



SCRUTINY BOARD (ADULTS,HEALTH & ACTIVE LIFESTYLES)

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Tuesday, 6th November, 2018 at 1.30 pm

(A pre-meeting will take place for ALL Members of the Board at 1.00 p.m.)

MEMBERSHIP

Councillors

- C Anderson - Adel and Wharfedale;
- J Elliott - Morley South;
- B Flynn - Adel and Wharfedale;
- J Gibson - Weetwood;
- G Harper - Little London and Woodhouse;
- N Harrington - Wetherby;
- H Hayden (Chair) - Temple Newsam;
- M Iqbal - Hunslet and Riverside;
- S Lay - Otley and Yeadon;
- D Ragan - Burmantofts and Richmond Hill;
- K Wakefield - Kippax and Methley;
- A Wenham - Roundhay;

Co-opted Member (Non-voting)

Dr J Beal - Healthwatch Leeds

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

Principal Scrutiny Adviser:
Steven Courtney
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A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</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>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <ol style="list-style-type: none"> 1. To highlight reports or appendices which officers have identified as containing exempt information, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report. 2. To consider whether or not to accept the officers recommendation in respect of the above information. 3. If so, to formally pass the following resolution:- <p>RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:</p> <p>No exempt items have been identified.</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 DISCLOSABLE PECUNIARY INTERESTS

To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.

5

APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES

To receive any apologies for absence and notification of substitutes.

6

MINUTES - 18 SEPTEMBER 2018

1 - 8

To approve as a correct record the minutes of the meeting held on 18 September 2018.

7

SUPPORTING SYSTEM FLOW: THE NEWTON EUROPE ANALYSIS AND NEXT STEPS

9 - 18

To consider a report from the Director of Adults and Health that introduces and summarises the main findings of a major piece of diagnostic work undertaken by Newton Europe, identifying system flow issues for Leeds and outlines what health and social care services are doing to make improvements.

8		<p>LEEDS MENTAL HEALTH FRAMEWORK (2014-2017)</p> <p>To consider a report from the Head of Governance and Scrutiny Support that introduces a range of information that provides an update on progress against the key priorities of the Mental Health Framework 2014-17; an outline of the proposed next steps in terms of developing a new Mental Health strategy for the city; and other relevant and related information, including the assessed mental health needs for the adult population in Leeds.</p>	19 - 64
9		<p>COMMUNITY MENTAL HEALTH SERVICES REDESIGN - POSITION UPDATE</p> <p>To consider a report from the Head of Governance and Scrutiny Support introducing an update from Leeds and York Partnership NHS Foundation Trust on its redesign of Community Mental Health Services for adults in Leeds.</p>	65 - 70
10		<p>MAKING LEEDS THE BEST CITY TO GROW OLD IN</p> <p>To consider a report from the Head of Governance and Scrutiny Support introducing a range of information associated with the Making Leeds the Best City to Grow Old In Breakthrough Project.</p>	71 - 142
11		<p>CHAIR'S UPDATE</p> <p>To receive an update from the Chair on scrutiny activity since the previous Board meeting, on matters not specifically included elsewhere on the agenda.</p>	143 - 144
12		<p>WORK SCHEDULE</p> <p>To consider the Scrutiny Board's updated work schedule for the 2018/19 municipal year.</p>	145 - 178

DATE AND TIME OF NEXT MEETING

Tuesday, 15 January 2019, at 1:30pm (pre-meeting at 1:00pm for all members of the Scrutiny Board).

THIRD PARTY RECORDING

Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts on the front of this agenda.

Use of Recordings by Third Parties – code of practice

- a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title.
- b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.

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SCRUTINY BOARD (ADULTS,HEALTH & ACTIVE LIFESTYLES)

TUESDAY, 18TH SEPTEMBER, 2018

PRESENT: Councillor H Hayden in the Chair

Councillors C Anderson, K Brooks, J Elliott,
B Flynn, J Gibson, N Harrington,
J Illingworth, S Lay, D Ragan, P Truswell
and A Wenham

Co-optee present – Dr John Beal

27 Appeals Against Refusal of Inspection of Documents

There were no appeals against refusal of documents.

28 Exempt Information - Possible Exclusion of the Press and Public

RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present that would be disclosure to them of exempt information as follows:

- Item 7 – Scrutiny Board Statement: Enabling Active Lifestyles – Response. Appendix 2 be exempt under Access to Information Procedure Rule number 10.4(3).

29 Late Items

There were no formal late items. However, there was some supplementary information in relation to the following two items:

- Item 7 - Scrutiny Board Statement: Enabling Active Lifestyles – Response
- Item 13 – Work Schedule

Both documents were distributed to Members prior to the meeting and made available on the Council's website.

30 Declaration of Disclosable Pecuniary Interests

There were no declarations of disclosable pecuniary interests. However, in relation to Agenda Item 11 (West Yorkshire and Harrogate Health and Care Plan - Memorandum of Understanding), Councillor Sandy Lay informed the Board that he is currently an employee of the Harrogate and District NHS Foundation Trust.

Draft minutes to be approved at the meeting
to be held on Tuesday, 6th November, 2018

31 Apologies for Absence and Notification of Substitutes

Apologies were received from Councillors K Wakefield, G Harper and M Iqbal. Notification was received that Councillors P Truswell, K Brooks and J Illingworth would be attending the meeting as substitutes.

32 Minutes - 17 July 2018

RESOLVED – The minutes of the meeting held on 17th July 2018 be approved as a correct record.

33 Scrutiny Board Statement: Enabling Active Lifestyles - Response

The Head of Governance and Scrutiny Support submitted a report that introduced the joint report from the Director of City Development and the Director of Public Health in response to the Scrutiny Board Statement on Enabling Active Lifestyles.

The following additional documents were appended to the report:

- Response from the previous Chair of the Scrutiny Board (Inclusive Growth, Culture and Sport)
- The Scrutiny Board's statement from April 2018

The following were in attendance:

- Cllr Mohammed Rafique, Executive Member for Environment and Active Lifestyles
- Mark Allman, Head of Active Leeds, City Development
- Anna Frearson, Consultant in Public Health (Healthy Living and Health Improvement), Adults and Health

The Head of Active Leeds gave a brief introduction to the report, and thanked the Scrutiny Board (Inclusive Growth, Culture and Sport) for a positive contribution and informed the Board of the recent decision to include active lifestyles in the Leeds Health and Care Plan, following Scrutiny involvement.

Members discussed a number of matters, including:

- *Access to outdoor activities.* Fewer opportunities for those living in inner city wards to access green space for lighter exercise such as walking, and the need to work closely with City Development in regards to the buying and selling of Council assets which could be used for outdoor activities.
- *Public consultation.* Members were keen to influence the design of the planned public consultation and engagement, as it is developed. Representatives present agreed to circulate the current plan to

Members of the Board and consider the specific involvement of Healthwatch Leeds as part of the consultation process.

- *Use of public buildings and community assets.* Members suggested future work needed to be in collaboration with schools in the city that have sporting facilities, to enable local people to have access, particularly in the inner city areas.
- *Motivation for being active.* Members advocated further focus on motivating people through encouraging the social aspect of being active. Representatives informed the Board that understanding people's motivations for being more active was part of the consultation and engagement plan.
- *Physical activity as a city-wide obsession.* Reflecting on the previous Scrutiny Board statement and comments provided by the previous Chair of the Scrutiny Board (Inclusive Growth, Culture and Sport), members encouraged representatives to promote physical activity as a city-wide obsession.

RESOLVED –

- a) That the contents of the report and appendices be noted.
- b) That the information requested during discussion be provided to the Board.
- c) That, in discussion with the Chair, a further progress report be presented to a future meeting of the Board at an appropriate time.

34 Care Quality Commission (CQC) - Adult Social Care Providers Inspection Outcomes May 2018 to July 2018

The Director of Adults and Health submitted a report that presented details of the Care Quality Commission inspection outcomes for Adult Social Care providers for the period May 2018 to July 2018.

An additional document was appended to the report, but was exempt from publication under the provisions of Access to Information Procedure Rule 10.4(3).

The following were in attendance:

- Councillor Rebecca Charwood, Executive Member for Health, Wellbeing and Adults
- Cath Roff, Director, Adults and Health
- Mark Phillott, Head of Commissioning Contracts and Business Development, Adults & Health
- Alison Chilton, Inspection Manager, Care Quality Commission

The Head of Commissioning Contracts and Business Development gave a brief introduction to the report.

Members discussed a number of matters, including:

- *Rating criteria.* Members commented on the lack of ‘outstanding’ rated providers in the city, and questioned how difficult it was for a provider to achieve such a rating. Representatives assured Members some Leeds providers were rated as ‘outstanding’ in some domains such as ‘caring’, but to gain an overall ‘outstanding’ rating, providers must evidence a high level of care throughout all domains. Members were advised that ‘outstanding’ was an exceptional achievement and were also assured that the CQC was working closely with local providers to help demonstrate ‘outstanding’ across all domains during inspection.
- *Poor ratings under the domain ‘well led’.* Members were concerned about the issues with leadership and management amongst providers. Representatives informed the Board that to be rated highly in the ‘well led’ domain, both registered managers and the providers have to work well together to create a culture of high quality. The Board was informed of developments, such as the Leadership Academy, helped provide a focus on peer support to help address this specific area.
- *Recruitment.* Members expressed concerns in regards to the recruitment of nurses, particularly to nursing homes. The Board was informed this reflected a national picture, and that new roles were being developed in the sector. Members also queried the contingency for the loss of care workers following Brexit, however were informed this was less of an issue for Leeds than the south of the country, but was nevertheless being considered.
- *New providers.* The Chair queried whether it is possible for poorly rated providers to change their names and therefore become a new company. Representatives informed that Board that this was a legal change, however CQC track those providers who do change their names so are able to maintain surveillance.
- *Statistical neighbours.* Members requested comparative figures to Leeds’ statistical neighbours, as well as the ‘Core Cities’. Representatives present confirmed that they would provide Members with the relevant figures.
- *Specialised dementia care.* Members requested more information around the achievement of the 141 providers, out of 234, who have dementia as a service user band. Representatives agreed to share this with Members, and also commented on the inefficiency of some providers (nationally) to fulfil basic requirements for dementia (citing research undertaken by Stirling University). The Chair also reminded the Board that ‘dementia’ had been identified as a specific inquiry area during the current municipal year.

RESOLVED –

- a) That the contents of the report and appendices be noted.
- b) That the information requested during discussion be provided to the Board.

35 Commissioned Homecare Services in Leeds

The Director of Adults and Health submitted a report on the commissioned homecare services in Leeds.

The following were in attendance:

- Councillor Rebecca Charlwood, Executive Member for Health, Wellbeing and Adults
- Cath Roff, Director, Adults and Health
- Mark Phillott, Head of Commissioning Contracts and Business Development, Adults & Health
- Alison Chilton, Inspection Manager, Care Quality Commission

The Head of Commissioning Contracts and Business Development introduced the report, informing Members that the primary provider model had not worked as planned, with primary providers only delivering 37% of homecare, against a target of 80% within the contractual arrangements. Members heard that the main issues for primary providers appeared to be associated with recruitment. However despite this, Members were assured that 93% of people responded positively to questions about their care.

Members discussed a number of matters, including:

- *Recruitment.* Members queried the steps being taken to address the recruitment issue, and were informed that the Council was engaging with employees about their views through questionnaires, but had thus far had a very low response and was re-thinking methods of engaging with frontline staff.
- *Spot providers.* Members sought clarification as to whether spot providers adhered to conditions set out in the contract, such as paying living wage. Representatives present informed Members that individual conversations are taking place with spot providers to agree the Ethical Care Charter, which includes the living wage.
- *The Leadership Academy.* Members heard that the Leadership Academy was free for providers, however staff had to be released in order to attend training. The Chair requested a further report detailing the progress of the Leadership Academy, including uptake from providers across the city.
- *Complaints.* Members requested more information on the complaints procedure, and were informed that each provider must have their own procedure in place. Members also heard that providers were required to inform the local authority of every complaint received, and that the Council are working closely with the sector around handling of complaints. Members were also informed that the Annual Complaints Report was scheduled for consideration by the Board at its meeting in January 2019.

In her closing comments, the Chair offered the Board's support to work closely with the Executive Member and Director to identify current issues and concerns; and to consider potential solutions.

RESOLVED –

- a) That the contents of the report and appendices be noted.
- b) That the information requested during discussion be provided to the Board.
- c) That consideration be given to arranging a Board working group meeting to consider all the issues in more detail.

36 The Leeds Health and Care Plan: Position Update

The Director of Adults and Health submitted a report that provided an overview of the progress of the Leeds Health and Care Plan.

The following was appended to the report:

- A draft map of Local Care Partnership (LCP) footprints

The following were in attendance:

- Councillor Rebecca Charwood, Executive Member for Health, Wellbeing and Adults
- Tony Cooke, Chief Officer, Health Partnerships (Adults & Health)
- Gaynor Connor, Associate Director of Primary Care, NHS Leeds CCG

The Chief Officer, Health Partnerships, gave a brief introduction to the report.

Members discussed a number of matters, including:

- *The Big Leeds Chat*. The Board offered its support for the Big Leeds Chat, which was due to take place on 11th October at Leeds Market. Members were also informed that the CCG was working in partnership with HealthWatch Leeds to deliver some follow up 'little chats' across each LCP footprint.
- *Local Care Partnership footprints*. Members sought clarification regarding the size of each footprint, and were informed that some footprints are reflective of historical GP boundaries, as opposed to population. The Board was also advised that LCP footprints were still under development and evolving.
- *Optimising Secondary Care*. Members queried a range of performance areas highlighted in the report, particularly in terms of the data being the most current. Representatives agreed to review the data provided and update members of the Board, as appropriate.
- *Healthcare provision for new developments*. Members were keen to see partnership work between health partners and neighbourhood planning. The Board was informed that new streams of work were being established for future developments across the city, and Members would be contacted in due course.

RESOLVED –

- a) That the contents of the report and appendices be noted.

Draft minutes to be approved at the meeting
to be held on Tuesday, 6th November, 2018

- b) That the information requested during discussion be provided to the Board.

Councillors C Anderson and B Flynn left the meeting at 4:20pm and 4:45 pm, respectively, during discussion of this item.

37 West Yorkshire and Harrogate Health and Care Plan - Memorandum of Understanding

The Head of Governance Services and Scrutiny Support to introduced the West Yorkshire and Harrogate Health and Care Plan - Memorandum of Understanding, and associated report, considered by Leeds Health and Wellbeing Board at its meeting on 5 September 2018.

The following were in attendance:

- Councillor Rebecca Charlwood, Executive Member for Health, Wellbeing and Adults
- Tony Cooke, Chief Officer, Health Partnerships (Adults & Health)

The Chief Officer, Health Partnerships, gave a brief introduction to the report.

Members discussed a number of matters, including:

- *Dentistry.* Members questioned how dentistry had been incorporated into the partnership, and were informed that Local Dental Committees had been engaged with. The Chair also informed the Board that the West Yorkshire JHOSC had asked for clarification on this issue, and would update the Board in due course.
- *Transformation funding.* Members requested the amount of transformation funding that had been allocated, and were informed that approximately £10m of resources had been committed across the West Yorkshire and Harrogate Health and Care Partnership, of which Leeds had been allocated around £2.3m, based on population and level of need.

RESOLVED – That the contents of the report and the appendices be noted.

38 Chair's Update

The Board considered a report from the Head of Governance and Scrutiny Support that provided an opportunity for the Chair of the Scrutiny Board to outline some areas of work and activity since the previous Scrutiny Board meeting in July 2018.

The Chair provided a brief report and advised the Board of the Care Quality Commission's review of the local health and care system that had recently been announced and would be concluded by December 2018.

Members requested that the Chair pass on the Board's thanks to Alison Chilton (Inspection Manager, Care Quality Commission) for engaging with the Board and for her contribution at the meeting.

RESOLVED – That the content of the report and verbal update provided at the meeting be noted.

39 Work Schedule

The Head of Governance and Scrutiny Support submitted a report which invited Members to consider the Board's work schedule for the 2018/19 municipal year.

The Principal Scrutiny Adviser introduced the report and outlined the areas within the work schedule.

The Board also agreed that discussions with the Yorkshire Ambulance Service should occur during a public meeting as opposed to a private working group, and therefore be incorporated into the work schedule.

