

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

**TUESDAY, 10TH SEPTEMBER, 2024**

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

Councillors C Anderson, L Buckley,  
M France-Mir, J Gibson, C Hart-Brooke,  
K Ritchie, A Rontree and E Taylor

Co-opted Member present – Jane Mischenko

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

There were no appeals.

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

There were no exempt items.

### **34 Late Items**

There were no late items.

### **35 Declaration of Interests**

No declarations of interests were made at the meeting.

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

Apologies for absence had been received from Councillor W Kidger.

### **37 Minutes of previous meetings**

**RESOLVED** - That the minutes of the meetings held on 9th July 2024 and 8th August 2024, be approved as an accurate record.

### **38 HomeFirst Programme**

The Director of Adults and Health submitted a report which presented an update from the Leeds Health and Care Partnership on the HomeFirst Programme, including outcomes delivered and proposed next steps.

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
- Councillor Adrian McCluskey, Support Executive Member
- Caroline Baria, Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- Nick Earl, Director of Strategy, Planning and Programmes (Interim), Leeds Integrated Care Board
- Andrea North, General Manager; Specialist Business Unit, Leeds Community Healthcare Trust.

The Chair invited the Executive Member for Adult Social Care, Active Lifestyles and Culture to provide some introductory comments and then invited the Director of Adults and Health and other invited contributors to give a brief overview of the key points set out within the appended briefing paper, which was presented in the form of a PowerPoint presentation.

In summary, the following key points were highlighted:

- The HomeFirst programme brings together health and care partners with support from an external partner, Newton Europe, to create a sustainable, person-centred, home-first model of intermediate care across Leeds that is joined up and promotes independence.
- A significant focus in the Programme has been on bringing people together with a shared focus on how to build a better offer focussed on a home first ethos and with the person at the centre.
- The ambition is to improve outcomes for over 3000 Leeds residents each year, resulting in an annualised financial saving of £17.3m to £23.1m.
- The Programme is now in the embed and sustain phase.
- The Board was briefed on the programme financial KPIs and programme financial opportunities. It was highlighted that performance indicators are tracked monthly and will change as performance moves. The performance data for August 2024 was shared with the Board, which showed that overall programme delivery is ahead of target.
- The HomeFirst Programme Team has developed a draft Blueprint for Intermediate Care Services in Leeds, which sets out a proposed work plan covering the near term (2024-25), medium term (5 years) and longer term (10 years). Such plans will need to respond to predicted demographic changes and the demand profile for intermediate care services.

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

- *Supporting people to live in suitable accommodation* – Importance was placed on supporting people to live in accommodation that best suits their needs. Linked to this, the Board discussed the issue of housing supply and the Director of Adults and Health advised that system partners, including health, social care and housing work collaboratively on this issue and agreed to provide further information for Board Members.
- *Staff surveys and communications* – While acknowledging that 76% of the staff surveyed had agreed that the new model benefited the patient, the

Board was advised that not all staff will have maintained contact with a patient throughout their journey and particularly at the point of witnessing them receiving support at home. Importance was therefore placed on communicating effectively with all staff and sharing positive case studies. Having been advised that a further staff survey was being undertaken, the Board requested to receive the findings once available.

- *Monitoring patient re-admission rates* – Members requested information surrounding patients linked to the programme who had been sent home but were subsequently re-admitted to hospital.
- *Delivering savings in the system* – Members were advised that the level of savings being realised will vary across different services and that each respective partner organisation will need to work through and sign off such savings. The Director of Adults and Health explained that any in-year savings achieved by the directorate will contribute towards reducing other existing financial pressures within Adults and Health.
- *Sharing learning and celebrating impact* – Members were informed that a system wide event is taking place on 4<sup>th</sup> October 2024 to reflect on progress made since the start of the programme. This will coincide with formal evaluation of the programme's impact and opportunities to be able to share learning regionally and nationally. An invitation to this event was also extended to Board Members.
- *Co-ordinated support planning* – Members were advised that a case manager is allocated to an individual to ensure connections are maintained between the partner agencies and support is delivered in a co-ordinated way. This is facilitated through a single Recovery Plan so that all staff who are supporting the person on the ward can understand the situation and next steps and also share clear information with the person and family/carers.
- *Patient involvement* – It was reported that feedback relating to the person being involved in their discharge plan and someone discussing the plan with them does require further focus and improvement. Surveys will continue to be undertaken as this work progresses to understand trends and impacts. A refreshed approach to identifying and involving carers has also been developed across the West Yorkshire partnership and is being implemented in Leeds Teaching Hospitals NHS Trust alongside the Transfers of Care Project.
- *Tackling No-Reason-To-Reside (NRTR) lengths of stay in Recovery Hubs* – Members were advised that by having social work staff more engaged throughout an individual's journey, this will also help to improve NRTR performance figures relating to Recovery Hubs.

