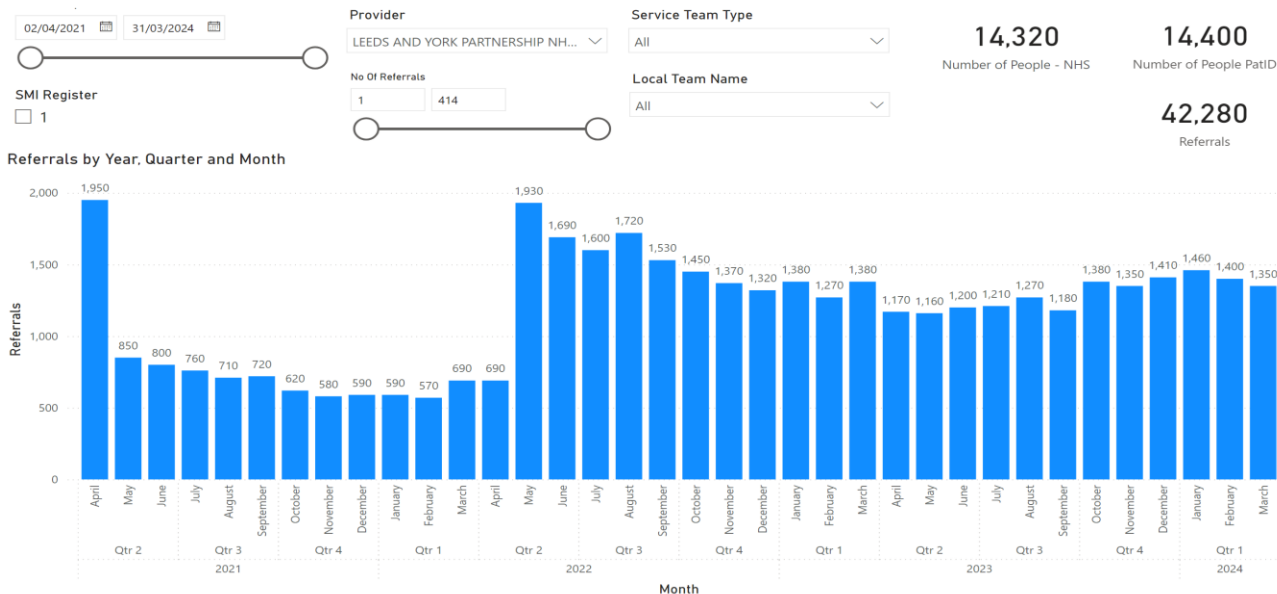
The expected benefits that will be achieved are as follows.

- Staff working in each Community Hub can use their local knowledge to improve the care and experience for service users within the local community.
- Improve staff in reach to wards.
- Diverting calls to the Mental Health Support Line will allow the new teams to pick up referrals from service users and avoid delays in responsiveness.
- Improved staffing model will mean that all 3 teams are adequately staffed to meet demand.
- Adequate staffing levels will improve the continuity of care for service users and avoid capacity being stretched.
- Each of the teams will be situated within the same base allowing for improved communication.
- Improved fidelity to the Core Fidelity Scale.
- Ensure the gatekeeping of all inpatient admissions and admissions to the Crisis Assessment Unit.
- Staff will be enabled to provide a trauma-informed approach to care for all service-users.
- Transition throughout the service pathway will be better enabled, with service users receiving high quality place-based care.

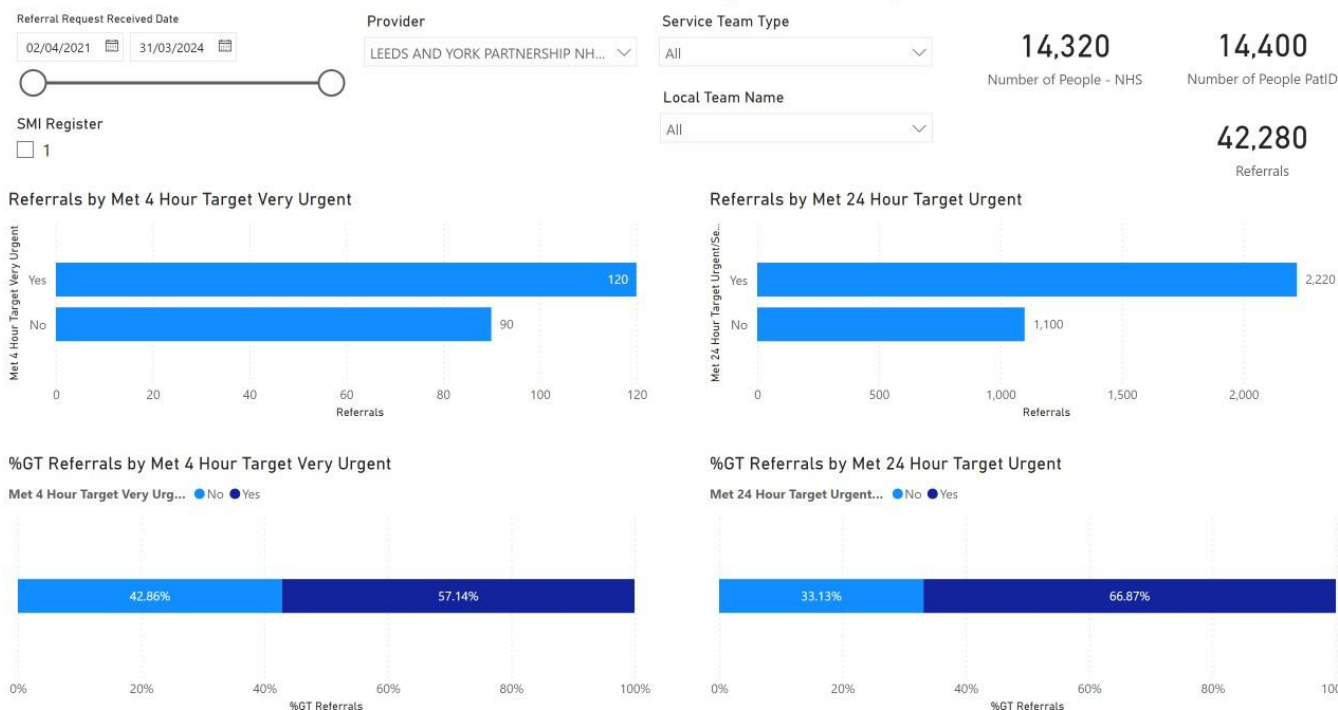
As can be seen from the volume of activity being undertaken across the crisis pathway much progress has been made to improve mental health crisis care across Leeds. The variety of providers from third sector, social care and NHS organisations is a critical success factor to the progress that has been made, as is the continued contribution of service users and carers. However, there is more to be undertaken before we have achieved the ambitions set out within the crisis transformation programme. Evaluation of the effectiveness of the changes being implemented will be undertaken to ensure the benefits and outcomes aspired to are achieved.

5.14. The graphs below show referrals into community crisis support across LYPFT crisis provision and Oasis crisis house as an alternative to hospital admission, and the achievements against targets set for assessment within 4 hrs and 24 hours respectively.

### Referrals to Community Crisis



### Referrals to Community Crisis - Targets



6.0 AHAL Scrutiny Board are asked to :

- Note the scope, ambitions, approach, and progress of the work to date.
- Support and endorse the work in Board members' respective roles and communities. We would also welcome reflections and feedback from members on content of the report and relevance to engagement and discussions with their constituents.
- Give feedback and make recommendations on areas for improvement and further developments and/or alignment with other forums and work that we should connect with
- Consider and support an appropriate alignment of resource to support effective delivery of this critical work, in the context of long-term embedding of culture change.