Members also considered that 'workforce matters' should form a future inquiry area, subject to other priority areas already identified and the available resource.

RESOLVED –

- a) That the outline work schedule presented at the meeting be agreed, and the matters noted above be included.
- b) That the minutes of the working group meeting held on 15 August 2018 be noted, and the recommendations presented be ratified.

40 Date and Time of Next Meeting

Tuesday, 6 November 2018 at 1:30pm (pre-meeting at 1:00pm for all members of the Scrutiny Board).

The meeting concluded at 5.10pm.

Report of Director of Adults and Health (on behalf of system leaders)

Report to Adults, Health and Active Lifestyles Scrutiny Board

Date: 6 November 2018

Subject: Supporting System Flow: the Newton Europe analysis and next steps

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

1. The health and care system is complex and it becomes even more complex as people travel across care settings: from home, into hospital and back out again. For this to be a smooth journey for the citizen, with the shortest possible stay in hospital to achieve their health goals, and then a speedy return home or alternative care setting, relies on clear processes and good understanding by all staff of their role in this.
2. There has rightly been a focus on some key indicators that measure how well this “system flow” is working: such as how long people have to wait in A and E (4 hour waits), how long people stay in hospital (length of stay) and how many people experience a delayed transfer of care (DTOC).
3. There have been times when the Leeds system has been very challenged with some longer waits in the Emergency Department than we would wish for, with people staying in hospital even though they no longer need medical intervention and difficulties getting people home in a timely way.
4. Newton Europe are a consultancy engaged by NHS England and the Local Government Association to support challenged systems and they came to work in Leeds from July to September 2018. Using an in-depth diagnostic approach they worked alongside the NHS and local authority to uncover and help us implement the changes that make the biggest difference. The presentation accompanying this report informs Scrutiny Board of the findings of their diagnostic and the plans in place to make improvements.

Recommendations

1. Scrutiny Board members are invited to comment on and note the findings of the Newton Europe diagnostic and the work-streams in place to drive service improvements.

1 Purpose of this report

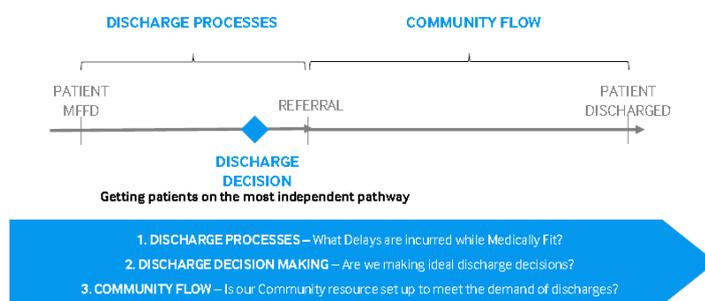
- 1.1 The purpose of this report is to inform Scrutiny Board members of the system flow issues for Leeds and what health and social care services are doing to make improvements.
- 1.2 The report summarises the main findings of a major piece of diagnostic work undertaken by Newton Europe, an external consultancy, paid for by NHS England and the Local Government Association to assist with this work.

2 Background information

- 2.1 Health and care is a complex system and it is important that citizens are able to move smoothly and in a timely way across care settings. This is referred to as “system flow”. Where this does not work effectively it creates bottlenecks and people can find it more difficult to access services or move out of a service. This has been reflected at times when people have had to wait longer than four hours in the Emergency Department, staying longer than they need to in an acute hospital bed and having difficulty getting home in a timely way. System flow refers to the whole health and care system but we knew we had a particular problem with system flow in the hospital.
- 2.2 Newton Europe undertook a detailed diagnostic looking at system flow in Leeds Teaching Hospitals Trust and Leeds and York Partnership NHS Foundation Trust. They looked at the culture and leadership of our system, how decisions get made, what outcomes are achieved for people and if we were set up to make the best use of resources. They reported their findings on 24 July 2018 which were accepted in full and since then health and social care have set in train a number of workstreams to address our main challenges.
- 2.3 The patient pathway being analysed is illustrated below:

DIAGNOSTIC AREAS OF FOCUS – ACUTE AND COMMUNITY

The patient journey from medically fit through to discharge is split into **3 focus areas**.

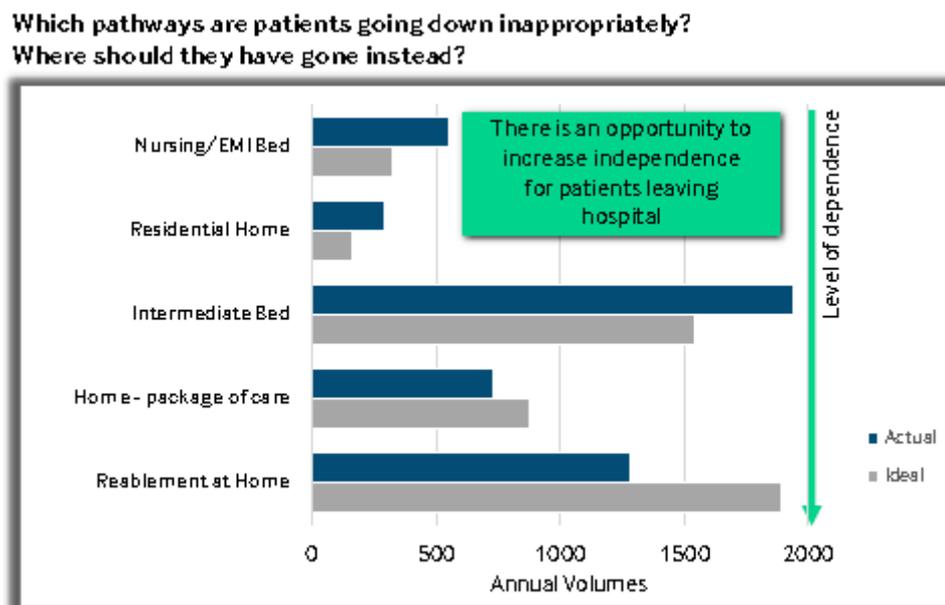


3 Main issues

- 3.1 The main findings are summarised below:
 - The Leeds Health and Care system is committed to helping people receive the right care, in the right place, at the right time
 - Patient outcomes and staff experience can be better

- Over 1900 patients could be cared for in a more appropriate setting on discharge to hospital
- This means 160,000 bed days are consumed by patients who no longer require acute medical care
- The equivalent of 435 medically fit people are kept in an acute hospital bed for a whole year
- 28% of Leeds acute beds are occupied by patients who no longer require acute medical care
- 56% of staff do not feel supported to focus on what is right for citizens

3.2 Newton Europe reviewed 80 cases with 50 health and social care professionals and found that 56% of those cases where people for whom it was agreed had not achieved the ideal outcome for their circumstances. The diagram below shows which pathways patients have gone down inappropriately and where they should have gone instead.



3.3 The main reasons given for a non-ideal pathway were: no capacity, family/ patient choice issues, knowledge of patient needs, knowledge of services, other and risk aversion.

3.4 Newton Europe reviewed all of Leeds Teaching Hospitals Trust's 1368 beds and identified that 367 patients were considered medically fit for discharge. The main reasons for delay were summarised as:

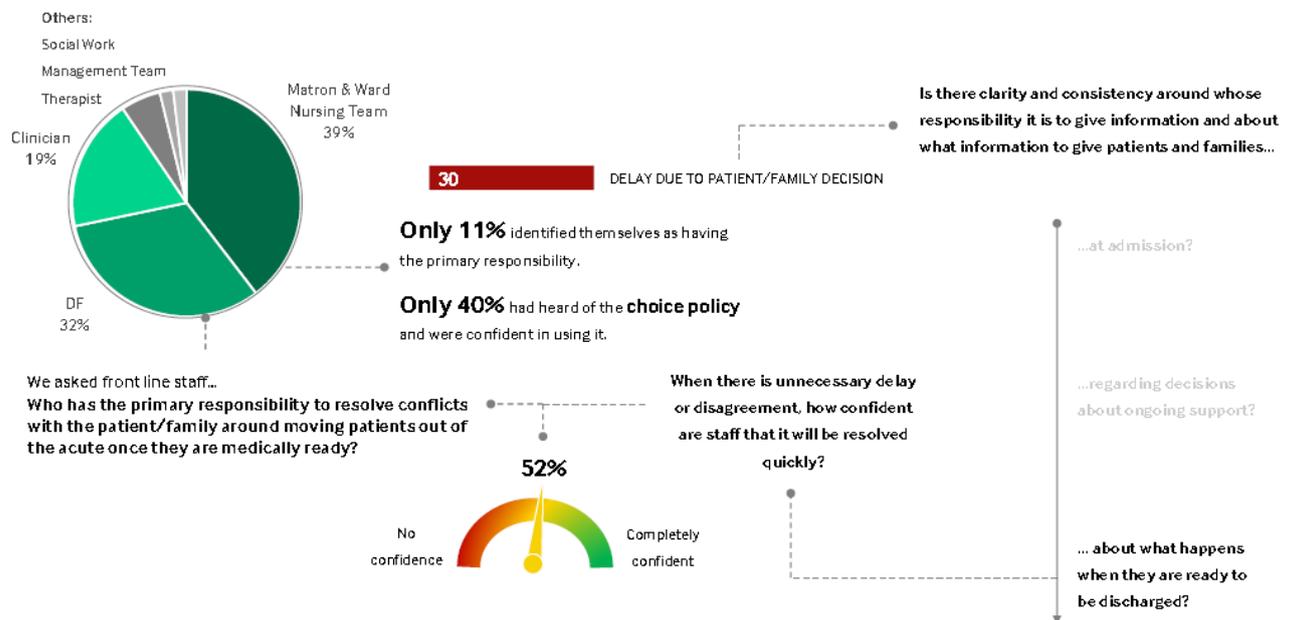
- Waiting for an on-going service in the community – 36%
- Waiting for an assessment or decision about on-going care – 33%
- On-going rehabilitation – 11% (stroke)
- Waiting for an internal transfer (stroke) – 7%
- Other – 13%

3.5 At the time of the diagnostic, 49 people were deemed as waiting for a residential or nursing placement but on review it was deemed that only 47% were appropriate for a care home placement and that 20% should have gone to a Community Care Bed (which offers a recovery opportunity), 18% should have

gone home with a package of care and 8% should have gone home with support from enablement. The reasons for not getting someone in the right care setting were discovered to be quite complex with a mixture of perceived and actual issues about service capacity, risk averse decision-making and inaccurate knowledge of the inclusion and exclusion criteria for community services.

- 3.6 The research found that there were issues with flow out of the Community Care Beds which were commissioned for an average length of stay of 27 days but the average length of stay is 42.6 days. People were found to be waiting 20 days for discharge with the reasons being waiting for:
- Care planning meeting – 43%
 - Package of care – 24%
 - Social work input -16%
 - Patient/ family choice – 10%
 - Care home – 6%
- 3.7 At the time of the diagnostic, 36 people were waiting for a package of care to support their discharge home (which can take some time to commence) but on closer examination it was deemed that 41% of people would have benefitted from reablement and 7% from a community care bed. Further interrogation indicated that there were issues with:
- Knowledge/trust of the service – 45%
 - Risk averse decision-making – 27%
 - No capacity in the service – 9%
 - Criteria of the service – 9%
 - Family disagreement – 9%
- 3.8 46 front line staff were asked how confident they were in their knowledge of the reablement service and reablement criteria. 76% said they understood the criteria but on testing that further only 2 out of the 46 members of staff could correctly identify the inclusion and exclusion criteria. 30% did not feel fully confident the service could support service users and 25% did not feel fully confident the service could respond in a timely way. Correcting these discharge decisions would result in 300 more people going through reablement each year.
- 3.9 The issues relating to waiting for assessment indicated there were opportunities for these to be done in a more timely way and to be more accurate with 40% of referrals sent to the hospital social work team not appropriate for social work input.
- 3.10 30 people were delayed in hospital due to family/ patient decisions. This can be about disagreement regarding whether or not someone can safely return home or, if they need to move to a care home, which care home it should be. Newton Europe tested if there is clarity and consistency around whose responsibility it is to give information and about what information to give to patients and families at three key points in their care journey: (a) at admission, (b) regarding decisions about on-going support and (c) about what happens when they are read to be discharged.

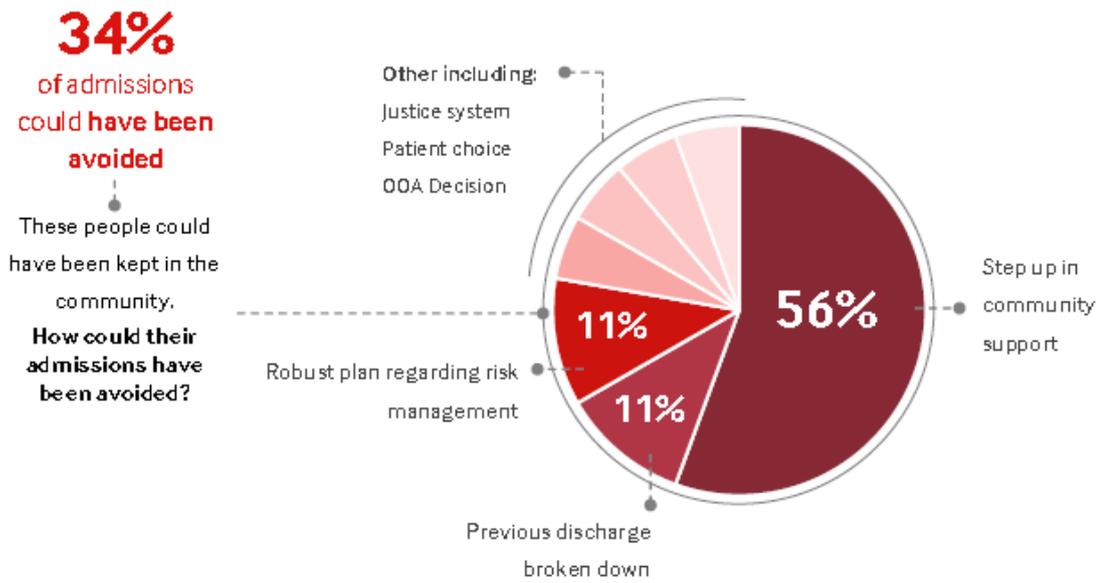
3.11 Less than 50% of staff agreed that advice and information for patients and relatives about discharge is consistently provided on admission. Only 39% of staff identified themselves as having the primary responsibility to provide advice and information about discharge and ongoing support. Only 11% of staff identified themselves as having the primary responsibility about what happens when a person is ready to be discharged.



3.12 Looking at stroke services, the average length of stay in LTHT is 34 days but the national guidelines are for 20 days. Newton Europe looked to see if people were spending the right time on the stroke pathway. They looked in depth at 8 patients on the stroke rehabilitation ward and found that 50% would ideally have moved to a more appropriate care setting 11.5 days earlier. The main reasons given for why they did not move on were lack of trust and knowledge of the on-going services, the Community Support Team not accepting patients requiring assistance of two staff or no clear focus from the beginning on discharge.

3.13 Newton Europe also looked at system flow issues at Leeds and York Partnership NHS Foundation Trust (LYPFT). They reviewed 44 cases with 40 health and care professionals and concluded that 34% of admissions could have been avoided, 39% of people were delayed on their discharge but a smaller number, 11%, were discharged to a non-ideal outcome. Lengths of stay on wards were over ten times longer than in LTHT but patients were more likely to be known to the system and staff which may be why a higher proportion were discharged to their ideal destination.