The Chair thanked everyone for their contributions and reiterated the Board's commitment to continue tracking progress.

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

## 39 Director of Public Health Annual Report 2023

The Director of Public Health submitted a report which presented the 2023 Director of Public Health Annual Report called 'Ageing Well: Our Lives in Leeds'.

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
- Councillor Adrian McCluskey, Support Executive Member
- Caroline Baria, Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- Nick Earl, Director of Strategy, Planning and Programmes (Interim), Leeds Integrated Care Board
- Andrea North, General Manager; Specialist Business Unit, Leeds Community Healthcare Trust.
- Tim Fielding, Deputy Director of Public Health
- Helen Laird, Head of Public Health

The Executive Member for Equality, Health and Wellbeing gave a brief introduction and then handed over to the Director of Public Health to highlight key aspects of the report, which was presented in the form of a PowerPoint presentation. In summary, the following points were made:

- The 2023 annual report focuses on ageing well in Leeds and explores how healthy people, places, and communities contribute to ageing well and the number of years people spend in good health in Leeds.
- It brings together lived experiences of ageing well amongst Leeds' citizens through listening to the voices and stories of local people as well as professionals who work in this field, alongside a review of the data and evidence relating to ageing well.
- A short film had been produced to accompany the report and highlights the individual experiences of people aged 50+ in Leeds. This was also shown during the Scrutiny Board's meeting. The film and report are accessible on the Leeds Observatory site (<https://observatory.leeds.gov.uk/dph-report/>).
- The report will form part of the Joint Strategic Assessment for Leeds.
- Looking to 2033, there will be a growth in the 70+ age groups, particularly the 80+ age group. Population trends also show that the older population (50+) is growing in the most deprived areas and becoming more diverse.
- When comparing wards in Leeds with high and low levels of deprivation there is a difference in life expectancy at birth (11.7 years for males and 12.1 years for females).
- The national data taken from the CMO report on healthy ageing is reflective of the Leeds position, with people living in the most deprived areas spending a larger number of years in poor health in later life and

- starts in their early 50's. This is particularly relevant given that 1 in 4 of the Leeds total population is living and ageing in the most deprived areas.
- When asked what was important to ageing well in Leeds, the top three factors from professionals mirrored those identified by people in later life (though not in the same order) and included healthy living, travel and access to public spaces and being socially connected.
  - While there are many initiatives and programmes already in place, there is still lots more that can be done to support ageing well in Leeds. The report therefore includes a range of recommendations focussed on actions to increasing the number of years spent in good health and emphasises the importance of both primary and secondary prevention measures.

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

- *Positive mental well-being* – As part of the research for the report, people in later life were asked how happy they feel and asked to score their happiness from 0 (not at all happy) to 10 (completely happy). Members were pleased to note that the most common answer was 8 out of 10.
- *Links to other strategic documents* – Members acknowledged that the report will form part of the Joint Strategic Assessment for Leeds as well as being used to inform the Age Friendly Action Plan.
- *Aging well at home* – It was noted that nearly two out of three people in Leeds aged 65+ want to continue to live in their current home, with support when needed. It was suggested that the remainder may well wish to live in a different home but not necessarily a care home given that only a small percentage of the 65+ age group (around 3%) live in a care home. Members felt it would be helpful to receive further clarification on this.
- *Access to public and civic spaces* – Members noted that 56% of the people survey had talked about access to green spaces, theatres and libraries as positive features of Leeds that enabled them to age well.
- *Addressing unhealthy trends within younger groups* – it was acknowledged that unless there are significant changes to existing trends within younger age groups relating to issues such as obesity and mental ill health, then this will result in having more 50+ adults move into the ill health category.
- *Menopause* – Members welcomed the recognition given to the impact of menopausal symptoms and the importance of promoting and providing support measures.

In conclusion, the Chair welcomed the report and thanked everyone for their contributions.

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

#### **40 Improving the take up of Direct Payments**

The Director of Adults and Health submitted a report setting out the work undertaken to improve the take up of direct payments in the context of person centred and strength-based care and support.