## Appendix 1 Full range of suggested indicators against CMH Transformation outcomes

<b>Accessing high quality support:</b> The community mental health system across West Yorkshire is transformed so people and their communities can access high quality community based mental health support.
There is a clear view of what an 'effective' service looks like after the transformation programme
The community mental health system in West Yorkshire has been transformed
The system works collaboratively with the people it supports to transform
Systems are in place that capture learning and feeds it back into service development
The system has a positive culture which staff want to work in
Staff understand their role in the system and the type of support they should provide
The staff and the people they support report that their relationships are based on trust
Feedback to the system from the people it supports is taken seriously and used to improve the support provided
Staff who deliver services report high levels of wellbeing and satisfaction
Staff have the time to provide the support people need
Staff have time for their own self- improvement, reflection and continuing professional development
Staff have access to the right systems and tools to do their job
The workforce is representative of the communities they support
<b>Supporting care options:</b> People and their communities understand the options for support and can access what they need, when they need it and services which will work with them to agree the best options.
Care is accessible to everyone irrespective of disabilities (EG deafness), deprivation, ethnicities and other barriers to access
People can access the care they need when and where they need it
People can shape the services and support they access
Where appropriate families and friends are supported to access support when and where they need it
People provide positive feedback on the support they receive
The support people receive is the right support irrespective of how they accessed it
<b>Providing innovative, effective, and evidence-based care:</b> People and their communities work in partnership with a responsive workforce that provides innovative, effective, and evidence-based care that places the individual at the centre of decision making.
People have a named key worker for their support
Key workers form relationships and navigate people through the system and don't 'just' signpost them to other services
Where appropriate families and friends are included as equal parts of the team supporting people
The care provided is developed in partnership with the person accessing it
The care provided is flexible, compassionate, empathetic, and understanding of people's needs in the widest sense
The system provides support through personalised care planning
Support provided is evidence based and helps people achieve improved outcomes
Support helps people to recover and stay well
Services cease at a time that is appropriate for the person receiving support
The service helps people to stay connected and have positive relationships with those around them
The service supports people to deal with problems in their lives as they arise
People's physical health improves
The support people receive helps them volunteer or get a job

The support people receive helps them access accommodation or housing
The support people receive helps them live their best life
Fewer MH Crisis
Fewer self harm incidents
Fewer deaths by suicide
Reduced health inequalities
Improved healthy life expectancy for adults with serious mental illness
<b>Partnership working:</b> All partners work in a seamless way to provide people and their communities with the personalised care they need as one health and care system.
Multi Disciplinary Teams built around the individual are fundamental to the operation of community mental health
Multi Disciplinary Teams work together to provide the support people need in a co-ordinated manner and reduce duplication
People are managed based on a principle of shared responsibility and trust between the person and the organisations they are working with
Services collaborate effectively to support the people they support
The system has the capacity to ensure everyone has access to quick and equitable care across all skills and specialisms
Organisational and geographical barriers are reduced to a minimum delivering a system with smooth pathways and seamless interfaces
Organisations work together to reduce repetition to a minimum where possible and shares information effectively across the system
The transformation of the system delivers improved value for the community mental health system in West Yorkshire

## Community Health and Well-being Service

Date: 9 July 2024

Report of: Director of Adults & Health

Report to: Adults, Health and Active Lifestyles Scrutiny Board

Will the decision be open for call in?  Yes  No

Does the report contain confidential or exempt information?  Yes  No

### Brief summary

Leeds City Council is a signatory to the Unison Ethical Care Charter and the GMB Ethical Home Care Commissioning Charter.

Based on the aspirations within these two charters, the Adults and Health Directorate will pilot the Community Health and Wellbeing Service (CHWS) which is a transformational approach to delivering health and care services at home, through by a collaborative partnership of contracted providers working together on a neighbourhood basis.

This report informs Members of the outcome of the recent tender and sets out the process for mobilisation of the contract.

### Recommendations

Scrutiny Board is recommended to:

- a) To note the process followed to develop a pilot Community Health and Well-being Service and its intended outcomes.
- b) To note the award of the Community Health and Well-being Service to Be Caring and Springfield.
- c) To note the process for mobilisation and communication with key stakeholders during this period.

## What is this report about?

- 1 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 features of the new service include:
  - a) Providers picking up at least 95% of all new home care packages
  - b) Flexibility to deliver support in a more personalised, outcome focused and person-centred way, including support outside of the home
  - c) Providers acting as trusted assessors to undertake reviews and make changes to care packages
  - d) Accepting referrals from Leeds Community Healthcare NHS Trust (LCH) Neighbourhood Teams to undertake delegated support and healthcare activities<sup>1</sup>
  - e) Provision within the fee structure to enable Providers to pay care workers for all the time that they are scheduled to be available for work excluding paid rest breaks and split shifts (“paying for whole shift”).
- 2 It is being piloted in Bramley and Stanningley, Armley, Farnley and Wortley (see Appendix 1 for a map of the relevant area). It will support approximately 200 people and represents about 8% of the total home care commissioning budget.
- 3 This service has been developed following a small scale pilot in 2020-22 with two providers supporting between 50-70 people in a more personalised and flexible way. Despite the challenges of the pandemic, the independent evaluation by Leeds Beckett University<sup>2</sup> indicated that a different model of care could improve people’s satisfaction with their care and have a positive impact on the care worker role too.
- 4 A key driver of this innovation has been the Council’s commitment to the Unison Ethical Care Charter and the GMB Ethical Home Care Commissioning Charter. Investment has been made over the past seven years to achieve the objective of paying the Living Wage Foundation’s recommended wage (also known as the Real Living Wage) which was finally achieved in 2023/24.
- 5 This pilot will now work towards meeting the other requirements within the Charters including ceasing to commission on a “time and task” basis, reducing/ eliminating zero-hour contracts, paying for whole shift, developing career pathways and ensuring care also tackles social isolation, promotes well-being and focuses on prevention.
- 6 The most recent Skills for Care data<sup>3</sup> (2022-23) indicates that there are 5500 independent sector care workers in Leeds. 51% are on zero contract hours (compared to an England average of 43%), the turnover rate is 49.1% (national rate is 36.2%) and the vacancy rate is 14.2% (national rate is 12.9%). 42% of the turnover is staff being recruited within the sector itself.

---

<sup>1</sup> A delegated healthcare activity is an activity that a regulated healthcare professional, such as a nurse, nursing associate, occupational therapist or speech and language therapist, delegates to a care worker or personal assistant.

<sup>2</sup> [The Community Well-being Service Pilot Evaluation](#): Dr Darren Hill, Dr Erika Laredo, Dr David Mercer and Sarah Rushworth, Leeds Beckett University, School of Health, 2022.

<sup>3</sup> The State of the Adult Social Care Sector and Workforce in England, published October 2023

- 7 We believe the reason why Leeds figures for home care are worse than the English average is because of the dynamic economy the city has, with strong competition from the retail and hospitality sectors for this workforce. These sectors are able to compete in terms of rates of pay, conditions of service and often better job security than home care roles.
- 8 We have spent 18 months engaging and informing 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 to draw up the specification for the service. It was important to test out what people wanted from a new service and that providers thought the business model was viable.
- 9 One of the key differences in this is that care workers will be paid a salary for a block of hours. This means they can use their time more flexibly and fill gaps between calls to provide additional support, for example, spending a bit longer with someone who is not so well that morning, ringing a trusted trader to fix a leaking radiator or attending a multi-disciplinary team meeting about a service user with complex support needs.
- 10 Another new aspect of the service is the emphasis on tackling isolation and loneliness. When we talked to Leeds home care users about what made a good life for them, and connection with family, friends and their community featured highly. In drawing up their support plan, people will be asked about their social connections and care workers will use their local knowledge and creativity to help people make those links. The contract allows for a temporary increase in hours (“community hours”) to allow the care worker to introduce a service user to a community resource until they have the confidence to use it themselves.
- 11 Under the new model, care providers have permission to adjust care packages up or down within agreed parameters and with the agreement of the service user, or family or advocate if they lack capacity. After four weeks, the provider will submit a request to the social work team for approval or review. The aim is to provide just enough care – no more and no less as either can be detrimental to service users.
- 12 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.

#### *Tender process*

- 13 We ran six workshops explaining the new model to providers and seeking their views on the proposals. Two workshops were run on aspects of the tender process to encourage the widest possible interest in submitting a tender.
- 14 Forty nine providers applied in total with ten taken forward to the second stage of the process and six to interview. The outcome is that we will appoint Be Caring and Springfield to be the two providers who will trial delivering the Community Health and Wellbeing Service.

#### *Mobilisation*

- 15 Following contract award, there is a three-month mobilisation period before the pilot starts on 9th September. For the new service to have a sufficient volume of business to sustain the model, we need to ensure that as many of the 200+ people as possible in the pilot area move their service provision to the new contract holders. We will have in place exception

criteria for people where a move is not appropriate and we have Social Workers on hand to review these cases quickly.