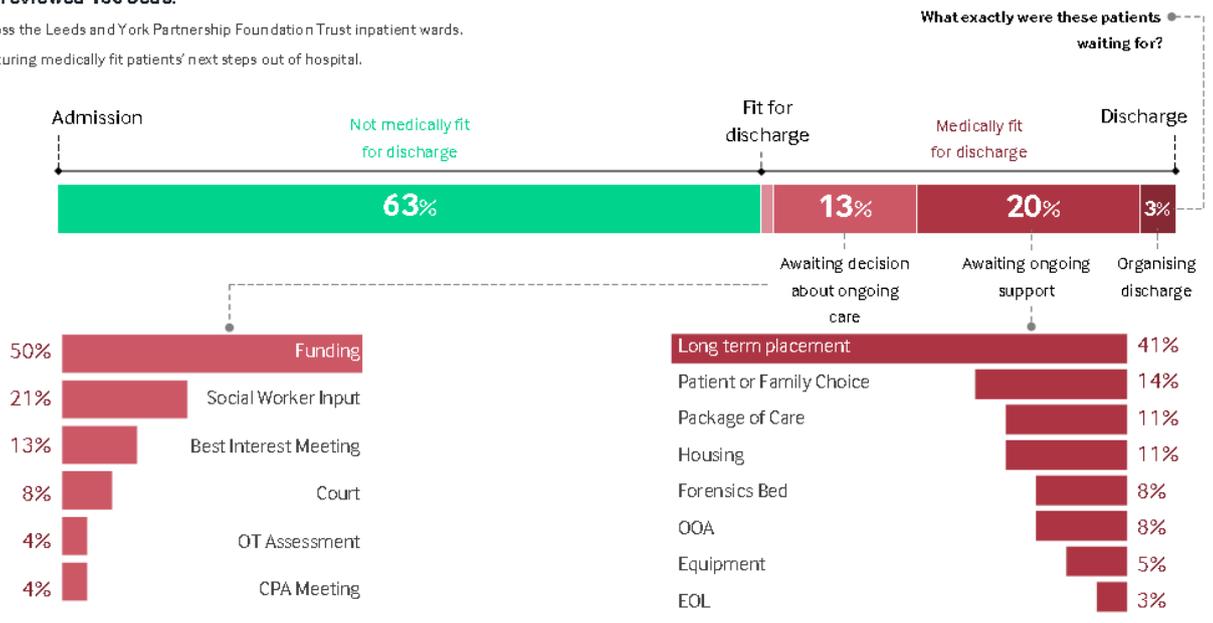
3.14 There was a very clear message that the availability of community support would have made a difference. This is key theme of the Leeds Health and Care Plan: to move care closer to home and have a rapid response in the time of crisis in order to avoid a hospital admission.



3.15 186 beds were reviewed and the time people were not medically fit for discharge and then were fit for discharge but waiting for something.

We reviewed 186 beds.

Across the Leeds and York Partnership Foundation Trust inpatient wards.
Capturing medically fit patients' next steps out of hospital.



3.16 Funding was identified as the main reason for a delay due to decision-making about on-going care. Funding for people with mental health support needs can include people who are eligible for free aftercare as they come under S.117 of the Mental Health Act, but they may also have physical support needs which may mean they also need to have their eligibility for continuing healthcare funded, funded nursing care or adult social care funding considered. This is a complex area of decision making but a new process has been put in place that considers all aspects of the law together and has made a significant improvement in the timelessness of decision-making with regard to funding.

3.17 Awaiting a long term placement was the biggest single reason for people awaiting on-going support. Some of this group are working age adults with complex needs who require supported living. The rest of the group are older people usually with

dementia and other issues that makes their support more complex. Scrutiny Board members will be aware from the regular reports they receive on the care home market that Leeds has an under supply of nursing beds. It becomes even more challenging to secure placements for people with complex needs. Actions taken to address this include a peripatetic multi-disciplinary team run by LYPFT that support care homes, a pooled budget between health and social care to provide additional one-to-one support on discharge to help settle people in to their new care setting and case-by-case bespoke funding agreements for the most complex people who need a continuing high level of support.

3.18 Newton Europe concluded that the analysis raised 12 key questions, broken down into 10 thematic areas as set out below:

No	Question	Area	People impacted/day
1.	How do we support our staff to help more people to get home?	Decision making	178
2.	How do we reshape the Community Health and Local Authority services to allow more people to go home?		49
3.	How do we make the most of the Community Care Beds by getting the right people in them for the right length of time?	Nursing/residential placements	36
4.	How do we ensure people leaving hospital have access to the right recovery and independence services?	Packages of care	31
5.	How do we ensure we consistently have visibility of social work assessments time, so as to understand and address the reasons for delay?	Social work input	31
6.	How do we ensure patients and families are supported from admission to discharge decision making and the staff are consistent, confident and active in their role in discharge?	Patient and family	30
7.	How do we better integrate acute rehabilitation with community rehabilitation to ensure patients receive the most appropriate rehabilitation and recovery	Stroke pathway	59
8.	How do we ensure funding decisions do not delay patients in their discharge and that any new processes monitor and improve the time to make these decisions	MH funding	12
9.	How do we ensure that both our processes and the market allow people to be discharged in a timely way to long-term placements	Nursing / residential placements	15
10.	How can we ensure conversations are fully informed to have the biggest impact for the most people and at the same momentum and rigour cascades through everything?	Control	ALL
11.	How do we ensure leaders are focused on the most important themes?		
12.	How do we ensure the right behaviours are demonstrated all the time, especially when the system is stressed?	Culture	ALL

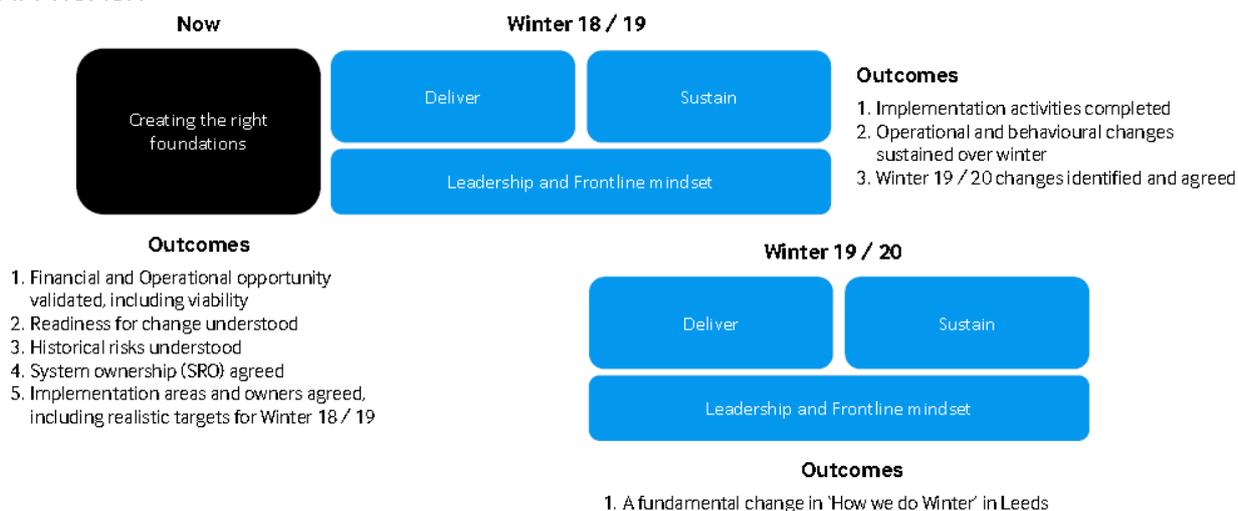
3.19 Each of these questions are covered by a work-stream made up of health and social care staff with a system Chief Executive or Chief Officer designated as the Senior Responsible Officer for the work. Progress is reported to the System

Resilience Assurance Board and ultimately up to the Health and Well-being Board. The Health and Well-being Board heard presentations from front line staff at its meeting on 5 September setting out in what ways they were using the Newton Europe analysis to better prepare for winter.

- 3.20 One of the key messages system leaders are keen to get out is that health and care services take **collective responsibility** for ensuring good system flow in Leeds. The analysis showed that every organisation had some areas for improvement and that we need to work collaboratively to find solutions. There are some tactical changes that can be made quite quickly, but other changes will take longer to implement. The following timeline is the most realistic:

HOW DO WE TRANSLATE THIS TO ACTION?

APPROACH



4 Corporate Considerations

4.1 Consultation and Engagement

4.1.1 The Newton Europe methodology was very participative and included talking to staff at all levels of the organisations included in the research. This also included groups of staff who peer reviewed a number of cases.

4.1.2 Patient and families were also asked about their experience of care in different settings.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 An equality impact screening has been undertaken and it has concluded that the report does not require a full impact assessment. If, as a result of the improvement work, there are any significant service changes these will be subject to an appropriate process including an Equality Impact Assessment.

4.3 Council policies and the Best Council Plan

4.4 Having high quality health and care services supports the Council's strategic objective to be a compassionate city with a strong economy, Ensuring our citizens have the right care, in the right place at the right time is key to the ambition of the

Health and Well-being Strategy for Leeds to be the best city for health and well-being.

4.5 Resources and value for money

4.5.1 There are no specific cost implications in this report but a sub-optimal system is inherently more costly than a system that operates at optimum efficiency. The Newton Europe analysis showed that people ended up in the wrong care for their needs and sometimes that care may be more costly. The challenge is to ensure there is sufficient capacity in community-based services both to support admission avoidance and promote speedy discharge. The Leeds Health and Care Plan is our key mechanism for achieving this “left shift”.

4.6 Legal Implications, Access to Information and Call In

4.6.1 There are no specific legal implications arising from this report.

4.7 Risk Management

4.7.1 Managing the risk to individuals is a key part of health and care especially for complex needs. The analysis highlighted there were occasions when a care home placement was chosen over attempting to return someone home or to another community-based service.

4.7.2 This will be an area of practice developed and supported by the Decision-making work-stream.

5 Conclusions

5.1 The Newton Europe work has been hugely helpful to the system. We now have a single version of the truth that health and social care services have fully accepted. It gives us a sound evidence base on which to design and deliver our improvement actions. It gave us insight into patient, family and staff experience of working in a very complex system where everyone wants to do their best for Leeds citizens.

5.2 The work-streams have commenced and there is sound governance in place to track progress. There have been some small but important changes already but we do not under-estimate the size of the task which will require focus, determination and good communication to ensure our efforts succeed.

6 Recommendations

6.1 Scrutiny Board members are invited to comment on and note the findings of the Newton Europe diagnostic and the work-streams in place to drive service improvements.

7 Background documents¹

7.1 Flow and Delays Diagnostic Leeds System, Newton Europe

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Report of Head of Governance and Scrutiny Support

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

Date: 6 November 2018

Subject: Leeds Mental Health Framework (2014-2017)

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

1 Purpose of this report

1.1 The purpose of this report is to present, for consideration:

- An update on progress against the key priorities of the Mental Health Framework 2014-17;
- Proposed next steps in terms of developing a new Mental Health strategy for the city; and,
- A range of relevant and related information, including the assessed mental health needs for the adult population in Leeds.

2 Main issues

Mental Health Framework 2014-17

2.1 At its meeting in September 2018, the Scrutiny Board agreed to include progress against Leeds Mental Health Framework as part of its overall work programme. This reflected the Board’s overall interest in different aspects of mental health, including the work around dementia and the development of the Improved Access to Physiological Therapies (IAPT) services, and also represented an area for the Board’s consideration highlighted during discussions with HealthWatch Leeds.

2.2 Leeds Mental Health Framework 2014-17 (the Framework) is appended to this report. The Framework was published in October 2014 and at that time set out the direction and priorities for mental health commissioning in Leeds over a three year period to help guide developments and investment over that period. The Framework was matched to the objectives of the national mental health strategy “*No health without mental health*” and national guidance through the NHS Mandate and CCG Commissioning Guidance.

- 2.3 It should be noted that the scope of the Framework covered all adults. The mental health needs of children and young people plan sits within the Future in Mind strategy.
- 2.4 An update on progress against the key priorities of the Framework is presented at Appendix 2, which also sets out the proposed next steps in terms of developing a new Mental Health strategy for the city.

Leeds in Mind 2017 – Mental Health Needs Assessment

- 2.5 In September 2017, the Council published the mental health needs assessment for the adult population in Leeds (Leeds in Mind 2017).
- 2.6 The mental health needs assessment identifies where gaps in provision exist and makes recommendations to address inequity in access to healthcare and unequal health outcomes. It also reviews Common Mental Health Disorders (which range from mild to severe) and Serious Mental Illnesses; and assesses the needs of people who have both mental and physical health problems and people who have mental health problems that may be complex or less easily defined.
- 2.7 An Executive Summary of the needs assessment is appended to this report; and a full version is available from the Leeds Observatory using the following link: <https://leedsobs.wpengine.com/wp-content/uploads/2018/03/LeedsInMindAdultMentalHealth20171.pdf>
- 2.8 It should be noted that as the development of the Leeds Mental Health Framework involved significant consultation and analysis of service data, it formed an integral part of the mental health needs assessment for the adult population in Leeds.

Mental Health Five Year Forward View (2016)

- 2.9 In February 2016, the independent Mental Health Taskforce published its Mental Health Five Year Forward View. This set out the current state of mental health service provision in England and made recommendations in all service areas and is available using the following link: [Mental Health Five Year Forward View](#).
- 2.10 In providing a national context for the state of mental health service provision, it should be noted that the identified drivers and key priorities are referenced in the local mental health needs assessment, Leeds in Mind 2017.

Summary

- 2.11 This report and the associated appendices aim to provide a range of information to help provide an update on progress against the key priorities of the Mental Health Framework 2014-17 and proposed next steps in terms of developing a new Mental Health strategy for the city.
- 2.12 It should be noted that an update on the Leeds and York Partnership NHS Foundation Trust (LYPFT) redesign of community mental health services for working age adults and older people, is presented elsewhere on the agenda for consideration of the Scrutiny Board.
- 2.13 Appropriate representatives have been invited to attend the meeting to help the Scrutiny Board consider the information presented.

3. Recommendations

- 3.1 The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to consider and comment on the details presented in this report and the associated appendices; and agree any specific matters that may require further scrutiny action, input or activity.

4. Background papers¹

- 4.1 None used

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

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Leeds Mental Health Framework 2014 - 2017

Leeds is a city that values people’s mental wellbeing equally with their physical health.

“Our Ambition is for people to be confident that others will respond to our mental health needs without prejudice or discrimination and with a positive and hopeful approach to our future recovery, wellbeing and ability”.

Signatories

Leeds North CCG

Leeds South & East CCG

Leeds West CCG

Leeds Involving People

Volition

Leeds City Council



Version 1

Publication Date October 2014

Review Date April 2015

1. What is the Leeds Mental Health Framework?

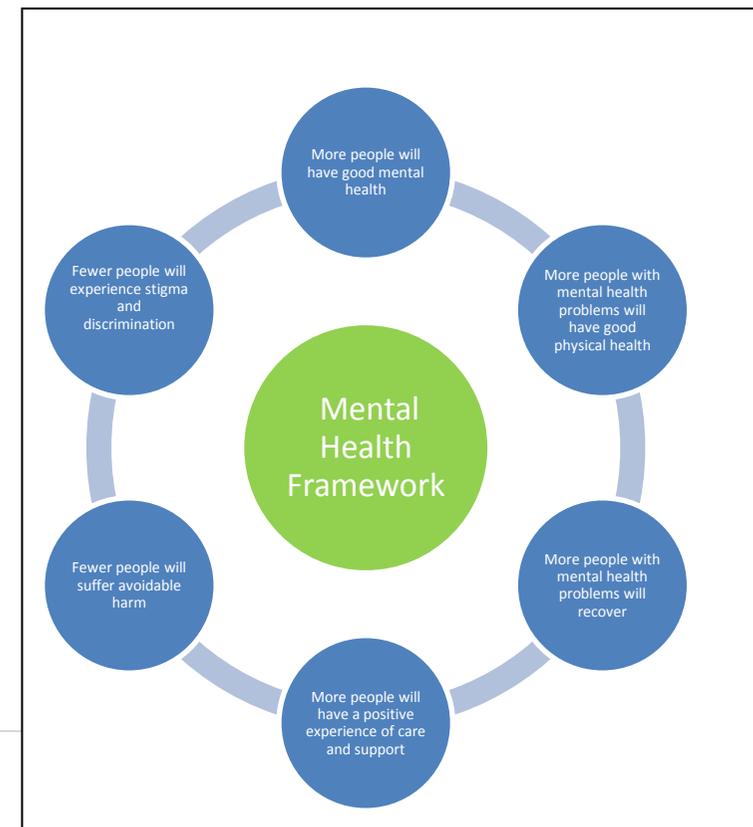
Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. The positive dimension of mental health is stressed in the World Health Organisation's definition of health as contained in its constitution: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" WHO August 2014

This Framework aims to set out the direction and priorities for mental health commissioning for the next three years to guide developments and investment and is matched to the objectives of the national mental health strategy **"No health without mental health"** and national guidance through the NHS Mandate and CCG Commissioning Guidance.