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
- Councillor Adrian McCluskey, Support Executive Member
- Caroline Baria, Director of Adults and Health
- Victoria Eaton, Director of Public Health
- Shona McFarlane, Deputy Director Social Work and Social Care Service
- Carmel Langstaff, Chief Officer Transformation and Innovation, Adults and Health

The Executive Member for Adult Social Care, Active Lifestyles and Culture gave a brief introduction and then handed over to the Deputy Director Social Work and Social Care Service to highlight key aspects of the report, which was presented in the form of a PowerPoint presentation. In summary, the following points were made:

- In Leeds, the proportion of people who use services who receive direct payments was 14.9% (938 people) in 22/23. This result means Leeds is ranked 12th (out of 15) in the region, 13th (out of 16) of peer LAs and 111 nationally.
- Unlike some other local authorities, Leeds continues to provide people who draw on care and support with the choice for the local authority to arrange care in all circumstances, known as 'managed budgets'. Many local authorities offer direct payments as the primary option and their social work staff are expected to prioritise the offer of direct payments over managed budgets.
- The Care Act 2014 allowed local authorities to move away from a 'care management' approach to a strengths and asset-based approach. There is more focus on 'what's strong, not what's wrong', so it builds on people's own strengths and community assets.
- A key area of success is with people with learning disabilities, where there are a number of people in receipt of a significant package of care which is delivered entirely through a direct payment, often managed by their families to work around the person and their family. There is also a positive level of take up of direct payments for part of a care package where the direct payment is used to meet need such as for community support – access to support in the community, short breaks for families. It is in this context that the Council is working to identify an appropriate target for take up of direct payments in Leeds. Achieving 255 new direct payments over the year (22 per month) would increase performance to 16.6%.
- The Board was briefed on the wide range of improvement activity measures already undertaken over the past year. This included the development of a Direct Payments Dashboard to monitor performance on a monthly basis. An example of the Dashboard was shared as part of the presentation.

- Current plans to improve take up of direct payments involve the development of a Direct Payments Team; improving the direct payments process; raising awareness of direct payments; undertaking targeted engagement across different groups; and developing more Personal Assistants.

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

- *Aiming to achieve a balance of choice and control* – It was reported that in many local authorities, in a high number of instances, direct payments are offered to people who are then signposted to care providers such as home care agencies to arrange their care and support package themselves, directly with the providers. The approach in Leeds is different as the direct payments offer is usually based on people who draw on services employing their own Personal Assistant/s. This way, the Council can ensure that people have meaningful choice and maximum flexibility in the way the care and support is provided to them. Increasing take-up of direct payments in Leeds will therefore further enable choice and control for people who draw on care and support.
- *Improving awareness of direct payments and the benefits they offer* – Targeted work will be undertaken across different groups of people who draw on care and support, as well as improved promotion, communication and guidance for professionals. Social workers are also tasked to discuss direct payments during each new assessment, or at reviews.
- *Improving the direct payments process* - It was acknowledged that setting up a direct payment can be a lengthy, complex process both from the perspective of the person needing the care and support and for the social work staff. This can therefore deter people from choosing a direct payment as their preferred option. To address this, the aim of the new Direct Payments Team will be to provide dedicated support to people who want to set up a direct payment. This will support people during the set-up phase and provide a confident and positive support offer to people going through the process.

In conclusion, the Chair relayed the Board's general support in relation to the Council's approach and planned improvement activity surrounding direct payments and that it will also continue to monitor progress.

#### **RESOLVED –**

- (a) That the contents of the report be noted.
- (b) That the Scrutiny Board supports the Council's approach and planned improvement activity surrounding direct payments and will continue to monitor progress.

## **41 Work Schedule**

The Head of Democratic Services submitted a report that presented the Board's latest work schedule for the forthcoming municipal year.

The Chair reminded Board Members that he continues to represent the Board as part of the ongoing piece of work around youth vaping that is being led by the Children and Families Scrutiny Board. Linked to this, the Chair reiterated the importance of engaging with other key partners alongside Public Health colleagues. This includes West Yorkshire Trading Standards (WYTS) in terms of tackling illicit vapes and underage sales. It was noted that Members would be kept informed as this work progresses.

The Chair also confirmed that in line with the Scrutiny Board's 'Health Service Developments Working Group' approach, there would be a working group meeting set up to enable Board Members to consider proposed plans for Adult Mental Health High Intensity Rehabilitation Inpatient Services.

**RESOLVED –**

- (a) That the Scrutiny Board's work schedule for the 2024/25 municipal year be noted.
- (b) That a working group meeting be set up to enable Board Members to consider proposed plans for Adult Mental Health High Intensity Rehabilitation Inpatient Services.

**42 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, 8<sup>th</sup> October 2024 at 1:30pm (pre-meeting for all Board Members at 1.00 pm)