- 16 We have drawn on learning from Bradford City Council who recently undertook a similar transfer process. 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.
- 17 Support is in place for people and staff affected by the moves including:
- Clear communication plan to inform service users and staff about the process
  - Exception Panel for social workers to review requests to stay with their current provider
  - Direct payment option for those in scope to move to stay with their current provider
  - TUPE transfer for eligible staff working for outgoing providers
  - Employment & Skills staff to help anyone at risk but not eligible for TUPE

### **What impact will this proposal have?**

- 18 Our vision for the Community Health and Wellbeing Service is:

*To support people to live in the place they call home with the people and things they love, in communities where people look out for one another, doing things that matter to them.*

- 19 There are four main outcomes the CHWS will achieve:

- i) Reduction in turnover of care workers
- ii) Improvement in continuity of care worker and therefore customer satisfaction
- iii) Improvement in service users' social connections
- iv) Improvement in health and well-being through preventative approaches

- 20 A £247,000 grant has been awarded by the Rayne Foundation to pay for provider training and a Band 7 Nurse to develop the delegated healthcare activities.

- 21 The service will have a wider positive impact on the health and care system by reducing or delaying entry into more residential care and reducing the call on NHS services through prevention and quicker discharges. The pilot gives us an opportunity to look at the use of tech enabled care which is having a positive impact in trials across the country for falls prevention, UTI detection and medication compliance.

### **How does this proposal impact the three pillars of the Best City Ambition?**

Health and Wellbeing       Inclusive Growth       Zero Carbon

- 22 The Community Health and Well-being Service contributes to all three of the Council's three pillars by:

- *Health and Well-being:* helping people age well, with stronger engagement in communities, using the benefits of technology to stay well, promoting a preventative approach and improving health outcomes through a better integrated community-based service offer supported by an inclusive, valued and well-trained workforce; where carers are supported, and people are able to maintain independent lives through the best care being in the right place at the right time.

- *Inclusive growth*: recruiting local people to support other local people and by offering better jobs that respect care workers' knowledge of the people they support, offering greater autonomy and the chance to develop new skills backed up by an apprenticeship; adopting innovation in technology-enabled care.
- *Zero carbon*: reducing the carbon footprint of care by organising care on a neighbourhood basis, planned around natural communities, and supporting the development of more walking and cycling rounds.

### What consultation and engagement has taken place?

Wards affected: Bramley and Stanningley, Armley, Farnley and Wortley.

Have ward members been consulted?  Yes  No

- 23 People in receipt of home care, unpaid carers, providers and frontline staff have contributed to the development of the new model through interviews, focus groups and surveys. Healthwatch were commissioned to recruit a citizens panel of experts by experience, and their work over eight sessions led to a comprehensive report with 26 recommendations, all of which have been incorporated into the new service specification. The citizen's panel continues to meet to support the mobilisation plans and implementation, including collaborating on the care worker training programme and reviewing all resident letters.
- 24 A Stakeholder Reference Group was chaired by Cllr Arif and supported input from trade unions, the third sector and other health and social care professionals.
- 25 There have been three Ward Member briefings plus information shared with the Scrutiny Chair, shadow Member for Adult Social Care and Community Committee Health & Wellbeing Chairs.

### What are the resource implications?

- 26 The cost per hour for the Community health and Well-being Service is modelled on a shift enhancement based on covering a 10% gap in a care worker's rota (45 minutes in a 7.5 hour shift) excluding unpaid breaks. This plus the trusted assessor function added £1.80 to the hourly rate at £26.22.
- 27 Based on 2024/25 figures, the total cost of the new service is £0.3m more than a traditional home care service. 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. A contingency of £357K from NHS funding for adult social care transformation has been set aside to cover any risk of an overspend.
- 28 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. It will include savings for LCH and the wider NHS by reviewing the impact on hospital admissions and discharges under the new model.

### What are the key risks and how are they being managed?

- 29 The key risks may be summarised as set out below with mitigating actions against each risk

Risk	Mitigation
Transferring individuals from their existing to their new provider	Clear identification of who should and should not move. Support from social workers throughout the process. Introducing the new Care Worker and arranging handover visits.
The cost of the service exceeds the budget	Expenditure will be tracked monthly on the adjustment of packages and the net impact. A contingency budget of £357K is being held to cover the cost of any potential overspend.
Social workers availability to review adjustments to care packages	Confidence in oversight of the Registered Manager. Transparent information sharing and an open, honest approach with accountability and regular opportunities to seek feedback.
Providers fail to implement new features of the model	A rigorous procurement process has ensured that the providers appointed have demonstrated a good understanding of the new features of the service and have a plan for how to implement them
Promoting flexibility to reduce and increase hours	Changes in hours can only be made with the consent of the individual or their advocate. Changes in hours to be reviewed and approved by social worker.

### What are the legal implications?

- 30 Home care services are provided to individuals under the powers and duties set out in the Care Act 2014. The Council and Leeds Community Healthcare Trust have collaborated to produce a shared specification which is split into two lots: one for social care and one for delegated healthcare activities. This is to ensure that LCH retains legal responsibility for the work it commissions including the case management of individuals and any complaints.
- 31 A competitive tender process was undertaken to select the CHWS providers in line with the Council's Contract Procedure Rules. The process had three stages, qualifying questions on an organisation's experience and knowledge, the approach to delivering the new service and an in-person interview. The procurement panel included a social worker and nurse for relevant questions, and a person with lived experience in an advisory capacity.
- 32 The contract award was a Publishable Administrative Decision and not subject to call in.
- 33 This report does not contain any exempt or confidential information under the Access to Information Rules.

### Options, timescales and measuring success

#### What other options were considered?

- 34 To do nothing means that home care services are at risk of remunerating care workers in a way that does not cover natural gaps in their shifts or "call cramming" to ensure no gaps in shifts. Home care services in Leeds experience very high turnover rates because of the competition with retail and hospitality for staff. Consistency of care worker is highly valued by home care customers, yet our current model does not attract and retain staff.
- 35 We considered a range of different contracting mechanisms including, for example, paying a block contract, but had concerns about whether this offered the right incentive to right-size packages and achieve an acceptable rate of direct contact time with customers.



## **How will success be measured?**

- 36 The three providers will be asked to collect a significant amount of information to understand how the contract will be working as set out in Appendix 2 of this report. The main outcomes sought are:
- Reduction in turnover of care workers
  - Improvement in continuity of care worker for service users and therefore customer satisfaction
  - Improvement in service users' social connections
  - Improvement in health and well-being through preventative approaches
- 37 We have developed an Outcomes Tool that cover three important domains of people's lives: My Well-being and Independence, My Home and My Community. Service users will rate on a scale of 1-5 of how satisfied they are within each domain and this will be tracked over the duration of the pilot.
- 38 York Consulting Ltd will undertake an independent evaluation of the service against the stated objectives and desired outcomes.

## **What is the timetable and who will be responsible for implementation?**

- 39 The two successful care providers were notified on 6 June 2024. Mobilisation is being undertaken with a final go live date of 9 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. The Director of Adults and Health is responsible for the implementation.

## **Appendices**

Appendix 1: Area 1- geographical map of the pilot area for the Community Health and Well-being Service

Appendix 2: data collection for the Community health and Well-being Service

## **Background papers**

- [The Community Well-being Pilot Evaluation](#), Dr Darren Hill, Dr Erika Laredo, Dr David Mercer and Sara Rushworth, Leeds Beckett University, 2022.

## Appendix One – Pilot area

Area 1 is defined as Bramley and Stanningley, Armley, Farnley and Wortley This is our pilot area for the new Community Health and Wellbeing Service, and it will inform the specification and service model for home care and delegated healthcare services for the rest of the city.

The total number of home care hours in the contracted area is currently 3,300 per week (Sept 23), supporting around 210 people with 21% of hours as two-handed visits.