Rather than describe any new investment, this Framework sets out a common set of outcomes and priorities for mental health services aimed at improving the quality and integration of services. It matches the six objectives set out in the national strategy

1. More people will have good mental health
2. More people with mental health problems will recover
3. More people with mental health problems will have good physical health
4. More people will have a positive experience of care and support
5. Fewer people will suffer avoidable harm
6. Fewer people will experience stigma and discrimination

The scope of the Framework includes all mental health services and interventions commissioned locally by the NHS and Local Authority as well as Local Authority Public Health priorities for emotional health and wellbeing. Although primarily focused on adults, the Framework aims to take a "life course" approach as set out in the national mental health strategy, and advocated by the [Marmot Review](#) so makes the necessary links across to children and family commissioning.



2 What is the issue?

.Generally: Mental Health is everyone's business – but it is not currently seen that way

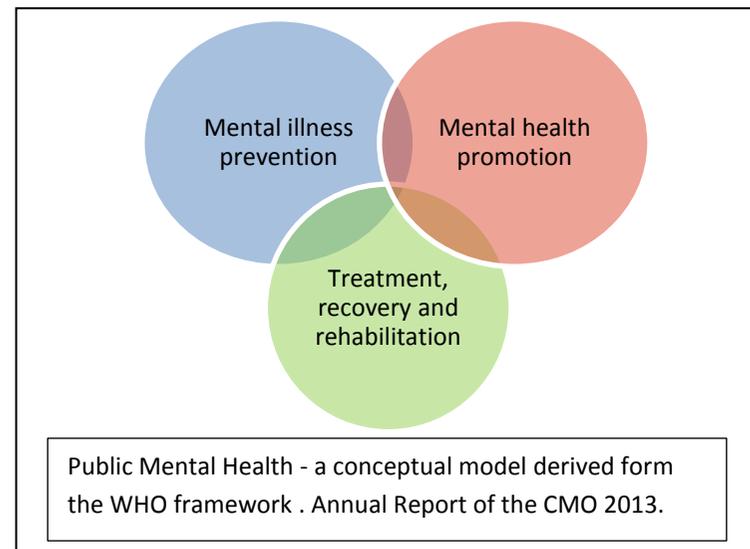
- 1 in 4 of us will have a mental health issue at any one time – some of us will require professional support at this time
- Mental Health is a continuum – on which we all sit – some people have on-going significant needs, others have fluctuating needs, and others intermittent needs

Improving the mental health of citizens is the responsibility of all – employers, council services, housing, and health but currently the drive to address mental health concerns is not equally shared. Higher levels of poor mental health and wellbeing and mental illness are inextricably linked with deprivation within Leeds. Local mapping highlights these issues and emphasises the social gradient of mental health and wellbeing. (Mental Health and Wellbeing in Leeds: An Assessment of Need in the Adult Population. May 2011)

The purpose of this strategy is to improve public attitudes, prevent poor mental health and provide high quality, effective and recovery focussed mental health services for the people of Leeds. The broader public mental health works complements this strategy as outlined in the Health and Wellbeing Strategy for Leeds

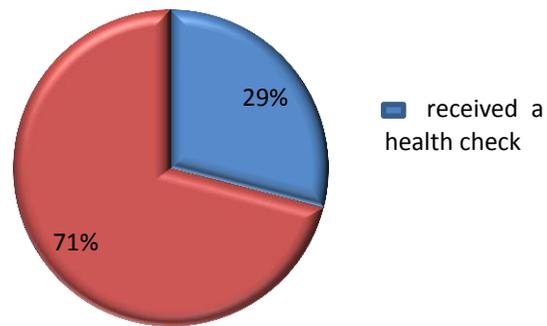
We need to recognise the complexity of causes of mental distress

- The level of support required is as much linked to wider determinants as specific diagnosis
- There is clear link between population groups with multiple risk factors and poor mental health
- Early life chances and experiences have a direct effect on current and future mental well being
- Poverty, deprivation and inequality are all known to have a causal link to mental ill health.



We need to improve the integration of mental health with physical health issues in people's lives and the way services work

Proportion of people with Schizophrenia who receive the annual physical health check
Report of the National Audit of Schizophrenia (NAS) 2012



- Mental health problems, particularly depression, are more common in people with physical illness including long term conditions.
- People with serious mental illnesses like schizophrenia die, on average, 20 years earlier than the rest of the population.
- National evidence shows that fewer than 30% of people with schizophrenia are being given a basic annual physical health check
- Responding to the increasing prevalence of depression should be a local priority for integrated service development and partnership working for Leeds, particularly including the needs of older people.

We need to promote ways to support good mental health and sustainable recovery for all

- We need to take a recovery focussed approach to services – and not assume that people will have long term dependence on services
- Services and programmes to improve mental health and wellbeing should be designed to meet needs rather than respond to demands. This includes designing mainstream services from this intelligence on need to maximise engagement and access from those with the greatest need.
- We need to improve our ability to self-manage – by building resilience; self-help and peer support opportunities and further invest in a broad range of services including primary care and the voluntary sector.
- We need to recognise the importance and value of employment in sustaining good health
- The services people receive need to be personalised, and offer choice and control to service users
- The needs of carers should be reflected in all areas of the mental health system

- Commissioners should facilitate the development of a thriving and diverse market of mental health provision in the city in order to meet the diversity of needs presented and to facilitate the use of personal health and social care budgets.

TEN KEY ORGANISATIONAL CHALLENGES FOR MENTAL HEALTH ORGANISATIONS WISHING TO SUPPORT RECOVERY

(From *Implementing Recovery: A new framework for organisational change*, Sainsbury Centre, 2009).

- 1. *Change the day to day interactions and the quality of experience***
- 2. *Deliver comprehensive user-led education and training programmes***
- 3. *Establishing a local Recovery Education College to drive the programme forward***
- 4. *Ensuring organisational commitment, creating the culture, leadership at all levels***
- 5. *Increase personalisation and choice***
- 6. *Change the way we approach risk assessment and management***
- 7. *Redefining user involvement***
- 8. *Transforming the workplace***
- 9. *Supporting staff in their recovery journey***
- 10. *Increasing opportunities for building a life beyond illness***

We need reduce the stigma and discrimination that stops the issues of mental health being discussed and addressed

- We need to recognise and challenge the fact that stigma and discrimination is a common theme and one that influences people's attitude and approach to seeking support, or providing support. This is particularly true around employment support. People with poor mental health are most likely to be discriminated against by immediate family, employers, neighbours and friends.
- We need to be able to respond to increasing prevalence of depression
- We need to promote the social model of mental distress as a means of challenging stigma and alienation
- Providers and commissioners should lead by example and adopt anti-discriminatory practices within their organisations.

2.1 Local configuration

Leeds has well established mental health services provided by primary care, adult social care, voluntary sector agencies and secondary mental health providers that are structured to meet the range of needs along the mental health continuum. These are currently commissioned by Leeds City Council, CCGs, and NHS England. The level of investment is on a par with other areas. Partnership working is well established and the voluntary sector providers are very well integrated into mainstream services and are highly valued. Commissioners and providers work together to plan and provide high quality mental health service and these are closely monitored through contractual mechanisms.

Leeds has well-established service users and carer involvement networks and processes for engagement with membership and representation at all levels.

Feedback from consultation events in 2013 with service users, carers, clinicians and service providers identified that there is still work to do in ensuring effective joined up working arrangements between statutory and all voluntary sector providers to deliver continuity of care.

The main issues⁶ with the current system are:

- It is not easy to understand to anyone outside of it
- There is no central point of information that describes it well
- Specialist advice is not easy to access if you are outside the service
- There is inconsistency of care management
- The wait for talking therapies is too long
- It is not consistently “outcome” focussed
- We also want to engage the general public, economic, social and commercial communities in Leeds, and secure their support in promoting well-being and resilience.

2.2 Local Challenges

- Leeds has good range of services but they have become complex and at times fragmented - we need to have a clearer and more integrated mental health service for Leeds that everyone can understand
- Leeds is similar to other core cities in terms of overall prevalence of mental health issues except it has higher levels of psychotic disorders (2011 MHNA)
- Unemployment and the economic downturn, including welfare reform are having an impact on people's mental health across the city and not just in 'deprived Leeds'
- Information about mental health and mental health services is not centralised in the city – making it difficult for public and professionals to navigate their way to what will help.
- Mental health as an issue is still not well integrated into wider services and still being seen as separate and specialist
- Demand for services is unlikely to decrease and we need to accommodate the needs of increasingly diverse communities in the city
- Leeds is an unequal city – with widely different life expectancy depending on the area you live in – those inequalities also impact on mental health
- We need to focus more on early intervention to prevent crises
- Expenditure on mental health needs to be re-defined as an investment in communities, their resilience and cohesion.



3. Why do we need the Mental Health Framework now?

3.1 National requirements

The NHS Mandate sets out five “domains” four of which have indicators related specifically to mental health:

<i>Domain 1</i> Preventing people from dying prematurely	Reducing premature death in people with serious mental illness <i>Indicator: Excess under 75 mortality rates in adults with serious mental illness (PFOF)</i>
<i>Domain 2</i> Enhancing quality of life for people with long term conditions	Enhancing quality of life for people with mental illness <i>Indicator: employment of people with mental illness (ASCOF, PHOF)</i>
	Adult Social Care Outcomes Framework: People are able to find employment when they want, maintain a family and social life and contribute to community, avoid loneliness and isolation <i>Indicator – number of people in contact with secondary mental health service living independently, with or without support PHOF 1.6</i>
<i>Domain 3</i> Helping people to recovery from episodes of ill health and following injury	Access to psychological therapies <i>Indicator – number of people entering therapy, recovery rate, BME access and over 65 recovery rates CCG OF</i>
<i>Domain 4</i> Ensuring people have a positive experience of care	Improving experience of healthcare for people with mental illness <i>Indicator – patient experience of community mental health services</i> Friends & Family Test indicator in development - to be introduced in mental health

See https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256406/Mandate_14_15.pdf for all indicators

Additionally the **CCG Commissioning Guidance for 2014/15** makes explicit the requirement to achieve “parity of esteem” - for mental health services to drive improved integration of physical and mental health services in order to reduce the false divide between the two with specific reference to allocation of resources, identification and support for young people with mental health issues, and a reduction in the 20 year gap in life expectancy for people with severe mental illness. These specifically mental health focussed outcomes sit alongside the drive to increase integration of health and social care services, and increase access in primary care thus reducing demand into crisis and secondary services for all including in mental health services. <http://www.england.nhs.uk/wp-content/uploads/2012/12/ois-ataglance.pdf>

No Health Without Mental Health Implementation Framework 2013

This implementation framework embraces the vision of No Health Without Mental Health and takes it to the next level: translating the ideals into concrete actions that can be taken by a wide range of local organisations to bring about real and measurable improvements in mental health and wellbeing for people across the country.

The strategy aims to bring about significant and tangible improvements in people's lives. Achieving this change, for everyone, across the country and in the most effective way, will mean that:

- Mental health has 'parity of esteem' with physical health within the health and care system
- People with mental health problems, their families and carers, are involved in all aspects of service design and delivery
- Public services improve equality and tackle inequality
- More people have access to evidence-based treatments
- The new public health system includes mental health from day one
- Public services intervene early
- Public services work together around people's needs and aspirations
- Health services tackle smoking, obesity and co-morbidity for people with mental health problems
- People with mental health problems have a better experience of employment

Closing the Gap: Priorities for Essential Change in Mental Health. January 2014

This document sets out the challenge to go further and faster in transforming services to meet the ambition set out in No Health Without Mental Health. It identifies 25 aspects of care that are priorities for action and progress in the next 2 years. These actions will be embedded within in the outcomes and priorities within this framework document

Achieving Better Access to Mental Health Services by 2020. October 14

This document sets out a pathway from Government to make parity of esteem a reality by 2020; we need urgent reforms to the incentives in the system that drives investment and spending. This plan sets out the immediate actions we will take this year and next to end this disparity and achieve better access to mental health services and our vision for further progress by 2020

- We need standards for access to mental health treatment for people of all ages that balance the equivalent standards for physical health.
- We need the same quality of data and transparency about performance for mental health services for people of all ages so that long waits for effective treatment are visible and have to be tackled.

The Care Act. 2014

The Care Act will help to improve people's independence and wellbeing. It makes clear that local authorities must arrange services that help prevent or delay people deteriorating such that they would need ongoing care and support. This is to make sure that people who live in their areas:

- receive services that prevent their care needs from becoming more serious, or delay the impact of their needs;
- can get the information and advice they need to make good decisions about care and support;
- have a range of high-quality care providers to choose from

Local authorities will have to consider various factors:

- What services, facilities and resources are already available in the area and how these might help local people;
- identifying people in the local area who might have care and support needs that are not being met;
- identifying carers in the area who might have support needs that are not being met.

Public Services (Social Value) Act 2012

Leeds was successfully selected as part of the second cohort of the Department of Health Social Value programme; commissioners are committed to adding social value through a cross sector partnership approach to health and care commissioning and delivery.

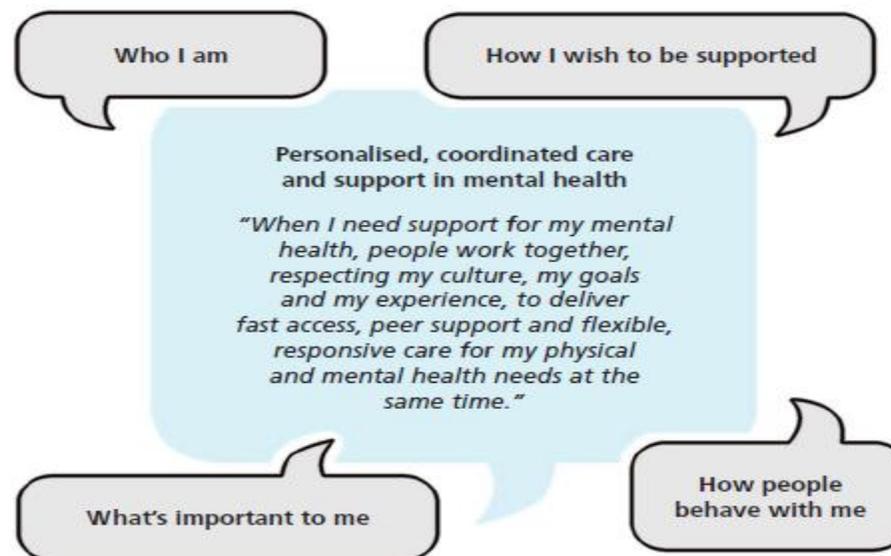
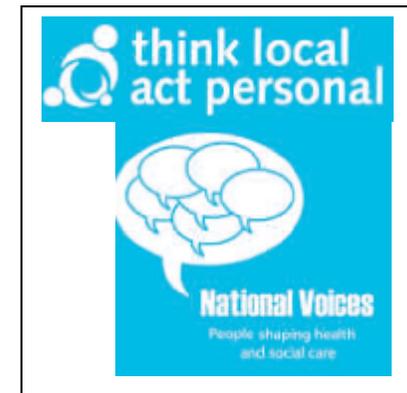
No Assumptions. A Narrative for Personalised, Co-ordinated Care and Support in Mental Health 2014.

NICE quality standard 14 on people's experience of adult mental health services developed with people who use and work in the services includes the quality statement

“People using mental health services, and their families or carers, feel optimistic that care will be effective”

People who use services want to see

- **Joined up, preventative approaches that do not abandon them at key stages**
- **Their mental and physical health needs to be addressed together in a whole person approach**



3.2 Local Strategic drivers for change

Leeds Health & Social Care Economy 5 year Strategy

The Leeds Transformation Board is made up of the health and social care organisations across Leeds and its primary role is to support the development and implementation of the Leeds Health & Wellbeing Strategy. The Transformation Board consider it important to develop and implement a “Sustainable Health and Social Care Services Plan” to provide a framework for delivery of the Joint Health & Wellbeing Strategy and to achieve the following outcomes for the people of Leeds:

1. People will live longer and have healthier lives.
2. People will live full, active and independent lives.
3. People's will enjoy the best possible quality of life
4. People are involved in decisions made about them.
5. People will live in healthy and sustainable communities.

Alongside this is a requirement to:

- Bring the overall cost of health and social care in Leeds within affordability limits - transformation is required to reduce current costs.
- Change the shape of health provision so that care is provided in the most appropriate setting.

In meeting the financial challenge the strategy will look to:

- **Maximise the spend: benefits ratio and efficiencies.**
- In addressing core priorities the potential of **technology** will be considered, developed and utilised.
- These areas in turn should underpin the drive to **improve quality and outcomes** across services by **eradicating inefficiencies and rationalising healthcare.**

Leeds Joint Health and Wellbeing Strategy 2013 - 15

The Joint Health and Wellbeing Board has a critical role in working closely with the Transformation Board, the Integrated Commissioning Executive (ICE) and the partner organisations across Leeds to drive the transformational changes of the Joint Health & Wellbeing Strategy. The Health and Wellbeing Board has identified four ‘commitments’ which it believes will make the most difference to the lives of people in Leeds. These are

1. Support more people to choose healthy lifestyles
2. Ensure everyone will have the best start in life

3. Improve people’s mental health and wellbeing

4. Increase the number of people supported to live safely in their own home

The action plan to deliver on Commitment 3 is embedded in the outcomes and priorities within this Framework document

Leeds City Council Better Lives (Appendix I),

Adult Social Care in Leeds has the ambition to promote better lives for those whom it supports through the following three themes:

- Better Lives through housing, care and support
- Better Lives through integration with the NHS and others
- Better Lives through enterprise initiatives.

The Leeds Adult Social Care Market Position Statement 2014 -15

Identifies four key commissioning issues for mental health

- **Commissioning for delivery of the Mental Health Framework 2014 -17**
- A new quality framework for mental health services
- Commissioning diverse supported accommodation options
- From day services to life options in the community

These commissioning themes are embedded in the outcomes and priorities within this Framework document

4. What are we going to do?

We want our shared vision to be that:

“Leeds is a city that values people’s mental wellbeing as equally as their physical health.

Our Ambition is for people to be confident that others will respond positively to our mental health needs without prejudice or discrimination and with a positive and hopeful approach to our future recovery, wellbeing and ability”.

We will deliver this through five Outcomes

1. Focus on keeping people well – to build resilience and self-management

The public profile of information is high and people know where to go for help – reducing demand in primary care and increasing preventative support. There is good promotion of wellbeing to young people, families as well as all age adults. We recognise the impact of other factors on people’s wellbeing, and ensure good access to the wider support, particularly in relation to housing, welfare advice and family support.

2. Mental health and physical health services will be better integrated

We will develop local priorities to deliver “parity of esteem” for mental health; improving the competency of all services to work with both physical and mental health issues as part of a person centred approach to care. Physical health needs of people with mental health needs will be recognised, supported and monitored so that overall health outcomes are in line with general population.

3. Mental health services will be transformed to be recovery and outcome focussed

Drive a culture of change within mental health services that puts a “recovery” focus as the standard. This will shift the focus from long term service use to active self-management through individually held budgets. This will result in improvements in care management, reduction in repeat crisis requests, readmissions are reduced, and employment levels will increase. This will shift the cultural emphasis away from a focus on the negatives of what people find difficult towards the positives of their abilities, aptitudes and potential i.e. an asset based approach to meeting needs.

4. We will ensure access to high quality services informed by need

Commissioners and service users will feel assured about the quality of services being delivered; that will be the right standard and in line with national and local policy to ensure the best possible outcome for people using them. The evidence base for effectiveness of interventions will inform all commissioning decisions.

5. We will challenge Stigma and Discrimination

Leeds aims to have a very positive profile of mental health where people feel safe talking about their mental health needs without fear of prejudice or discrimination. There is still a need for improved communication generally about mental health within communities to aid access and navigation as well as demystifying mental health.

This includes strengthening current approaches around stigma and discrimination and people feeling well equipped to challenge stigmatising attitudes. Supporting healthy workplaces, workforce development, early intervention and positive role modelling. The mental health needs of other service user groups, for example those with Autistic Spectrum Conditions, will be more appropriately and adequately met.

5. How are we going to do it?

The three CCGs and the Local Authority will take a joint approach to “whole system” transformation in order to mitigate the impact of isolated decision making. Taking a co-production approach with all stakeholders, we will build on the strong partnership working that already exists in order to maximise the opportunities to integrate planning and budgets and create opportunities for efficiencies and improvements in care pathways. We will encourage and support innovation and the development of collaborative working to achieve sustainable improvement. This will require commitment to agreed outcomes and implementation timescales.

We will address the challenge of how we allocate future resources and the issue of eligibility whilst supporting long term recovery. We need to work on these issues as a matter of urgency to ensure that future planning takes account of the need to find the acceptable balance between active interventions and sustained recovery. We need to ensure that interventions being offered are effective; and review where those interventions are best provided, for example shifting more support into primary care. Some of this will require significant challenge to established ways of working.

We will improve the quality of information available about mental health to support this wider awareness, and the more effective delivery of services. We will work with partners through Leeds City Council and it’s Executive to change the profile of mental health within the city – through Health and Wellbeing Board influence and the wider Council structures.

6. How will we check our progress?

This plan has been developed by the Leeds Mental Health Partnership Board, which is made up of commissioning and clinical representatives from the three Leeds Clinical Commissioning Groups, Leeds City Council and Adult Social Care, Public Health, Providers and Service Users. The Board has developed the Framework and agreed the action plan to deliver the five outcomes. Regular reports on the agreed action areas to ensure adequate progress is achieved will be reported to the CCG Boards and the Joint Health and Wellbeing Board.

Outcomes and Priorities in Table form

Outcomes	Priorities	Headline Indicators
1. Focus on keeping people well – to build resilience and self-management	1.1 Public profile of information is high and people know where to go for help. 1.2 Increase access to self-help, peer support and resilience training. 1.3 Improved access to mental health support for children, families and professionals working with them. 1.4 Commission services to support the best start in life (the emotional health and wellbeing of infants). 1.5 Promote employment support and job retention. 1.6 Increase attention on crisis prevention. 1.7 Support people to sustain their recovery by addressing the wider determinants of health, particularly in relation to employment, training financial inclusion and access to decent homes with a secure tenure. 1.8 Improve access to Telecare and Telehealth	1. Increasing self-management, building resilience and developing peer support (JHWP Commitment 3 Topic 4) 2. Reduce premature death in adults with serious mental illness (NHS Mandate Domain1) 3. Enhancing quality of life for people with mental illness (NHS Mandate Domain2) <ul style="list-style-type: none"> • Increase uptake and results of EQ5D tool in GP patient survey • Decrease the percentage of inappropriate referrals to LYPFT SPA • Increase the percentage of schools with mental health promotion programme and effective TAMHS provision • Increase the number of people with mental health issues returning to work through Job retention • Increase the take up of CAB sessions within mental health services • Decreased discharge delays due to accommodation issues.

Outcomes	Priorities	Headline Indicators
<p>2. Mental health and physical health services will be better integrated</p>	<p>2.1 Develop and deliver a local action plan for the implementation of mental health “parity of esteem” in line with national priorities.</p> <p>2.2 Increase the support for people with mental health needs to access drug and alcohol treatment and recovery services.</p> <p>2.3 Physical health needs of people with mental health needs recognised, supported and monitored so that overall health outcomes are in line with general population.</p> <p>2.4 Increase the number of people with long term conditions offered specialist mental health advice/support.</p> <p>2.5 Support will be personalised and will recognise the impact of other aspects of people’s lives such as education, work, housing and leisure, and individual lifestyles.</p>	<p>4. Securing additional years of life for people with treatable mental and physical health conditions.(Everyone Counts Outcome 1)</p> <p>5. Improving the health related quality of life for the people of Leeds with one or more long term conditions including mental health (Everyone Counts Outcome 2)</p> <ul style="list-style-type: none"> • Increase the take up of health checks by people on GP Seriously Mentally Ill register • Increase the percentage of people with Long Term Conditions with access to Cognitive Behavioural Therapy • Increase the successful smoking cessation completions in secondary mental health services • Increase the number of clients with a primary mental health need accessing/ successfully completing drug and alcohol treatment and recovery services • Track local mortality rates.
<p>3. Mental health services will be transformed to be recovery and outcome focussed</p>	<p>3.1 Develop outcome based service specifications for all providers.</p> <p>3.2 Develop a Leeds model of mental health services that explains access, eligibility, interventions and pathways across the whole system.</p> <p>3.3 Introduce the new payment system, choice and personal health budgets into current NHS commissioned services.</p> <p>3.4 Promote partnerships to implement the delivery of new community and rehabilitative mental health services to address</p>	<p>6. Reduce the amount of time people spend avoidably in hospital through better and more integrated care in the community outside of hospital. (Everyone Counts Outcome 3)</p> <p>7. Increase the proportion of older people living independently at home following discharge from hospital (Everyone Counts Outcome 4)</p>

Outcomes	Priorities	Headline Indicators
	<p>eligibility, sustainable recovery clear support pathways.</p> <p>3.5 Drive closer working with housing, leisure and education services to ensure that sustainable recovery by other sectors</p> <p>3.6 Transform day and community support services.</p>	<p>8. People are able to find employment when they want, maintain a family and social life and contribute to the community, loneliness and isolation (NHS Mandate Domain2)</p> <ul style="list-style-type: none"> • Increase the percentage of eligible service users with personal budgets • Increase the Number of people with personalised care plan • Increase the proportion of adults in contact with secondary mental health services who live independently, with or without support • Increase the number of people in contact with secondary services gaining employment • Achieve the recovery rate of IAPT service in line with national target of 50% • Increase the Number of people with mental illness in settled accommodation
<p>4. We will ensure access to high quality services informed by need</p>	<p>4.1 Map the current configuration of services and develop a Quality Framework for Mental Health Services.</p> <p>4.2 Ensure service user experience is at centre of care and service development.</p> <p>4.3 Performance monitoring of all services.</p> <p>4.4 Review high costs packages of care to ensure quality and value for money.</p> <p>4.5 Monitor usage of services for take up by marginalised and priority groups including young people, students, BME and older people.</p> <p>4.6 Ensure the principles of the Leeds Safeguarding Board “Think Family” guidance is integral to commissioning of mental</p>	<p>9. Increase the number of people having a positive experience of hospital care. (Everyone Counts Outcome 5)</p> <p>10. Increase the number of People over 65 accessing IAPT Service (NHS Mandate Domain 3)</p> <p>11. Improve the experience of healthcare for people with mental illness (NHS Mandate 4)</p> <ul style="list-style-type: none"> • Reduce waiting times and achieve recovery rate of 50% for IAPT • Reduce the number of serious incidents in mental health services

Outcomes	Priorities	Headline Indicators
	health services.	<ul style="list-style-type: none"> • Increase the uptake of Friends and Family test • Improve Patient experience as evidenced by National Patient Survey • Reduce the number of inappropriate repeat admissions to hospital • Increase access to psychological therapy by Students, BME and Older People
<p>5. We will challenge stigma and discrimination</p>	<p>5.1 Public and professionals attitude, knowledge and challenge regarding mental health stigma</p> <p>5.2 Integration of mental health and wellbeing into NHS and wider Council policies, including Member Lead for Mental Health across Local Authority.</p> <p>5.3 Employers have increased confidence to work with mental health issues.</p> <p>5.4 Focus on BME provision and access issues across Services.</p> <p>5.5 Encourage a culture of challenge to discrimination.</p>	<p>12. Increase the number of people with mental and physical health conditions having a positive experience of care outside hospital, in general practice and in the community (Everyone Counts Outcome 6)</p> <ul style="list-style-type: none"> • Local attitude survey led and completed by citywide Anti Stigma and discrimination work-stream • Increase Mindful Employer Network charter sign up in Leeds • Increase uptake for BME service users and families • Reduce the stigma of mental health within BME communities • Increase action planning taken forward based on Healthwatch reports on issues of parity for mental health service users

References

Mental Health; a state of well-being. WHO. 2014. www.who.int/features/factfiles/mental_health/en/

No Health Without Mental Health, 2011 DOH https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf

The Mandate. A mandate from the Government to NHS England: April 2014 to March 2015 DH NOV 13
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256406/Mandate_14_15.pdf

Everyone Counts Planning for Patients 14/15 <http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf>

Fair Society Healthy Lives. Marmot Review 2010 . www.instituteofhealthequity.org/.../fair-society-healthy-lives-the-marmot-review

Mental Health and Wellbeing in Leeds: An Assessment of Need in the Adult Population. May 2011
www.volition.org.uk/.../Mental-Health-Needs-Assessment-May-2011.pdf

Public mental health: evidence based priorities. Chapter 2 – single page summary. Annual Report of the Chief Medical Officer 2013
https://www.gov.uk/government/.../Annual_report_2013_3.pdf

Report of the National Audit of Schizophrenia. (NAS) 2012 www.rcpsych.ac.uk/pdf/NAS%20National%20report%20FINAL

Implementing Recovery: a new framework for organisational change, Sainsbury Centre 2009
www.centreformentalhealth.org.uk/.../implementing_recovery_paper.pdf

No Health Without Mental Health Implementation Framework. July 2012
www.nsun.org.uk/.../no-health-without-mental-health-implementation-framework-report2.pdf

Closing the Gap: Priorities for Essential Change in Mental Health. January 2014
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014.pdf

Achieving Better Access to Mental Health Services by 2020. NHS England. October 14

<https://www.gov.uk/government/...data/.../mental-health-access.pdf>

The Care Act. 2014 <https://www.gov.uk/government/.../care-act-2014-part-1-factsheets>

Public Services (Social Value Act) 2012

<https://www.gov.uk/.../publications/procurement-policy-note-10-12-the-public-services-social-value-act-2012>

No Assumptions. A Narrative for Personalised, Co-ordinated Care and Support in Mental Health. NHS England. 2014

www.nationalvoices.org.uk/sites/.../noassumptionsfinal27_august.pdf

Leeds Health & Social Care Economy 5 year Strategy www.leedswestccg.nhs.uk/.../07-05-2014-Leeds-West-CCG-health-and-social-care.pdf

Leeds Joint Health and Wellbeing Strategy 2013 -15 www.leeds.gov.uk/docs/JHWS_FINAL_webREV%20ZI.pdf

Better Lives for People in Leeds www.leeds.gov.uk/residents/.../Better-Lives-for-people-in-Leeds.aspx

The Leeds Adult Social Care Market Position statement 2014 -15

www.leeds.gov.uk/.../CB009-0514%20-%202014%2005%2030%20-%20Market%20Position%20Statement%20%202014.pdf

Scrutiny Board (Adults, Health and Active Lifestyles)

Briefing Note

Progress against the Mental Health Framework

Date paper prepared: 6th of November 2018

For: Scrutiny Board (Adults, Health and Active Lifestyles)

Prepared by: Jenny Thornton, contributions from Sarah Erskine and Kashif Ahmed CCG

1. Purpose

1.1 The report provides an update on progress against the key priorities of the Mental Health Framework 2014-17 and next steps in terms of developing a new Mental Health strategy for the city. The scope of the framework is all adults. The mental health needs of children and young people plan sits within the Future in Mind strategy.

2. Background

2.1 Leeds Mental Health Framework 2014 -17.

Leeds is a city that values people's mental wellbeing equally with their physical health.

“Our Ambition is for people to be confident that others will respond to our mental health needs without prejudice or discrimination and with a positive and hopeful approach to our future recovery, wellbeing and ability”.

2.2 Between September 2014 and January 2015 – the city tasked itself with identifying the key “overarching” priorities for mental health that if tackled would have the most impact across 5 agreed high level outcomes. The scope of the Framework includes all mental health services and interventions commissioned locally by the NHS and Local Authority as well as Local Authority Public Health priorities for emotional health and wellbeing. Although primarily focused on adults, the Framework aims to take a “life course” approach.

3. Summary of key proposals

3.1 **Outcome 1: Focus on keeping people well** – to build resilience and self-management ensuring the public profile of information is high and people know where to go for help.