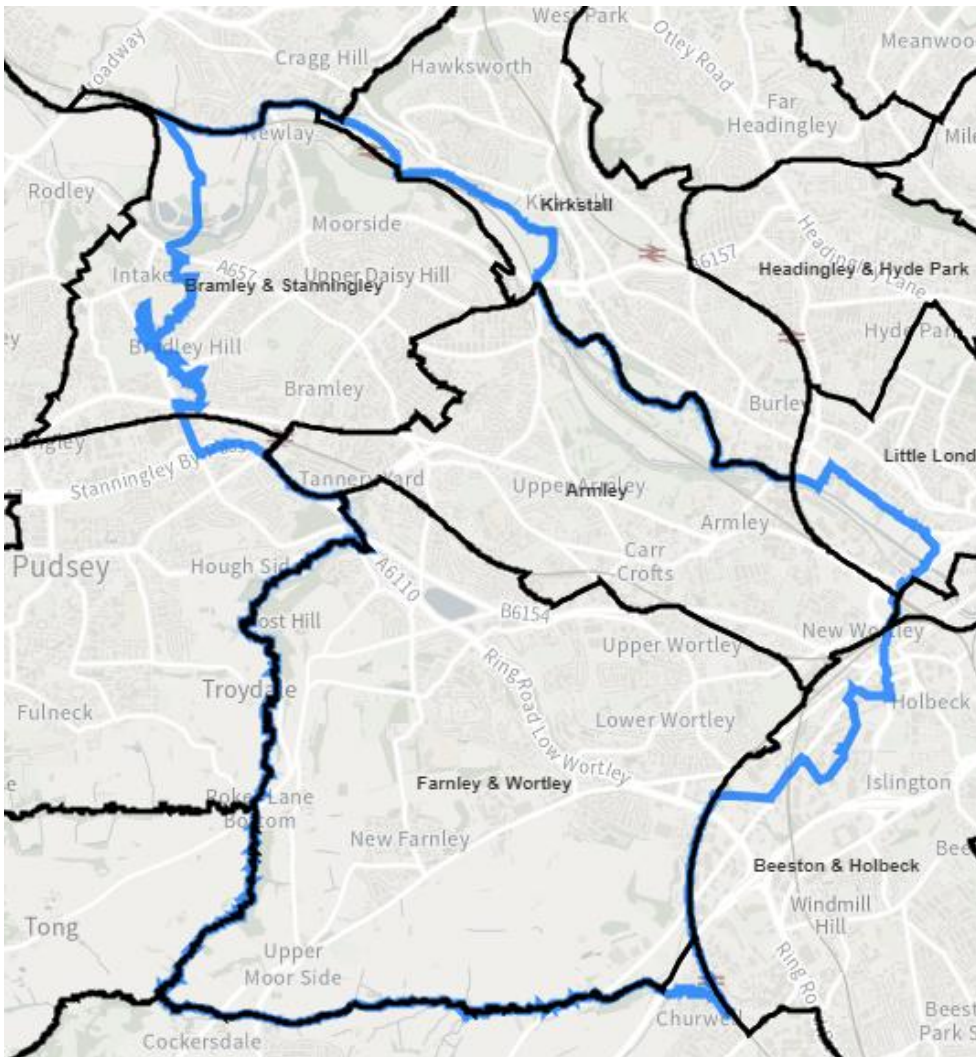
Referrals from LCH will be gradually introduced during the first month of the contract up to an estimated 200 visits per week.

### Map

**Blue Line** = Pilot area boundary    **Black Lines** = LCC Wards

Bramley & Stanningley boundary follows Intake Lane, around West Leeds Academy along Summerfield Drive.

Boundary is based on national lower super output areas, and final tweaks may be made to maximise rota / run efficiency.



## Appendix 2: Monitoring information

For the start of the contract, the information below will be submitted by the Provider on a weekly basis unless otherwise indicated. Frequency of reporting may change over the course of the contract.

<p><b>Planning Measures (Demand)</b> <i>How many do we get?</i> Demand – volume in</p>	<ol style="list-style-type: none"> <li>1. Number of new packages started by Lot and number of packages ended</li> <li>2. Number of new care plan hours started by Lot, and number of hours relating to closed packages</li> <li>3. Number of packages where care plan hours were increased or decreased by (a) the provider by Lot or (b) social worker (c) net impact in hours</li> <li>4. Number of packages due to be reviewed by Lot</li> </ol>
<p><b>Planning Measures (Capacity)</b> <i>How many do we do?</i> Capacity – volume</p>	<ol style="list-style-type: none"> <li>5. Number of people being supported</li> <li>6. Total number of care hours involving care outside of the home</li> <li>7. Number of people not supported due to a hospital stay</li> <li>8. Number of care hours 'free' (not delivered) due to people being in hospital</li> <li>9. Time between referral and the care commencing (per case, measured in days)</li> <li>10. Number of total care plan hours (at any time – capability chart)</li> <li>11. Number of Lot 1 packages reviewed within timescale</li> </ol>
<p><b>Leading Measures</b> <i>How well do we do them?</i></p>	<ol style="list-style-type: none"> <li>12. Number of people who feel they have made progress towards their personal wellbeing outcomes since they were last assessed or reviewed (measured for each person at each review, on the outcomes monitoring tool (reporting three times per year)</li> <li>13. Case studies (presented in any suitable format e.g. as a pen picture or video diary). At least 2 per 3-month period, randomly selected and formulated jointly by the person receiving care / family, Integrated Neighbourhood Team members and the carers</li> </ol>
<p><b>Lagging Measures</b> <i>What is the impact on performance in this system?</i></p>	<ol style="list-style-type: none"> <li>14. Number of staff hours spent travelling shown overall, and as minutes per hour of direct care provided (4 weekly)</li> <li>15. Proportion of overall provider spend on direct and indirect staffing costs (4 weekly)</li> <li>16. Staff sickness absence – number of days, also shown as % of total working days (4 weekly)</li> <li>17. Staff turnover (4 weekly)</li> <li>18. Level of job satisfaction and morale (measured by means of half-yearly staff survey)</li> <li>19. Training received by each member of staff (recorded continuously, reported upon annually)</li> <li>20. % of people receiving home care, and their family, who feel that what matters to them has been truly understood, and that they have been effectively supported by the carers (measured by means of annual survey, inclusive of section for narrative comments to understand what could be done better)</li> <li>21. Number of people who received an adjusted level of home care due to support given to become less reliant on the service (e.g. through rehabilitation, enablement or community network engagement) (quarterly)</li> <li>22. Number of complaints (quarterly)</li> <li>23. Number of reportable incidents (quarterly)</li> <li>24. Value of refunds / credits (quarterly)</li> </ol>
<p><b>Lagging Measures</b> <i>What is the impact on performance in the wider system?</i></p>	<ol style="list-style-type: none"> <li>25. Examples of collaboration that have led to community developments and greater level of community resilience – case studies / quarterly</li> <li>26. Number of unpaid carers, in relation to people receiving home care, who report that they feel well supported by the paid carers in their role (measured by means of annual survey and also conversations held during service user reviews)</li> <li>27. Examples where home carer support assisted in avoiding a hospital admission (quarterly)</li> <li>28. Examples where home carer support alleviated pressure on other services (such as avoided ambulance call out, GP visit, DN visit etc) (quarterly)</li> </ol>

	29. Examples of services, community support or other solutions that were not available, leading to inappropriate reliance on home care – case studies / quarterly
--	---

### Key Performance Indicators

	<b>Measure</b>	<b>Limitations</b>	<b>Minimum Target</b>
1	Number of referrals converting to service starts All Providers combined	None	95%
2	Number of referrals with start date agreed within one working day of brokerage referral By Lot / Provider	Standard packages – no authorised delay	80%
3	Number of referrals starting services within 72 hours By Lot / Provider	Standard packages – no authorised delay	80%
4	Number of priority referrals starting services within 48 hours By Lot / Provider	None	98%
5	% People with up to date with their provider-led review reviews By Lot / Provider	None	95%
6	% People with up-to-date outcomes monitoring completed Lot 1 by Provider	Excluding people who have opted out of outcomes monitoring	75%
7	% Scheduled visits completed By Lot / Provider	Excluding person led cancellation / not at home	98%

## Work Schedule

Date: 9<sup>th</sup> July 2024

Report of: Head of Democratic Services

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

Will the decision be open for call in?  Yes  No

Does the report contain confidential or exempt information?  Yes  No

### Brief summary

- All Scrutiny Boards are required to determine and manage their own work schedule for the municipal year. In doing so, the work schedule should not be considered a fixed and rigid schedule, it should be recognised as a document that can be adapted and changed to reflect any new and emerging issues throughout the year; and also reflect any timetable issues that might occur from time to time.
- The Scrutiny Board Procedure Rules also 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'.
- The latest version of the Board's work schedule is attached to this report for the Board's consideration.