3.2 *What has happened?*

3.3 An information portal “**MindWell**” has been developed in collaboration with members of the public, service users and carers, people working in mental health services, adult social care, the third sector, libraries and businesses. MindWell is a key tool in communicating accurate, timely and safe information about all aspects of mental health including what to do at times of mental health crisis. Our reports show there are over 7,500 MindWell contacts per month, the main user group is 18

– 35 year olds, most hits are on the anxiety and depression pages, the main service accessed is IAPT (Primary Care CBT), day time use is highest but evenings and weekend use is growing rapidly. Main referrers and users of clinical materials are Leeds Community Healthcare, LCC and Leeds Student Medical Practice. (www.mindwell-leeds.org.uk)

- 3.4 **Mentally Healthy Leeds** is a new upstream service that is currently being commissioned by Leeds City Council Public Health to contribute to reducing health inequalities by focusing on the wider determinants that can affect resilience and impact negatively on mental health. The overall aim is to reduce health inequalities and improve the mental health and wellbeing of communities most at risk of poor mental health.
- 3.5 **Wellbeing Space and Support Service** is a new service which focuses on providing more opportunities for those living in the 10% most deprived areas in South Leeds to access services promoting positive mental health. It will provide a community based drop in with the aim of improving protective factors and reducing risks around poor mental health, and reducing social isolation. It will provide outreach into communities with risk factors for poor mental health that are not currently engaged and develop opportunities for buddying, as well as promotion and awareness of appropriate and effective Public Mental Health resources in communities.
- 3.6 To support older people’s well-being and reduce isolation, Leeds City Council and NHS Leeds CCG have increased the funding for **Neighbourhood Networks**, and awarded longer-term grants to ensure third sector partners can plan and sustain activities. NHS Leeds CCG has committed to **social prescribing services and Memory Support Workers**, to enable people and carers to live well with long-term health conditions, including dementia. The Council has worked with Leeds Older People’s Forum and many other partners to win funding for and deliver the ‘**Time To Shine**’ programme; this encompasses a broad and creative range of community projects to tackle loneliness and isolation. Leeds City Council and NHS Leeds CCG continue to support the development of Dementia Café’s across the city.
- 4.0 Outcome 2: Mental health and physical health services will be better integrated.**
- 4.1 By improving the competency of all services to work with both physical and mental health issues as part of a person centred approach to care. Physical health needs of people with mental health needs will be recognised, supported and monitored so that overall health outcomes are in line with the general population.
- 4.2 What has happened?**
- 4.3 In order to understand what a new service model should be a small number of prototype service have been tested within primary care with the aim of

- Ensuring the physical health needs of people with mental health needs are recognised, supported and monitored so that overall health outcomes are in line with the general population.
- Increasing the number of people with long term conditions offered specialist mental health advice/support that it is personalised and will recognise the impact of other aspects of people's lives such as education, work, housing and leisure, and individual lifestyles.

4.4 **These Primary Care Liaison services** have worked with over 3,000 people reducing use of GP appointments and increasing the options for treatment getting people to the right service first time. They have acted as a bridge between LYPFT specialist services and GP's to prevent people being referred unnecessarily to specialist services as well as supporting discharge of Service User's back to primary care following an episode of mental ill health.

4.5 **Psychiatric Liaison services** – support general hospital team within in Leeds Teaching Hospitals which provide psychiatric assessment and interventions to people with complex needs in A&E, wards and Outpatients.

4.6 The proposed procurement of **Improving Access to Psychological Services** (IAPT) and Primary Care Liaison mental health will be expanded to people with Long Term Conditions (LTCs) and co-located within primary care.

5.0 Outcome 3: Mental health services will be transformed to be recovery and outcome focussed.

5.1 Promote partnerships to implement the delivery of new community and rehabilitative mental health services to address eligibility, sustainable recovery clear support pathways.

5.2 What has happened?

5.3 Following a review of Adult Social Care mental health services a new way of delivering support has been 'co-created` with the aim of increasing recovery focussed approaches and includes the transformation of day and community support services and will drive closer working with housing, leisure and education services to ensure that sustainable recovery by other sectors. This has resulted in Leeds Adult Social care recently re-commissioning **Community Based Mental Health** provision through the voluntary community sector, which aims to reduce social isolation, maximise independence and improve wellbeing of people with mental health needs through peer support, strength based conversations, approaches to asset based community development and providing ongoing social and practical support.

5.4 Leeds City Council Adults and Health have awarded a contract to Touchstone to deliver the Community Based Mental Health Service from 1 April 2019. The contract has been awarded to a strategic group of providers of which Touchstone is the lead provider. They will also sub-contract with a number of smaller providers in

a delivery network of community organisations. The contract has been awarded for five years and coproduction is key in the development of the services. Key client groups have been identified and will be the focus of the delivery network as they are much closer to local communities. The service will have a single point of referral and each organisation will have a trained trusted assessor.

- 5.5 We have developed a **Recovery College** with the aims of offering high quality educational opportunities to people who use mental health services by challenging the dynamics of social exclusion that make it difficult for people with mental health problems to access good quality educational opportunities. University students have an opportunity to work alongside people with mental health difficulties, enhancing their employability and 'real world' experience.
- 5.6 A strength based approach to social care is being implemented, co-produced with individuals who have lived experience of mental health services. There are 3 broad themes to this work:
- How can we work better with people in mental health crisis?
 - How can we provide a more personalized approach to individuals?
 - How can we work better with partners across the city?
- 5.7 A number of work streams are in situ with a focus upon working with carers, looking at personalized support, improved outcomes for individuals who are in crisis and a work stream focusing upon volunteering and employment options.
- 5.8 To date a focus group has been held with people with lived experience and a further focus group with Carer's Leeds in order to meaningfully co-produce strength based approach.
- 6.0 Outcome 4: We will ensure access to high quality services informed by need.**
Improve the experience of healthcare for people with mental illness.
- 6.2 What has happened?**
- 6.3 We have ensured service user experience is at centre of service development “co-production” and the development of service user designed quality statements that are used in performance monitoring of services, including take up by marginalised and priority groups including young people, students, BAME and older people.
- 6.4 The development of the Leeds **crisis café and high volume service user’s project** has reduced the number of inappropriate repeat admissions to hospital at times of crisis to ensure that when the health or independence of a person rapidly deteriorates, they have rapid access to appropriate and effective urgent care and support, including effective alternatives to hospital.
- 6.5 Leeds York Partnership Foundation Trust (LYPFT) is currently redesigning their community services based on the requirements of the Framework. The overall aim is to ensure that Leeds has consistent, responsive and recovery focused services

offer that support more people in the community and responds effectively when people are in a crisis.

6.6 Joint commissioning arrangements are in place between NHS Leeds CCG, Leeds City Council and West Yorkshire Police that enable the funding of two mental health nurses based within the West Yorkshire Police (WYP) Leeds District Control Room at Elland Road since May 2015.

6.7 The service aims to:

- Provide immediate advice and support to police in contact with people who have mental health issues including live calls.
- Support staff in the police hub in decision making
- Enable timely access to information held by health and social care
- Divert service users from Section 136 MHA detentions and provide access to timely mental health assessments
- Signpost and refer into statutory and non-statutory agencies
- Detect and improve outcomes for vulnerable people in contact with the Police

6.8 Leeds City Council and NHS Leeds CCG continue to jointly commission employment support, accommodation supported and community support through a diverse range of voluntary community sector organisation for people with mental health needs. Furthermore, both organisations have recently developed joint arrangements for Section 117 services for people who require specialist after care services after hospital stay. This ensures that timely funding decisions are being made and the right care package is put in place to support recovery and independence for people with severe mental health illness (SMI).

7. Outcome 5: We will challenge stigma and discrimination. Improve public and professional attitude, knowledge and challenge mental health stigma.

7.1 *What has happened?*

7.2 In 2017 Leeds was successful in becoming the first regional [Time to Change Hub](#) and will oversee a bespoke grants programme and citywide action plan jointly with third sector partners. Councillor Charlwood is our city champion and through her support, she helped secure the grant bid.

7.3 To support employers with increased confidence to work with mental health issues our Mindful Employer service continues to support people to maintain or secure employment.

7.4 Mental health liaison services support General Hospital teams to work with people with primary mental health needs or when those needs are part of a mixed presentation with physical health problems.

7.5 We ensure that the Mental Health Investment Standard and parity of esteem between physical and mental health services is maintained by increasing

investment in services. There is integration of mental health and wellbeing into NHS and wider Council policies, including a Member Lead for Mental Health across the Local Authority

8. Mental health needs Assessment;

8.1 *Leeds in Mind 2017*, along with the MH FYFV, is informing a new strategic plan for the city. Work has already begun on addressing some of the key recommendations in the report.

8.2 Key Findings include:

- i. As with physical health, in Leeds, there is a clear relationship between deprivation and mental ill health.
- ii. Black and minority ethnic communities experience significant mental health inequalities. Compared to White British groups, they experience more barriers in accessing appropriate mental health services and poorer mental health outcomes.
- iii. The benefits of IAPT have not been realised equally across the city. For example, 'Recovery' rates are lowest in the South of the city (where deprivation is greatest), older people do not access the service to the same rates as the working age population and rates of 'finishing a course of treatment' are lower for BME groups compared to White British Groups.
- iv. There are a group of people whose needs are not well met by current service provision (structured around common mental health disorders or serious mental illness). This group is heterogeneous and includes people who may have psychological needs related to unresolved trauma, complex social problems and/or enduring depression.
- v. Compared to the England average, Leeds has higher rates of people experiencing psychosis for the first time (First Episode Psychosis), and higher rates of people being sectioned under the Mental Health Act.
- vi. Stakeholders report that there are significant challenges to improving the physical health of people with Serious Mental Illness (SMI). In Leeds, people with SMI have a premature mortality rate four times greater than the general population.

9. The future/ next steps:

9.1 The Mental Health Partnership Board reviewed the impact of the Mental Health Framework and has now tasked a group of commissioners, partners and stakeholders to develop a new Mental Health Strategy for the city.

9.2 The timeframe for development and launch of the strategy is short and is aimed to be signed off by March 2019. Much of the work to assess need and engage communities, service users and practitioners has already been completed, either through the Leeds Mental Health Needs Assessment process, or through

engagement undertaken as part of recent mental health service reviews and procurement.

- 9.3 The strategy will cover the full breadth of mental health and illness - from prevention to specialised in-patient treatment. It will complement strategies already in existence across the system. Key interfaces include the Children and Young People's Mental Health Strategy (Future in Mind), the Best Start Strategy and The Age Friendly Leeds Partnership.
- 9.4 The mental health strategy is likely to address identified issues in the city - such as mental health inequalities, stigma, and better integration of mental health & physical health services. It will be aspirational – focussed on bolstering prevention 'upstream' and reducing mental ill health, whilst clearly sighted upon improving mental health services and support.
- 9.5 Finally, the Leeds mental health strategy will need to resonate with a changing health and social care landscape. As such, it will be sufficiently flexible to inspire and deliver change at neighbourhood, Local Care Partnerships and citywide footprints.

10. Recommendations

- 10.1 The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to consider the information provided and determine any further scrutiny actions and/or activity.

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Leeds
CITY COUNCIL

Leeds in Mind 2017

Mental Health Needs Assessment

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Public Health



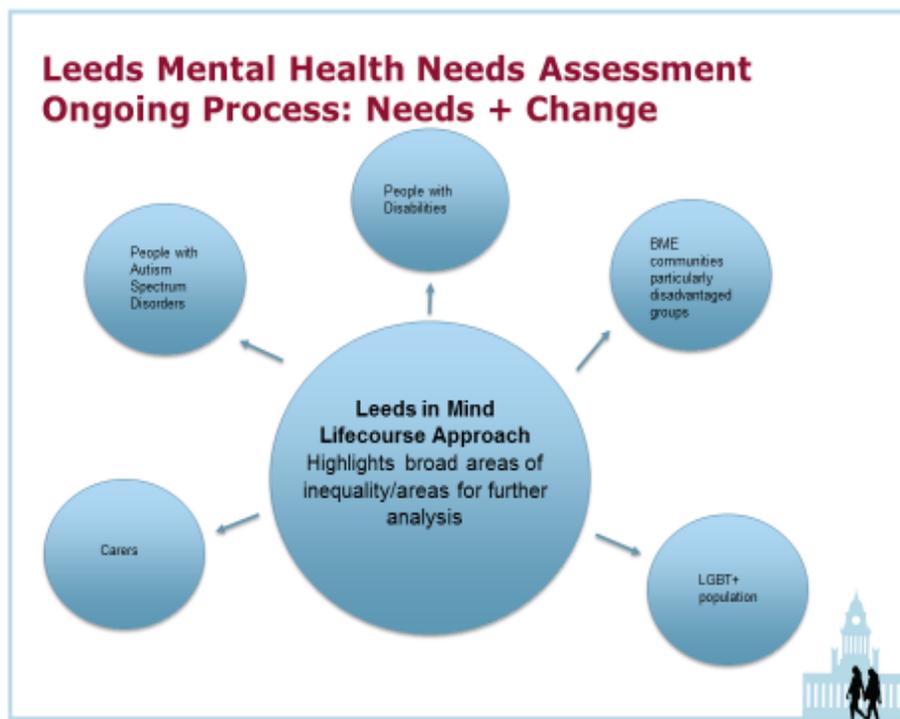
Executive Summary

Mental Health is central to all health. It has a significant impact, not only on individuals, families and communities, but also on the economy. Estimates for Leeds suggest that mental ill-health costs over £500 million every year through lost economic output, benefits payments, and its effects on the health and social care system.

This report assesses the mental health needs of the adult Leeds population, identifies where gaps in provision exist and makes recommendations to address inequity in access to healthcare and unequal health outcomes.

It reviews Common Mental Health Disorders (which range from mild to severe) and Serious Mental Illnesses. It also assesses the needs of people who have both mental and physical health problems and people who have mental health problems that may be complex or less easily defined. Separate pieces of work, developed as part of *Leeds in Mind*, will cover the mental health needs of pregnant women and women with young children, young people (16 – 24 years) and older people (65+ years).

Such a wide scope means that the needs assessment highlights only broad areas of inequality and inequity; there are gaps in what it covers. The report does not fully capture the experience of all groups who experience poor mental health outcomes, and some communities or populations are not adequately represented in mental health data sources. More work is needed to make visible and address the mental health needs of key groups – through improvements in data collection but importantly, through further analysis clearly linked to system change. Priority populations identified include (but are not restricted to): people from Black and Minority Ethnic communities - particularly disadvantaged groups such as Gypsy and Travellers and Asylum Seekers; the LGBT community, people with disabilities, carers, and people with comorbid Autistic Spectrum Disorder. The needs of these groups will be addressed in future pieces of work, linked to recommendations in this report.



Key Findings

Risk and Protective Factors

Mental Health is affected by many factors. It is useful to think about these in terms of those that increase the risk of mental ill health and those that afford some protection. Responses to particular circumstances or events will vary from person to person, but at a population level, there is good evidence regarding the negative and positive effects of particular factors on mental health.

Mental health has a social gradient. This is because risk factors for mental ill health cluster in areas where people have fewer resources. These risks may be 'current' - such as debt or poor housing; however, there is also research to suggest that factors such as domestic violence or past trauma also have long-lasting effects that can reach across generations.

Risk and protective factors often therefore have immediate, but also long term, impact. Investing in protective factors in particular is not only central to improving the health of people in Leeds, but it also makes sound economic sense.

Very recent research undertaken by Public Health England sets out the Return on Investment from delivering against some of these protective factors at a national level.



There are many aspects to living in Leeds which are protective of good mental health. Some of these mental health assets are included below:

Top level summary of key protective factors as experienced in Leeds
Support to develop healthy relationships - the Leeds Best Start Programme
Celebration of positive role models - events such as Leeds Pride and Leeds West Indian Carnival
Resilience programmes that support young people - MindMate in schools
Community resources, social capital and social networks - Leeds has a strong and vibrant Third Sector
Access to green spaces across the city across the whole city
Employment support and anti-poverty programmes

However, there are also clearly identified risk factors. Shown below are estimated numbers of people in the city who are at increased risk of poor mental health/illness. Other factors are important but less easily quantified - these include experiencing discrimination, being homeless/poorly housed and crucially having experienced inadequate care-giving as a child which has a negative impact on future emotional and mental wellbeing. It is important to note that very often people will experience multiple risk factors at the same time - this increases their vulnerability to mental health problems

Top level summary of key risk factors as experienced in Leeds	
Debt and financial strain	100,000
Unemployment	40,000
Adverse experiences such as trauma and abuse	45,000
Caring responsibilities	70,000
Long term health conditions	200,000
Social Isolation	40,000

Finally, mental health stigma can be seen as a risk factor for mental ill health – in that it operates as a significant barrier to people developing an understanding of mental health and illness and to accessing treatment. It underpins all aspects of mental health – from emotional wellbeing to serious mental illness and may be experienced differently by different population groups or communities.