### Recommendations

Members are requested to consider the Scrutiny Board's work schedule for the 2024/25 municipal year.

## What is this report about?

1. During the Scrutiny Board's initial meeting on 18<sup>th</sup> June 2024, Members were presented with a draft work schedule for the forthcoming municipal year which reflected known items of scrutiny activity, such as performance and budget monitoring, as well as other areas of work recommended by the former Scrutiny Board to be pursued in the 2024/25 municipal year.
2. Other key areas of interest were also raised, as reflected within the minutes of that meeting. However, in recognition of the need to ensure that the work of the Scrutiny Board remains manageable, it was agreed that the Chair of the Scrutiny Board would liaise with the Principal Scrutiny Adviser to consider how best to prioritise and incorporate these into the work schedule with a view to bringing an updated version to the Board's July meeting for further consideration.
3. An updated version of the Board's work schedule for the 2024/25 municipal year is therefore set out in Appendix 1 for Members' consideration.
4. The latest Executive Board minutes from the meeting held on 19<sup>th</sup> June 2024 are also attached as Appendix 2. The Scrutiny Board is asked to consider and note the Executive Board minutes, insofar as they relate to the remit of the Scrutiny Board; and consider any matter where specific scrutiny activity may also be warranted.

### Developing the work schedule

5. 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.
6. To deliver the work schedule, the Board may need to undertake activities outside the formal schedule of meetings – such as working groups and site visits. Additional formal meetings of the Scrutiny Board may also be required.

## What impact will this proposal have?

7. All Scrutiny Boards are required to determine and manage their own work schedule for the municipal year.

## How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing

Inclusive Growth

Zero Carbon

8. The terms of reference of the Scrutiny Boards promote a strategic and outward looking Scrutiny function that focuses on the priorities set out in the Best City Ambition.

## What consultation and engagement has taken place?

Wards affected:

Have ward members been consulted?       Yes                       No

9. The Vision for Scrutiny states that Scrutiny Boards should seek the advice of the Scrutiny officer, the relevant Director and Executive Member about available resources prior to agreeing items of work.

## What are the resource implications?

10. 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.
11. 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.
12. Consequently, when establishing their work programmes Scrutiny Boards should consider the criteria set out in paragraph 5.

## What are the key risks and how are they being managed?

13. There are no risk management implications relevant to this report.

## What are the legal implications?

14. This report has no specific legal implications.

## Appendices

- Appendix 1 – Latest work schedule of the Adults, Health and Active Lifestyles Scrutiny Board for the 2024/25 municipal year.
- Appendix 2 – Minutes of the Executive Board meeting on 19<sup>th</sup> June 2024.

## Background papers

- None.

This page is intentionally left blank





## SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES) Work Schedule for 2024/2025 Municipal Year

June 2024	July 2024	August 2024
<b>Meeting Agenda for 18/06/24 at 1.30 pm.</b>	<b>Meeting Agenda for 9/07/24 at 1.30 pm.</b>	<b>No Scrutiny Board meeting scheduled</b>
Co-opted Members (DB) Scrutiny Board Terms of Reference (DB) Potential Sources of Work (DB) Performance Update (PM)	Community Health and Wellbeing Service (PSR) Community Mental Health Transformation and Crisis Transformation Programmes (PSR)	
<b>Working Group Meetings</b>		
	Preparations for the new Care Quality Commission (CQC) assessment framework (PSR) – 17/07/24 @ 1.30 pm	
<b>Site Visits / Other</b>		

### Scrutiny Work Items Key:

PSR	Policy/Service Review	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring



## SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES) Work Schedule for 2024/2025 Municipal Year

September 2024	October 2024	November 2024
<b>Meeting Agenda for 10/09/24 at 1.30 pm.</b>	<b>Meeting Agenda for 8/10/24 at 1.30 pm.</b>	<b>Meeting Agenda for 12/11/24 at 1.30 pm.</b>
<p>Improving the take up of direct payments within the broader context of the Council's Personalisation Offer (PSR)</p> <p>Director of Public Health Annual Report 2023 'Ageing Well: Our Lives in Leeds' (PM)</p> <p>Home First Programme – Overview of outcomes and proposed next steps (PSR)</p>	<p>Leeds Health and Care System Resilience and Winter Planning (PSR)</p> <p>Workforce challenges impacting on health and care service delivery in Leeds (PSR)</p> <p>Reviewing the local impact surrounding any new national health related policies (PSR)</p>	<p>A themed focus on tackling health inequalities to include the following elements (PSR):</p> <ul style="list-style-type: none"> <li>➤ Reviewing progress in delivering the Marmot City programme;</li> <li>➤ Reviewing progress linked to relevant workstreams within the Healthy Leeds Plan;</li> <li>➤ Exploring any accumulative consequential impacts of existing cost improvement measures across health and social care.</li> </ul>
<b>Working Group Meetings</b>		
	<p>An overview of progress in delivering the budgeted savings and efficiency/investment measures within the Adults and Health and Active Leeds service areas for 2024/25 (PSR) – <i>date to be confirmed</i></p>	<p>Tackling neurodiversity assessment waiting lists for children and adults (PSR) – <i>date to be confirmed</i></p>
<b>Site Visits / Other</b>		

**Scrutiny Work Items Key:**

PSR	Policy/Service Review	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring



## SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES) Work Schedule for 2024/2025 Municipal Year

December 2024	January 2025	February 2025
<b>No Scrutiny Board meeting scheduled</b>	<b>Meeting Agenda for 14/01/25 at 1.30 pm.</b>	<b>Meeting Agenda for 11/02/25 at 1.30 pm.</b>
	Performance report (PM) Financial Health Monitoring (PSR) 2024/25 Initial Budget Proposals (PDS) Leeds Safeguarding Adults Board Progress Report (PSR)	A themed focus around access to non-urgent primary and secondary care provision to include the following elements (PSR): <ul style="list-style-type: none"> <li>➤ Access to General Practice</li> <li>➤ Dentistry</li> <li>➤ Elective care waiting times</li> </ul>
<b>Working Group Meetings</b>		
2025/26 Initial Budget Proposals (PDS) – <i>date to be confirmed</i>		Tackling obesity and supporting healthy weight and active lifestyles (PSR) – <i>date to be confirmed</i>
<b>Site Visits / Other</b>		

**Scrutiny Work Items Key:**

PSR	Policy/Service Review	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring



## SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES) Work Schedule for 2024/2025 Municipal Year

March 2025	April 2025	May 2025
<b>Meeting Agenda for 25/03/25 at 1.30 pm.</b>	<b>No Scrutiny Board meeting scheduled</b>	<b>No Scrutiny Board meeting scheduled</b>
Reviewing local NHS waiting times (PSR)  Improving unplanned/urgent care systems and patient flows (PSR)  End of year statement		
<b>Working Group Meetings</b>		
<b>Site Visits/Other</b>		

**Scrutiny Work Items Key:**

PSR	Policy/Service Review	DB	Development Briefings
PDS	Pre-decision Scrutiny	PM	Performance Monitoring

## EXECUTIVE BOARD

WEDNESDAY, 19TH JUNE, 2024

**PRESENT:** Councillor J Lewis in the Chair

Councillors S Arif, D Coupar, H Hayden,  
A Lamb, J Lennox, J Pryor, M Rafique and  
F Venner

**APOLOGIES:** Councillor M Harland

**1 Pre-Election Period of Heightened Sensitivity**

The Chair reminded the Board that as a result of the General Election being called for the 4 July, the meeting was being held during the pre-election period of heightened sensitivity.

It was noted that whilst the purpose of the pre-election period was not to prevent the Council from carrying out its normal business, it was to prevent the business conducted by the Council being used, or being perceived as being used, to secure any electoral advantage.

Therefore, Members were asked to treat the meeting as a normal Board meeting, but being mindful not to enter into debate that amounts to, or could reasonably be perceived to amount to electioneering.

**2 Exempt Information - Possible Exclusion of the Press and Public**

There was no information contained within the agenda which was designated as being exempt from publication.