Common Mental Health Disorders

- There are an estimated 106,000 people who, every year in Leeds experience a Common Mental Health Disorder (CMHD) such as anxiety and depression. This estimate is not adjusted for socio-economic status and it may be that the 'true' number is much higher.
- It is estimated that around half of all CMHD is 'moderate - severe'. This equates to over 50,000 people in the city. The needs of people with CMHD are met across a range of services including Improving Access to Psychological Therapies (IAPT), and by Third Sector services – including Social Prescribing.
- GPs report that a significant proportion of workload carried out in Primary Care is associated with mental ill health – possibly up to 40% of all consultations. There were nearly 94,000 single prescriptions for anti-depressants and anxiolytics in 2015/16 which suggests that a significant proportion of estimated CMHD need is being addressed in Primary Care.
- There is good evidence that CMHDs have a social gradient and that they are strongly linked to risk factors associated with having limited resources - such as an adequate income and stable housing. With this in mind, there appears to be under recording of CMHD in Primary Care in the most deprived parts (poorest quintile) of the city. This is particularly noticeable in the case of depression.
- Recent analysis of CMHD in Primary Care suggests that there were 130,000 people recorded as having a CMHD in 2016 (this includes all new cases in a year and past cases and so is higher than annual estimated figures). Anxiety was the largest single mental health condition recorded (n= 75,000) followed by Depression (n = 46,000). There were 27,000 people recorded as having both Anxiety & Depression.
- The mental health service commissioned to support people with CMHD is Improving Access to Psychological Therapies (IAPT). However, IAPT is designed, nationally, to meet only 15% of 'need' - 15,000 people in Leeds. Around 6,000 people finished a course of treatment in 2015/16.
- Setting estimated rates of CMHD against IAPT service use suggests that much CMHD in the city goes untreated
- A recent national study found that young people (16 – 24 years) and black and minority ethnic communities were two groups least likely to receive treatment for CMHD. These two groups are under-represented in primary care CMHD registers in Leeds.
- IAPT is effective for those people who finish a course of treatment. Recovery is measured very crudely, but even so, in Leeds nearly 50% of people, who complete their course of treatment, do recover and around 60% of people 'reliably improve'. This means that their mental health needs may have been quite severe when they started treatment; and whilst they may not leave the service symptom-free, their mental health will be significantly better.
- The benefits of IAPT have not been realised equally across the city. 'Recovery' rates are lowest in the South of the city (where deprivation is greatest), older people do not access the service to the same rates as the working age population and rates of 'finishing a course of treatment' are low for some ethnic groups (compared to White British Groups). This suggests that IAPT has not historically been able to meet the needs of the whole Leeds population and, despite significant efforts from the service; there is inequality of both access and outcomes
- However, recent steps taken by the service offer some promise. These include not discharging people when they drop out of Step 2 treatment and offering top up treatment or step up to Step 3. The service report this is improving recovery rates, however, demand for Step 3 is increasing significantly.
- Nationally, the mental health of young women is of concern. However, locally, whilst there are twice as many women as men in Leeds who are recorded as having a CMHD, only 9% of young women are recorded as having a CMHD in primary care, compared to 20% of all women over 18 years.
- Men are under-represented in both Primary Care data on CMHD and IAPT numbers finishing treatment. This may reflect women's poor mental health but also may signal the fact that men may

not seek support for this type of mental distress. However, it is notable that when men do access IAPT, their recovery rates are similar to those of women.

- Qualitative surveys recently undertaken in Leeds suggest that certain communities experience a range of factors that put them at increased risk of CMHD. These include people from some BME communities (including refugees and asylum seekers) and LGBT+ populations.
- Finally, there are groups whose needs have not been reviewed as part of this needs assessment and who may not always be 'visible' in available data on mental health - but who are known to have high rates of mental health disorder. These groups include people with Learning Disabilities, Autism, ADHD and/or physical disabilities, including the deaf community. More work is needed to explore the particular mental health needs of these groups locally.

Serious Mental Illness

- Many people with Serious Mental Illnesses such as psychosis and bipolar disorder maintain employment and relationships, and have fulfilling lives. For other people, these conditions bring with them significant disability and may be complicated by poor physical health and significant socio-economic disadvantage.
- There are nearly 8,000 people recorded as having a SMI in Primary Care in Leeds. These registers show a significant association with deprivation - with rates highest in the inner part of the city.
- Leeds has higher rates of people experiencing First Episode Psychosis than both the England average, and locally modelled estimates that use adapted methodologies. There is a need to explore the impact of this high level of need on Early Intervention in Psychosis services along with the needs of people who experience 'At Risk Mental States' (which may precede a first psychotic episode).
- There is a significant gap between locally modelled estimates of prevalence rates for psychotic disorder and bipolar disorder and LYPFT cluster data. This may be due to the fact that some services provided by LYPFT do not cluster and/or it may indicate unmet mental health need in the population.
- There is a relationship between having a SMI and being out of work. However, there is a strong evidence base for the positive effects of employment-support programmes. Applying national economic modelling to Leeds employment support programme suggests that the service may be saving the city in excess of £1 million a year.
- At a population level, people from Black or Mixed ethnic groups in Leeds are twice as likely to be admitted to a mental health ward having accessed a crisis service as people from White ethnic groups. This may represent higher levels of need in some population groups and/or limitations across mental health and social care pathways to meet the needs of these groups before crisis occurs.
- Crisis services in the community offer well-evidenced alternative to inpatient stays. Such services provided in Leeds are meeting significant mental health needs of diverse groups– including people from LGBT+ communities and people from a range of minority ethnic groups.
- People with a diagnosis of psychosis who live in the South and East of the city are more likely to be admitted to hospital in an emergency/through A&E than England averages.
- Leeds has higher rates of people subject to the mental health act when compared to the England average – rates are particularly high in the South and East of the city. It is not clear whether this is due to higher need in Leeds or if it reflects that there limitations on community services to be able to support people before crisis occurs.

Physical Health and Mental Health

- There is a significant and complex relationship between physical and mental health, which much current service provision does not adequately address.
- More than 1 in 3 people on the CMHD primary care register in Leeds have at least 1 long term condition – around 48,000 people. There is also a clear relationship between having a serious mental illness and a long term condition. This is notable in the case of Diabetes, COPD and Hypertension.
- Referrals to IAPT for people with LTC do not appear to reflect local estimated prevalence and it is not clear how new national drivers for IAPT provision to target people with LTC will be developed locally.
- Despite efforts being made to improve the holistic care provided in both mental health and physical healthcare services, stakeholders report that there are challenges associated with communication across provider organisations and development of appropriate skills
- New models of care provide a significant opportunity to support people’s physical and mental health needs. However, there is separation between Primary Care/New models of care driven by mental health commissioners and citywide approaches focusing upon long term conditions and/or frailty.
- Health coaching approaches, as holistic models, provide a significant opportunity to meet the needs of the population with both LTC and CMHD
- Medically unexplained symptoms (MUS) and somatoform disorders are estimated to constitute a significant proportion of primary care appointments. In Leeds, the Liaison Psychiatry service provides specialist support for people with very complex problems of this nature. It is not currently clear whether the expansion of IAPT to support people with MUS will be successful nationally (pilots are underway) and no plans are in place locally to address the needs of this group through the existing IAPT service.
- The rate of premature mortality in people who have a serious mental illness in Leeds (<75s) is 1,405/100,000 (2012/13) - four times greater than the general population. This is symptomatic of significant health inequalities – associated with deprivation, poor physical health (due in part to anti-psychotic medications and health behaviour) and barriers to health promotion messages and healthcare services.
- There are systemic barriers to screening and improving the health of this population group. There is a shared care protocol in place but communication between acute services, and general practice is a barrier to effective care.
- There is good evidence that smoking cessation is effective with this population group, and that people with SMI have the same desire to stop smoking as the rest of the population.
- Incentives to complete physical health checks have been removed in Primary Care. Whilst rates of checks for people with SMI in Leeds are comparable with the rest of the country - these are low across the whole of England.

Complex Mental Health Problems

- Local stakeholders identify that there are a group of people whose needs are not well met by current service provision (structured around common mental health disorders or serious mental illness). This group is heterogeneous but includes people who may have psychological needs related to unresolved trauma, complex social problems and/or enduring depression.
- 'Complexity' is differently defined and experienced. Being able to meet this wide range of mental health needs suggests requires that responses should be culturally appropriate, evidence-based and adaptable to meet the need of the individual.
- More work is needed to understand the burden of illness that is attributable to 'complex needs' in the city, however numbers of people screened out;' from IAPT and CMHTs provides an initial starting point.
- A new partnership, funded until 2019 is now in place in the city - the visible project aims to raise the profile of child sexual abuse and improve responses across the mental health system.
- Personality Disorder is a complex diagnosis often associated with previous trauma and abuse. Developing accurate estimates of numbers of people affected is challenging given the disagreement over terms and complexities of screening for these conditions. However, it is probable that there are a significant number of people in Leeds who struggle with forming healthy relationships and experience high levels of risk
- Leeds has a greater number of people accessing drug/alcohol services who have a comorbid mental health problem than modelled estimates predict. It also has higher rates of service use contacts (for alcohol/drug services) from people with mental health problems. This suggests high levels of need in the Leeds population.
- Drug and alcohol use is a significant predictor of mental ill health. Dual diagnosis services in the city are meeting needs that exceed modelled estimates. 22% of people accessing Forward Leeds in 2016/17 had a mental health diagnosis. More men accessed the service than women. However, women were more likely to have a formal mental health diagnosis (28% of women, compared to 21% of men).
- There is clear evidence that trauma is associated with a full range of mental illnesses. If rates from national surveys are applied to the Leeds population this suggests that around 45,000 people in the city may have experienced some kind of trauma and abuse.
- New pilot ways of working – bringing mental health services closer to primary care (mental health 'test beds') have to date, developed separately to emerging 'new models of care'
- Early findings suggest that the Primary Care /Mental Health test beds developed as part of the Leeds Mental Health Framework are meeting a range of mental health needs and the impact on primary care workload appears promising.
- The models show the potential of system change/integration. Early results suggest that bringing mental health staff 'closer' to Primary Care appears to improve the appropriateness of referral and a reduction in GP contact time for some people.
- It will be important, going forward to assess the 'net effect' of all three models on the wider health and social care economy - and in particular on their ability to respond flexibly to need.

Recommendations

1. Mental Health is everyone's business. Strategic partners in Leeds to prioritise programmes of work that increase protective factors and reduce risk factors for poor mental health - particularly focussing on those that are linked to poverty. Ensure all commissioned service and programmes of work have an explicit focus on mental health.

2. Commissioners/providers of mental health services to ensure that service provision reflects the levels of mental health needs in the population and includes additional tailored support for identified groups to ensure they are able to access and complete mental health treatment.

3. Mental health commissioners and service providers, LCC Public Health and The Third Sector to ensure further needs analysis and development work in the city addresses the needs of people with increased risk of poor mental health, particularly those groups who may not be easily identified in mental health data sources. These groups to include:

- Homeless people, carers asylum seekers and refugees and LGBT+ communities (particularly trans and non-binary people)
- People with complex comorbidities: people with Learning Disabilities, Autism Spectrum Disorder and Physical Disabilities (including the deaf community).
- People who have both mental health and substance use problems.

4. Commissioners/providers of mental health services to address inequity in identification and treatment of common mental health disorders. In particular:

a) IAPT to take steps to further address the following issues:

- Improve access to the service from older people and increase the number of men finishing treatment
- Improve the proportion of people from minority ethnic backgrounds who finish a course of treatment
- Improve recovery rates in the most deprived parts of Leeds (particularly Inner South and Inner East Leeds)
- Explore further the access rates and outcomes for people with long-term conditions

b) Primary Care services to specifically consider under-recording of depression in low income areas and to further explore how best to support the mental health needs of their practice populations.

c) Mental health commissioners to increase IAPT capacity at Step 3 in order to meet local demand and to support people with moderate- severe common mental health disorders

5. Mental health commissioners/providers of mental health service to address the current gap in provision between CMHTs and IAPT services, by developing community based mental health provision that meets the bio-psycho-social needs of people including those with complex psychological or social needs.

6. Providers of physical healthcare pathways for long-term conditions and Primary Care, to pro-actively screen people with long term conditions for mental health problems as part of wider psychological informed conversations. Also, to ensure appropriate support and onward referral

7. Mindwell to co-produce bespoke online resources for people with comorbid mental and physical health problems

8. Mental Health service providers, Primary Care and Public Health to urgently address the premature mortality of people with SMI through:

- Ensuring the effective implementation of the Leeds Shared Care protocol
- Urgently addressing issues with communication between LYPFT and Primary Care by improving IT systems
- Increasing the proportion of eligible people receiving the full list of annual physical health checks in Primary care
- Providing support for service users with SMI to access appropriate physical healthcare services
- Developing better health improvement messages that meet the needs of people with SMI and ensuring that healthy living service for this group are tailored to meet needs.

9. Mental health commissioners and service providers to review the impact of high rates of First Episode Psychosis in the population on Early Intervention in Psychosis services, along with the needs of people who experience 'At Risk Mental States'

10. Mental health service providers, LCC Public Health and the Third Sector to review mental health provision for people from Black and Minority Ethnic communities across the whole (mental) healthcare system, in order to better meet needs and reduce identified mental health inequalities. In particular address the unmet needs of vulnerable migrants and disadvantaged groups.

11. Mental health service providers, in partnership with Third Sector, Social Care and LCC Public Health to review use of the MH Act (particularly in Leeds South) and make recommendations across the health and social care system.

12. Commissioners/mental health providers to consider how best to deliver trauma informed services that meet the needs of people with mental health problems that have their roots in adverse experiences such as trauma and/or physical, psychological and sexual abuse. Build on the work of the Visible project to ensure sustainability and effectiveness of new approaches to addressing mental health and abuse.

13. Leeds City Council and NHS Leeds CCGs to increase commissioned employment support services for people with mental health problems in order to build on existing good practice

14. LCC Public Health, mental health service providers and NHS Leeds CCGs to ensure that new models of care/population health management approaches are supported through regular provision of good quality mental health data at practice level. This to include information on: mental healthcare service usage, co-morbid long-term conditions and mental illnesses, and SMI annual physical health checks

For further information about *Leeds in Mind* please contact sarah.erskine@leeds.gov.uk

Report of Head of Governance and Scrutiny Support

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

Date: 6 November 2018

Subject: Community Mental Health Service Redesign - Position Update

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

1 Purpose of this report

1.1 The purpose of this report is to present, for consideration, an update from Leeds and York Partnership NHS Foundation Trust on its Community Mental Health Service redesign.

2 Main issues

- 2.1 An update from Leeds and York Partnership NHS Foundation Trust (LYPFT) on its Community Mental Health Service redesign is attached at Appendix 1 for consideration by the Scrutiny Board.
- 2.2 Appropriate representatives from LYPFT have been invited to attend the meeting to help the Scrutiny Board consider the information presented.
- 2.3 It should be noted that a range of information relating to Leeds Mental Health Framework (2014-2017) – which also references Community Mental Health Services for adults in Leeds – is presented elsewhere on the agenda for consideration of the Scrutiny Board.

3. Recommendations

3.1 The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to consider and comment on the details presented and agree any specific matters that may require further scrutiny action, input or activity.

4. Background papers¹

4.1 None used

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

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Report to Scrutiny Board Adults, Health and Active Lifestyles

Date: 6 November 2018

Subject: Leeds & York Partnership NHS Foundation Trust: Community Mental Health Redesign Position Update

1. Purpose of this report

- 1.1. The purpose of this report is to provide an overview of the engagement activities Leeds and York Partnership NHS Foundation (LYPFT) have undertaken to inform the working age and older peoples' Leeds community mental health service models.
- 1.2. Our report follows on from the briefing provided to the Health Scrutiny Working Group on 6 April 2018 and sets out the conclusion of LYPFT's engagement period and the key changes we have made to our proposed service model as a direct result of the feedback received.
- 1.3. LYPFT would like to thank everyone who contributed to our proposals either through attending one of our briefings or completing a questionnaire.