**3 Late Items**

There were no late items of business submitted to the Board for consideration.

**4 Declaration of Interests**

There were no Disclosable Pecuniary Interests declared at the meeting.

**5 Minutes**

**RESOLVED** – That the minutes of the previous meeting held on 17th April 2024 be approved as a correct record.

### **CHILDREN AND FAMILIES**

**6 Special Educational Needs and Disabilities (SEND) - Education, Health and Care Plans (EHCPs) – Review Process – Update Report**

Further to Minute No. 83, 13<sup>th</sup> December 2023, the Director of Children and Families submitted a report setting out proposals regarding the ‘delivery stage’ of the new arrangements regarding Education, Health and Care Plan (EHCP) assessment and provision in Leeds. The report also presented the

Draft minutes to be approved at the meeting  
to be held on Wednesday, 24th July, 2024

Inquiry Report of the Children and Families Scrutiny Board into the provision of EHCP support for the Board's consideration.

The Executive Member introduced the report and in doing so, acknowledged that the Council currently was not delivering the level of service in this area that it wanted to. However, in response to this, it was highlighted that the steps outlined in the report, informed by the outcomes from the review, were being proposed to improve the timeliness by which EHCPs were delivered and improve the experience for children and their families. The significant increase in demand in this area was highlighted, which it was noted was a common experience for many other Authorities. The impact of such demand was emphasised, with staff being thanked for their continued efforts. It was noted that the proposed changes would help the Council achieve and maintain the improvements that were needed and that they would continue to be informed via the views of all relevant parties. As part of the proposals, external resource would be used to tackle the EHCP backlog. Thanks was also extended to the valued work of the Scrutiny Board in this area.

The Board welcomed Councillor Dan Cohen to the meeting, as Chair of the Scrutiny Board Children and Families, who was in attendance to introduce the related Scrutiny Board inquiry report and its recommendations, as included at Appendix 2 to the submitted report. In doing so, Councillor Cohen thanked all parties who had contributed to the Scrutiny Board inquiry and resultant report. Detail was provided on the aims of the inquiry, the areas which the inquiry had focussed upon and the range of stakeholders who had engaged in the process. The Board's attention was also drawn to several of the Scrutiny Board's recommendations. Councillor Cohen acknowledged that whilst some performance had improved, there was still huge room for improvement. It was noted that the Scrutiny Board intended to robustly monitor performance and looked forward to significant improvements being made.

Responding to a specific enquiry regarding the commissioning of the review work undertaken by PricewaterhouseCoopers (PwC), the Board was advised of the cost of the work undertaken. In addition, it was noted that PwC had been commissioned on the basis that a full review was required, which needed an objective view by an organisation with specialist experience. Given the detail and scope of the review, it was noted that the Council could not have conducted the same level of review internally. It was emphasised that the review had put the Council in a very good position to have a clear plan of implementation to realise its absolute commitment to achieve full compliance with statutory duties in this area and to ensure that the needs of children and families were met.

A Member sought assurance around the approach that would be taken to ensure that the current backlog was cleared whilst also delivering improvements at pace in order to enable statutory requirements to be met. In response, further detail was provided, which included the provision of additional resource, together with the cross-Council and multi-agency approach being taken to deliver improvements in key areas such as digitalisation and the reduction of bureaucracy.

A concern was raised on the specific proposal to change the operating model regarding the provision of 'Funding for Inclusion' (FFI). In response, further detail and context was provided on the reasons for the proposed change, its aims and how it was part of the Council's approach to ensuring that statutory requirements were met. In this case it was noted that this proposal was to ensure that children and young people had access to a statutory assessment in relation to SEND. It was highlighted that significant changes had been experienced in the sector since the introduction of FFI, which was another factor for the proposals. Detail was also provided on the continued consultation and engagement with relevant partners; on the number of children and young people currently in mainstream schools on FFI packages; and the innovative approaches being considered to ensure early intervention in relation to children's needs.

Whilst supportive of the other recommendations, a Member raised further concerns on the proposals regarding FFI and suggested that further detail was needed prior to a decision being made on this specific element. It was also requested that such matters be considered further with the involvement of Scrutiny. In response, it was undertaken that officers would provide a further briefing to the Member in question in relation to FFI, and it was also undertaken that the Executive Member together with officers were happy to work with Scrutiny going forward on this matter, and on the wider issue of EHCP provision.

In conclusion, it was highlighted that through these proposals, there was no suggestion that the Council would be putting less resource into supporting those with SEND, but that it would enable the Council to adapt its approach so that the significant increase in demand was met. It was also noted that where appropriate, representations would continue to be made seeking further resource.

**RESOLVED –**

- (a) That the proposed changes to be made to the way in which EHCP processes are delivered in Leeds, as detailed within the submitted report, be agreed;
- (b) That the need to ensure that the views and experiences of children, young people, parents and carers are captured during the delivery of changes and improvements, be endorsed;
- (c) That the need to work in partnership with a range of stakeholders, especially schools and other specialist settings, to deliver improvements to EHCP arrangements across Leeds, be endorsed;
- (d) That in accordance with the established arrangements for reporting and commenting upon Scrutiny Board Inquiry reports, the concurrent Children and Families Scrutiny Board Inquiry report, as presented at Appendix 2 to the submitted report, be noted, together with the comments made during the Board's consideration of this Inquiry report.

(Under the provisions of Council Procedure Rule 16.5, Councillor A Lamb required it to be recorded that he abstained from voting on the decisions referred to within this minute)

## **7 Little Owls Nurseries Review**

The Director of Children and Families submitted a report which presented the findings from the review work undertaken into Little Owls nurseries provision to date, together with the associated consultation and engagement responses received. The report, in taking such findings into consideration, made a number of recommendations to the Board in relation to next steps.

In introducing the report, the Executive Member provided an overview of the proposals which were to close 3 of the Little Owls settings, undertake an exploration of other options for the future delivery of childcare in a further 12 settings, and for at least 9 Little Owls settings to remain in operation by the Council where most needed. The impact faced by those affected was acknowledged, however, the reasons for the proposals were highlighted, with reference being made to the significant financial challenges which continued to be faced. Details were also provided on the range of factors taken into consideration as part of the review.

As part of the proposals, it was highlighted that guaranteed places were available for those children currently attending the 3 settings proposed for closure at other local Little Owls nurseries. It was also noted that there were sufficient vacancies in settings within the service to accommodate affected staff.

Responding to a number of enquiries and concerns raised by a Member regarding the proposals, further information was provided on the following:

- The range of consultation and engagement which had been undertaken with parents and carers as part of the review;
- The information which was used to determine the cost per day for a place in a Little Owls setting;
- The actions which had been taken to reduce the overspend position during 2023/24;
- Further information was provided on the context within which the proposals were being made and the actions taken to date to reduce costs and to maximise efficiency;
- Responding to an enquiry regarding the alternative options which had been considered, the Board received further detail on the methodology used during the review that had led to the proposals as presented in the report;
- In responding to a question about the increase in fees that was needed to close the current overspend, it was highlighted that the Council looked to strike the correct balance to ensure that a sustainable service providing value was delivered, and which fulfilled the Council's statutory duties around sufficiency of places, whilst also operating within the agreed budgeted position;



- It was reiterated that guaranteed places were available for those children currently attending the 3 settings proposed for closure at other local Little Owls nurseries, with Members receiving an overview of the responses received to that offer.

**RESOLVED –**

- (a) That in general terms, the contents of the submitted report, be noted;
- (b) That it be noted that the Council will continue to directly deliver day care at the following Little Owls settings:
- Chapeltown
  - Harehills
  - Middleton Laurel Bank
  - New Bewerley
  - Swarcliffe
  - Two Willows
  - Little London
  - Seacroft
  - Armley Moor
- (c) That the consultation and engagement responses in relation to the proposal, as detailed within the submitted report and appendices, be noted; and having had regard to those, the withdrawal from and/or closure of Little Owls Gipton North, Little Owls Chapel Allerton and Little Owls Kentmere, be approved;
- (d) That following resolution (c) above, where possible and noting ancillary use, those buildings be declared surplus to operational requirements following the closedown of Little Owls functions;
- (e) That the initial consultation and engagement responses in relation to the proposal to explore the potential amalgamation of some Little Owls settings and to explore potential and viable interest from other providers, as detailed within the submitted report and appendices, be noted; and that agreement be given to the undertaking of a ‘market sounding exercise’ to deliver additional nursery places to replace specific Council run settings at the following locations:
- Shepherds Lane
  - City & Holbeck
  - Hunslet Rylestone
  - Meanwood
  - Parklands
  - Osmondthorpe
  - St Mary’s Hunslet
  - Quarry Mount
  - Rothwell
  - Hawksworth Wood
  - Bramley
  - Burley Park
- (f) That the subsequent ‘market sounding exercise’ in relation to the settings set out in resolution (e) above, be agreed, and that it be noted that those ‘market sounding exercises’ will commence immediately;
- (g) That it be noted that the Director of Children and Families may take further decisions in respect of the settings listed at resolution (e) above following the market sounding exercise for the twelve settings indicated, which would be as a direct consequence of this decision.

(Under the provisions of Council Procedure Rule 16.5, Councillor A Lamb required it to be recorded that he abstained from voting on the decisions referred to within this minute)

## **8 Children Looked After, Sufficiency Strategy**

The Director of Children and Families submitted a report presenting a draft Children Looked After Sufficiency Strategy which aimed to set out the Council's approach towards meeting its Sufficiency Duty and the needs of children in its care. Further to this, the report noted that detailed three-year profiles and implementation plans would sit underneath the strategy and would be monitored monthly and updated annually.

In presenting the report, the Executive Member highlighted the importance of this service area and the key benefits arising from the delivery of an effective sufficiency strategy. It was noted that the voices of children and young people with lived experience were highlighted within the strategy. The Council's corporate parent role was also emphasised as a key consideration.

The need for the strategy to deliver the best outcomes for children and young people was highlighted, whilst emphasis was also placed upon the key role that this service area played in terms of the Council's management of its ongoing financial challenge.

A Member raised an enquiry which sought reassurance that through the strategy the Council would deliver the changes which were needed at the pace required. In response, the Board received an overview of the aims and ambitions of the strategy, and the actions being taken to deliver it. Key aspects included the cross-Council approach being undertaken and the additional resource from within the directorate being utilised.

### **RESOLVED –**

- (a) That the proposed Children Looked After Sufficiency Strategy, as presented at Appendix 1 to the submitted report, be agreed, and that the comments raised by the Board during the consideration of this item, be noted;
- (b) That it be noted that this strategy document will be subject to regular review, and that any significant changes may mean that the Sufficiency Strategy is re-presented to Executive Board for endorsement.

## **9 Update report – Joint Targeted Area Inspection (JTAI) on serious youth violence in Leeds**

The Director of Children and Families and the Director of Communities, Housing and Environment submitted a joint report providing an overview of the Joint Targeted Area Inspection (JTAI) undertaken into the response of Leeds' multi-agency partnership of the Local Authority, Police, violence reduction partnership and health services to children affected by serious youth violence. The report noted that the inspection was undertaken in March 2024, with the resulting inspection report published on 16<sup>th</sup> May 2024. The report presented the findings in the published inspection report and the proposals in terms of next steps and actions.

In presenting the report, the Executive Member provided an overview of the key elements of the inspection. The strengths of the service identified within

the inspection report were noted, with the improvements which had been made regarding multi-agency relationships being highlighted. However, it was emphasised that the Council was not complacent in this area and that an action plan was underway to look to further develop and improve the service.

Responding to enquiries, the Board received further detail on the actions being taken to address the 3 areas for improvement which had been identified.

Regarding the requirement for a plan to be compiled and submitted in response to the report's findings, the Board noted that this was being produced in collaboration with key partners. In response to a Member's enquiry regarding the democratic oversight of the plan, it was undertaken that the plan could be shared with the Scrutiny Chair when completed, and that the Leeds Safeguarding Children Partnership Executive would oversee the implementation of the plan, in line with expectations.

Thanks was extended to all those involved in the delivery of support for young people in this complex area, including services across the Council and also in terms of the key role played by partner organisations.

#### **RESOLVED –**

- (a) That the contents of the submitted update report, be noted;
- (b) That the findings in the published inspection report, as appended to the submitted cover report, be noted;
- (c) That it be noted that the Children and Families directorate accept the findings of the inspection and will address any areas for improvement for the Local Authority in partnership with Safer Leeds, as identified by the inspection team;
- (d) That it be noted that Leeds City Council is the principal authority and should prepare a written statement of proposed action responding to the findings outlined in the report, which should be a multi-agency response involving the individuals and agencies that the inspection report is addressed to. That it also be noted that the response should set out the actions for the partnership and, when appropriate, individual agencies, and that the local safeguarding partners should oversee the implementation of the action plan through their local multi-agency safeguarding arrangements.

#### **10 Children's Transport Policy: Permission to Consult on Proposed Changes to Transport Assistance for Post-16 Learners with Special Educational Needs and Disabilities (SEND)**

The Director of Children and Families submitted a report which sought approval for the Council to undertake a period of consultation on a range of proposals regarding the future provision of transport assistance for post-16 learners with Special Educational Needs and Disabilities (SEND).

In presenting the report, the Executive Member highlighted that should the proposal for consultation be agreed, the intention was to submit a further report to the Board in October 2024 presenting the consultation findings and any associated proposals. The context and factors which had led to the proposal to undertake consultation in relation to this service area were noted, and it was highlighted that any changes which were delivered would be phased in from September 2025 for new applications.

Concern was raised by a Member regarding the recommendation within the report that the decisions from it be exempted from Call In. In response, it was highlighted that the proposed consultation was required to be undertaken during school term time and that the subsequent report due to be submitted in October outlining any proposals to change the service would be eligible for Call In. It was also highlighted that due to the level of transformation across the directorate, the work which had been undertaken to date on this matter and due to the capacity available, it had meant that this was the earliest opportunity to submit this report to the Board.

A further concern was raised about the principles of the proposals, and the need to ensure that the requirements of young people needed to be prioritised ahead of the need to save money.

Members discussed the benefits of independent travel training and the scale at which it was being delivered.

#### **RESOLVED –**

- (a) That in general terms, the contents of the submitted report, be noted;
- (b) That the plan for consultation to take place over a four-week period starting 24th June 2024 and closing on 21st July 2024 on a range of proposals for post-16 SEND transport assistance, be approved;
- (c) That it be agreed that the findings from the consultation be used in the preparation of a new post-16 SEND transport offer, with it being noted that it is currently planned for this to be presented to Executive Board for approval in October 2024;
- (d) That the resolutions from this report ((a) – (e)) be exempted from the Call In process for the reasons as set out in paragraphs 32 – 34 of the submitted report;
- (e) That it be noted that the officer responsible for the implementation of such matters is the Director of Children and Families.

(Under the provisions of Council Procedure Rule 16.5, Councillor A Lamb required it to be recorded that he abstained from voting on the decisions referred to within this minute)

(The Council's Executive and Decision Making Procedure Rules state that a decision may be declared as being exempt from the Call In process by the

decision taker if it is considered that the matter is urgent and any delay would seriously prejudice the Council's, or the public's interests. In line with this, the resolutions contained within this minute were exempted from the Call In process, as per resolution (d) above, and for the reasons as set out within sections 32 - 34 of the submitted report and as discussed during the meeting)

## **LEADER'S PORTFOLIO**

### **11 Celebrating and Commemorating the life of Rob Burrow CBE**

The Chief Executive submitted a report which celebrated and commemorated the life of Rob Burrow CBE, who sadly died on 2nd June 2024 after suffering from Motor Neurone Disease (MND) since his diagnosis in late 2019. The report highlighted how much adoration and recognition had been shown for Rob and provided Executive Board with an opportunity to reflect upon his life and his achievements.

In presenting the report, the Leader highlighted how the report set out the Council's proposed approach to commemorating the life of Rob Burrow. It was noted that in January 2023 both Rob and Kevin Sinfield CBE had been made Honorary Freemen of the City of Leeds. This was in recognition of their contribution to Leeds in terms of their sporting achievements and also their charitable work with the MND Association and their support to the wider MND community.

It was undertaken that the Council will work with Rob's family, Leeds Rhinos and MND charities to ensure that a fitting memorial is established for Rob.

Members echoed the comments made, highlighting how Rob transcended the world of sport and had a huge impact upon the city of Leeds and beyond. Members supported the wish to continue his legacy and commemorate and honour Rob, taking into account the wishes of his family.

### **RESOLVED –**

- (a) That continued support be given to the celebration and commemoration of the life of Rob Burrow CBE and to his contribution to rugby league, the ongoing fight against MND and to showing the world how to live courageously and illustrating the meaning of true friendship;
- (b) That the work being undertaken to mark Rob's life and legacy, be supported, via engagement with Leeds Rhinos and Rob Burrow CBE's family in the most appropriate way in order to support Rob's ambitions, which included work to build the Leeds MND Centre and finding a cure for MND.

## **RESOURCES**

### **12 Financial Health Monitoring 2023/24 - Outturn Financial Year Ended 31st March 2024**

The Chief Officer, Financial Services submitted a report which presented an update on the financial performance of the Authority against the 2023/24 Revenue and Capital budgets at the Outturn of the financial year. The report also recommended actions in relation to several areas including the flexible use of Capital Receipts, the creation of earmarked reserves and injections into the Capital Programme.

In presenting the report the Executive Member provided an overview of the key points in which a balanced position for 2023/24 was being reported through the use of the £17.7m refund from the West Yorkshire Combined Authority and also through use of part of the Merrion House reserve. It was also highlighted that directorates had delivered 77% of savings required, with all directorates being thanked for their contribution towards this.

A Member raised enquiries regarding the reasons for the use of £10.25m Adults and Health reserves in order for the directorate to achieve a balanced budget in 2023/24 and the impact of that upon reserve levels. In response, the Board received further information with it being noted that this was due to significant increase in demand for specific services, which had now stabilised in some areas. Whilst it was acknowledged that this was a challenging position, further detail was provided on the actions that continued to be taken by the directorate in this area.

In terms of the lessons which had been learned from the experience in Adults and Health directorate and whether this could be shared with Children and Families directorate, the Board received information regarding the cross-directorate work which was being undertaken. Further detail was provided on the approach being taken in this area across the Council generally and within Children and Families directorate specifically.

Responding to an enquiry, the Board received an update on the impact regarding the removal of the Maximum Assessed Charge (MAC) cap in relation to non-residential Adult Social Care, with Members noting the actions which were taken in the preparation and delivery of the policy in order to achieve a smooth transition.

In response to an enquiry about the delivery of the strategy in place to manage and deliver the Children and Families directorate budget moving forward, assurance was provided that robust and appropriate plans were in place, together with the cross-Council approach to address the ongoing challenges. It was noted that this was however within the context of the significant issues being experienced nationally including major challenges regarding demand and demography.

## **RESOLVED –**

- (a) That it be noted that at Outturn, the Authority's General Fund revenue budget is reporting a balanced position after the application of reserves and one off measures;
- (b) That it be noted that during the year where an overspend was projected, directorates, including the Housing Revenue Account, were required to present action plans to mitigate their reported pressures, in line with the amended Revenue Principles agreed by Executive Board in February 2024, with it also being noted that savings actions identified are included within the submitted report;
- (c) That it be noted that known inflationary increases, including demand and demographic pressures in Social Care, known impacts of the rising cost of living, and the agreed 2023/24 pay award, have been incorporated into this reported financial position;
- (d) That it be noted that that at Outturn the Authority's Housing Revenue Account is reporting a balanced position after a contribution of £0.9m to reserves;
- (e) That the updated planned use of flexible use of Capital Receipts, be approved as follows, following Full Council's approval of the Strategy for the flexible use of Capital Receipts at the February 2023 Budget, as set out at paragraph 3.1 in Appendix 1 of the submitted report:
- £1.52m Voluntary Leaver Scheme costs and flexible retirements;
  - £0.35m Strategy & Resources' staff supporting transformational projects/ work;
  - £0.35m Communities' staff supporting transformational projects/ work in climate change and Community Hubs;
- (f) That in accordance with the Council's Budget and Policy Framework, the creation of earmarked reserves, as detailed at Appendix 5 to the submitted report, be approved, and that their release be delegated to the Chief Officer, Financial Services;
- (g) That in accordance with the Council's Budget and Policy Framework, approval be given for the following injections into the Capital Programme, as detailed at Appendix 6A(iii) to the submitted report:
- £8,029.4k of 24/25 High Needs Provision Capital Allocation (HNPCA) Grant;
  - £7,758.6k of additional funding injections to HRA Schemes;
  - £1,313.5k of external contributions for works on Highways schemes;
  - £1,000.0k of additional Highways Grant for the TCF City Centre Cycle Network scheme;
  - £110.5k of additional departmental borrowing for the Waste Depot scheme; and
  - £2,416.1k of other external contributions;

- (h) That the additional Capital Receipts Incentive Scheme (CRIS) allocations to Wards and Community Committees for the period October 2023 to March 2024 of £0.2m, be noted;
- (i) That it be noted that the Chief Officer, Financial Services is responsible for the implementation of such matters following the conclusion of the Call In period.

### **13 Treasury Management Outturn 2023/24**

The Chief Officer, Financial Services submitted a report which presented the Council's Treasury Management position as at the Outturn for the 2023/24 financial year.

The Executive Member introduced the report, and paid tribute to the officers involved in the area of Treasury Management for the outcomes which had been achieved. The lower than forecasted borrowing levels were highlighted.

An enquiry was raised which sought further information and context regarding the less than forecasted borrowing levels, which were a result of the Council being underspent on the Capital Programme. In response, the Board was provided with further information in relation to the underspend and noted that it was not an intentional strategy but that schemes had slipped into the next year, which would be for a range of reasons.

**RESOLVED** – That the Treasury Management outturn position for 2023/24, as presented within the submitted report, be noted; with it also being noted that treasury activity has remained within the Treasury Management Strategy and Policy framework.

## **ECONOMY, TRANSPORT AND SUSTAINABLE DEVELOPMENT**

### **14 Leeds Business Improvement District Ballot (2025 - 2030)**

The Director of City Development submitted a report which presented proposals regarding the Council's role in operating the Leeds Business Improvement District (LeedsBID) ballot for a third term for the period 2025-2030.

The Executive Member introduced the report providing an overview of the key points and highlighting LeedsBID's intention to increase the geographical area of the BID by extending it south of the river into the South Bank. It was noted that this would increase the number of businesses in the BID by 100. Also, an update on footfall figures for the city centre was provided.

Clarification was provided that a further report would be submitted to the Board in September 2024 regarding LeedsBID's Business Plan for 2025-2030 and also in relation to the Council's vote in the upcoming ballot.

Responding to a Member's enquiry, the Board was provided with further detail on LeedsBID's consultation with stakeholders regarding the proposed geographical expansion of the BID area.



Also, further detail was provided on the work which had been undertaken in the city centre by the BID to date, and the positive impact that had been noted both in terms of footfall in the city centre and also from an economic perspective.

**RESOLVED –**

- (a) That the arrangements for the Council to operate a ballot, as presented in the submitted report, and in accordance with the statutory role of the Local Authority as set out in the BID regulations 2004, be approved;
- (b) That the draft Statement of Services, as presented in Appendix 2 to the submitted report, be approved, and in doing so, the Board provides a commitment to continue to maintain provision of services within the LeedsBID area;
- (c) That the proposed Operating Agreement, as presented at Appendix 3 to the submitted report, be approved;
- (d) That the stages and timescales, as outlined within the submitted report, which are required to implement the Board's resolutions, be noted, with it also being noted that the Head of City Centre Management is responsible for the implementation of such matters;
- (e) That it be noted that a further report will be submitted to Executive Board in September 2024 containing LeedsBID's Business Plan for 2025-2030 and that will provide a recommendation for the Council's vote in the upcoming ballot. That it also be noted that additional financial information will be provided at this time;
- (f) That LeedsBID's intention to extend their geographical area into the South Bank of the city centre, be noted, with it also being noted that in line with BID regulations, this change requires a new ballot to be held rather than a renewal ballot.

**DATE OF PUBLICATION:** FRIDAY, 21<sup>ST</sup> JUNE 2024

**LAST DATE FOR CALL IN  
OF ELIGIBLE DECISIONS:** 5.00PM, FRIDAY, 28<sup>TH</sup> JUNE 2024

This page is intentionally left blank