2. Background

- 2.1. In October we started to review different options for the way we provide community services for older people. A series of consultation events with service users, carers and staff provided feedback that our 'ageless service' did not reach the standards of care that we aspire to with our older service users. This included concerns that older people's needs were not sufficiently recognised and that there was decreasing expertise in older people's care. It became clear that we needed to re-establish specialist older people's mental health services in the community in a way that would lead to improved outcomes and higher quality care.
- 2.2. As this work progressed it became clear that the plan to move some staff into a dedicated older people's service would have an impact on the services for adults of working age. It was also clear that the existing community mental health services for working age adults were experiencing significant challenges within the current model.
- 2.3. Referrals into our community mental health services have more than doubled since the current ageless model was implemented in 2012. Our teams have attempted to absorb this additional workload but this has led to staff holding very high caseloads, which have reduced our ability to deliver responsive, high quality and person-centre care. We there decided in December 2017 to review both working age and older people's community mental health services together.

3. Our proposed plans

- 3.1. Our proposed model for community services as described as part of our April briefing was the basis for our engagement and included:
 - The development and delivery of a dedicated service and pathway for older people.
 - The establishment of two Crisis Resolution Intensive Support Services (for working age and older people) providing 24 hour intensive support to people seven days a week, gatekeeping all acute admissions to hospital and providing crisis assessment and intensive support to people at home (home treatment).
 - Separation of the Single Point of Access (SPA) function from the Crisis team.
 - The working age adult community mental health teams providing a clear and consistent assessment and formulation period for all, and prioritising those with greatest need for on-going interventions.

- Changes to the Memory Service pathway, with an increased focus on early diagnostic activity.
- Integration of the stand-alone Care Homes team into other community services for older people.
- Realigning our geographical boundaries across the city.
- Develop in partnership with our Social Care colleagues, an offer of structure therapeutic interventions to be provided from Stocks Hill, Vale Circles and Lovell Park.

4. Engagement with LYPFT staff, service users, carers, public and partners

4.1. Our programme of engagement began on 1 May 2018 building upon the engagement activities and views already captured as part of the development of the older people's community model which began in October 2015.

4.2. The engagement programme featured a number of activities and mechanisms which have allowed service users, carers, staff, partners and members of the public to hear the proposed plans for our community mental health services and allowed us to understand people's views, opinions and experiences in relation to this. We identified the following people and groups as being the most important to the success of our engagement programme:

- Staff working in the affected services
- Staff across the Trust
- Community mental health service users
- Carers
- Our Leeds-based foundation trust membership
- Forum Central – collective voice for the third sector in Leeds
- Third sector partners
- Voluntary sector organisations
- Groups representing service users and carers e.g. Healthwatch Leeds, Age UK, Leeds MIND etc.
- Representatives from relevant local authority departments e.g. adult social care
- GPs and primary care health professionals
- Local NHS commissioners
- Local NHS partners e.g. Leeds Community Health NHS Trust
- Leeds City Council Scrutiny Board for Adults, Health & Active Lifestyles

4.3. The core elements of our public engagement included:

- A suite of communications materials, including three public facing leaflets specific to our proposed plans for working age adults, older people and a general overview.
- A survey designed to be as short and accessible as possible to facilitate maximum return. This was produced in paper copy and hosted online via the Survey Monkey website.
- A dedicated page on our website hosting all the relevant information, a link to the survey, details of our engagement events and how to contact us about the engagement and proposed service changes. See www.leedsandyorkpft.nhs.uk/get-involved/community-mental-health
- A series of face to face public events and meetings with the key groups and individuals referenced above.
- Two mass mailings: one to current service users and one to our Leeds-based membership database.
- Partnership working to deliver our engagement programme with Forum Central - a collective voice for the health and care third sector in Leeds representing a membership of around 300 organisations.

4.4. In total we engaged with 17,850 service users, carers, staff, partners and the general public about our proposed plans. We had an overwhelming response to our engagement campaign, with 74% of our public respondents feeling our proposals would improve services. Our full engagement report can be found at: <https://www.leedsandYorkpft.nhs.uk/get-involved/wp-content/uploads/sites/11/2018/10/CMHS-Engagement-Summary-Report.pdf>

5. Key changes as a result of our engagement

5.1. All the responses we received were reviewed and grouped into key themes from LYPFT staff and from members of the public external to the Trust. As a result of the feedback we have made a number of changes to the model that we consulted on. The key changes that we have made as a direct result of the feedback received include:

- The Care Homes Team will be retained as a stand-alone service working across the city, providing a service over seven days.
- The memory service pathway has been reviewed, to incorporate capacity for an additional number of home visits where these are clinically indicated.
- A city wide model has been developed for the delivery of physical healthcare monitoring, building on the most effective model that we have currently and representing a significant increased investment in this area.
- An interim, joint criteria has been agreed between working age and older peoples mental health services for the first year of operation, which is age led but also focusses on individual presentation and clinical need when required.
- LYPFT is to undertake a specific piece of work to better understand the needs and access issues of the deaf and blind communities. Also in partnership with other agencies across the city we will continue our work in relation to black and minority ethnic (BAME) access and outcomes across our community services.

6. Next steps

6.1. A formal evaluation process is being developed with LYPFT service users and partners which will provide both a regular and ongoing engagement to identify any implementation issues and learning as early as possible, and a longer term evaluation of the models' impact and effectiveness.

6.2. Through our engagement process third sector partners across the city have strongly proposed the development of an operationally focused 'partnership forum' with the Trust. This would provide a regular forum for information exchange and joint developments.

6.3. The implementation of our model is underway and it is intended that it will be fully in place at the end of March 2019.

7. Recommendations

7.1. Scrutiny board is invited to note and comment on the progress made with Leeds and York Partnership NHS Foundation Trust's redesign of community mental health services.

Joanna Forster Adams
Chief Operating Officer
Leeds and York Partnership NHS Foundation Trust

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Report of Head of Governance and Scrutiny Support

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

Date: 6 November 2018

Subject: Making Leeds the Best City to Grow Old In

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

1 Purpose of this report

1.1 The purpose of this report is to present a range of information associated with the Making Leeds the Best City to Grow Old In Breakthrough Project.

2 Main issues

2.1 Following discussions at a Health Service Developments Working Group meeting, at its meeting in September 2018 the Scrutiny Board agreed to include considering the overall progress of the Making Leeds the Best City to Grow Old In Breakthrough Project, within the Board’s work schedule.

2.2 Making Leeds the Best City to Grow Old in is one of the council’s eight breakthrough projects. Each of the breakthrough projects provides a way of working across directorates that engages partners and communities differently. An update report was considered by the Executive Board at its meeting on 17 October 2018 – which is appended to this report for consideration.

2.3 The outcome of from the Executive Board meeting is summarised by the following extract from the draft minutes of the meeting held on 17 October 2018.

Making Leeds the Best City to grow old in - Progress report on Age Friendly Leeds including our partnership with the Centre for Ageing Better (minute 83)

The Director of Adults and Health submitted a report highlighting the impact of the ‘Making Leeds the Best City to Grow Old’ project as one strand of work being undertaken to achieve the priority of Leeds being an age friendly city where people age well. The report also provided an update on the related work being undertaken with partner organisations.

Responding to a Member's comments regarding the 'wheel out' of bins as part of the refuse collection service, officers undertook to look into the actions which could be taken to raise older people's awareness of the 'wheel out' service, so that older people knew that such support was available, should they need it.

Members also discussed and received further information on the proposed pilot scheme, initially to take place in Beeston, with a view to improving community transport provision for older people across the city.

Responding to a Member's enquiry, the Board was provided with further information on the actions being taken to help address the need for further appropriate housing and accommodation provision for older people across Leeds.

RESOLVED –

- (a) That the impact of the age friendly programme of work as part of the International Day of Older People (1st October 2018) detailed within the 'Making Leeds the Best City to Grow Old in' Annual Report, as appended to the submitted report, be noted and celebrated;*
- (b) That the contribution that the partnership with the Centre for Ageing Better has already brought to the delivery of plans for Making Leeds the Best City to Grow Old In, be noted and celebrated;*
- (c) That consideration be given to key priorities for how the partnership (referenced in (b) above) could develop further in the future;*
- (d) That the discussions on the key priorities for how this partnership could develop further in the future, be noted;*
- (e) That it be noted that suggested priorities for the partnership together with agreed timescales will be discussed by the Director of Adults and Health, the Director of Public Health, Directors at the Centre for Ageing Better and Leeds Older People's Forum at the formal review of the partnership in November 2018, with it being noted that the agreed priorities will be implemented by the authors of the submitted report.*

2.4 In addition to the information presented to the Executive Board, also appended to this report is the associated Making Leeds the Best City to Grow Old In Action Plan (June 2017). In considering the Action Plan, members of the Scrutiny Board should note the action plan is in the process of being reviewed and refreshed, to ensure it remains representative of current work and future opportunities.

2.5 Members should also note that appropriate representatives have been invited to attend the meeting to help the Scrutiny Board consider the information presented.

3. Recommendations

3.1 The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to consider and comment on the details presented in report; and agree any specific matters that may require further scrutiny action, input or activity.

4. Background papers¹

4.1 None used

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

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Report of: Director of Adults and Health

Report to: Executive Board

Date: 17th October 2018

Subject: Making Leeds the Best City to grow old in– Progress report on **Age Friendly** Leeds including our partnership with the Centre for Ageing Better

Are specific electoral wards affected? If yes, name(s) of ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for call-in?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Summary of main issues

It is to be celebrated that Leeds has an ageing population, where people are living longer. Older people bring many assets to the City, however the ageing population can also bring challenges for individuals, communities and services. This is particularly true for older people living in the most deprived communities in Leeds. Building on these strengths and addressing these challenges, highlights the central importance of creating a city where everyone can age well. This report provides an update on work in Leeds around **Making Leeds the Best City to Grow Old In** and on the partnership work to support this, through the Memorandum of Understanding signed by the Council, Leeds Older People's Forum (LOPF) and the national Centre for Ageing Better. The work supports the Leeds Health and Wellbeing Strategy ambition for 'Leeds to be an Age Friendly City where people age well' and the MoU demonstrates the significant profile this work now has nationally and locally. A detailed annual report for the project is attached to this report (Appendix A).

Recommendations

Executive Board is asked to:

- Note and celebrate the impact of the age friendly programme of work as part of the International Day of Older People (1st October), detailed in the 'Making Leeds the Best City to Grow Old in' Annual Report.

- Note and celebrate the contribution that the partnership with the Centre for Ageing Better has already brought to the delivery of plans for Making Leeds the Best City to Grow Old In.
- Consider key priorities for how this partnership could develop further in the future.
- Note the discussions on the key priorities for how this partnership could develop further in the future.
- Note that suggested priorities for the partnership and agreed timescales will be discussed by the Director of Adults and Health, Director of Public Health, Directors at the Centre for Ageing Better and Leeds Older People's Forum at the formal review of the partnership in November. The agreed priorities will be implemented by the authors of this report.

1. Purpose of this report

- 1.1 To demonstrate the impact of the 'Making Leeds the Best City to Grow Old' project as one strand of work to achieve the priority of Leeds being an age friendly city where people age well.
- 1.2 To provide a progress update on our partnership jointly with Leeds Older People's Forum, with the national independent charitable foundation – the Centre for Ageing Better and its contribution to the Making Leeds the Best City to Grow Old In project plan.
- 1.3 To celebrate work around 'Making Leeds the Best City to Grow Old in' and the partnership with the Centre for Ageing Better as part of the International Day of Older People (1st October).

2. Background information

- 2.1 There are almost 122,000 people in Leeds aged 65 and over. By 2032 this is predicted to increase to 156,000, representing a 32.5% rise from 2014. The number of over 65 year olds in Leeds is growing faster than those under 65.
- 2.2 The over 85s population is projected to almost double between 2014 and 2037 from 15.4 to 30.3 thousand people. There is an increase in the prevalence of long term conditions and multiple long term conditions with increasing age, impacting on a person's independence and ability to live a fulfilling life, as well as their use of health and care services.
- 2.3 The Health and Well Being Strategy (2016-21) has a clear vision that Leeds will be a healthy and caring city for all ages, with priority 2 stating that "Leeds will be an Age Friendly City where people age well". To achieve this aim there are many work streams taking place across all partners. A key programme of action to achieve this is the Council's 'Making Leeds the Best City to Grow Old in' project. This takes a citizenship approach, applying to the entire population, focusing on the strengths of individuals and the assets in our communities and uses the framework from the World Health Organisation to address the key wider determinants of health and wellbeing (e.g. housing, transport, social participation, outdoor spaces etc.).

- 2.4 The second annual report for this project details actions and is attached as appendix A. This reports an update on progress, following the Executive Board Report 'Making Leeds the Best City to Grow Old in Annual Report' on 8th February 2017.
- 2.5 To move further and faster on some specific priorities Leeds City Council and Leeds Older People's Forum secured a partnership with the Centre for Ageing Better in October 2017. The Centre for Ageing Better is an independent charitable foundation with a vision of society in which everyone enjoys a good later life. Ageing Better's work is informed by evidence which includes research, lived experience and the views of practitioners. They are funded by an endowment from the Big Lottery and are part of the national 'What Works' network.
- 2.6 Leeds City Council, Leeds Older People's Forum and the Centre for Ageing Better signed a five year partnership agreement in October 2017. The Memorandum of Understanding (MoU) states that the partnership will apply, implement and roll out evidence-based approaches to specific local ageing issues as well as identifying opportunities for innovation and new delivery models within new and existing structures and services.
- 2.7 The Centre for Ageing Better's partnership with Leeds is one of two partnerships nationally, the other being with Greater Manchester. The Centre for Ageing Better also manages the UK Network of Age Friendly Communities.
- 2.8 The MoU detailed an initial three key areas of work – Transport, Housing and Community Contributions for the partnership to develop.
- 2.9 The International Day of Older People (1st October) provides an opportunity to celebrate work around 'Making Leeds the Best City to Grow Old in' and the partnership with the Centre for Ageing Better.

3. Main issues

3.1 Why is it important?

- 3.1.1 Ensuring Leeds is an age friendly city was identified as a priority area by older people in Leeds.
- 3.1.2 Inequalities in health are a key issue for older people with ill health and social impacts affecting the poorest in the city disproportionately.
- 3.1.3 There are almost 122,000 people in Leeds aged 65 and over. By 2032 this is predicted to increase to 156,000, representing a 32.5% rise from 2014. The number of over 65 year olds in Leeds is growing faster than those under 65.

3.2 Our approach

- 3.2.1 The approach to Making Leeds the Best City to Grow Old in is a citizenship approach, applying to the entire population. The World Health Organisation domains for Age Friendly cities provide a framework for this programme of work. The annual report (Appendix A) provides an update on actions that contribute to the following domains:
- Outdoor spaces and buildings
 - Transport

- Housing
 - Civic Participation and Employment
 - Social Participation
 - Respect and Social Inclusion
 - Communication and Information
 - Community Support and Health Services
- 3.2.2 The strategic direction for the project is led by a project board chaired by the Executive Member for Health, Wellbeing and Adults and includes chief officers from across the council and representatives from Leeds Older People’s Forum and the Centre for Ageing Better. Key officer leads have been identified for each of the Age Friendly domains and quarterly updates are provided on progress to the Project Board. The action plan was initially developed in 2015, and a review of the plan is currently underway.
- 3.2.3 Wider partnership working takes place through the Age Friendly Leeds Partnership which has good representation from across the Council and partners (including older people, the third sector and universities).
- 3.2.4 Leeds also actively engages with partner cities in the UK through our membership of the UK Age Friendly Communities Network and across Europe through the Urban Ageing Network, part of Eurocities. Leeds is also a member of the World Health Organisation’s network of age friendly cities.
- 3.2.5 The recently published Age UK report – ‘All the Lonely People: Loneliness in Later Life’ supports the broad approach being taken forward with in the Making Leeds the Best City to grow old in, stating that ‘Tackling loneliness is about building communities with the social and physical infrastructure that can help build resilience; ensuring widespread awareness of and access to organisations, activities and support; creating neighbourhoods that are welcoming and feel safe; enabling people to identify, work with and develop tailored support for lonely individuals’.

Age UK report (2018) – ‘All the Lonely People: Loneliness in Later Life’
<https://www.ageuk.org.uk/latest-press/articles/2018/october/all-the-lonely-people-report/>

3.3 Centre for Ageing Better Partnership

- 3.3.1 The partnership with the Centre for Ageing Better has been in place for one year, with a Partnership Manager employed by Ageing Better being hosted by the council. This section provides an update on the work delivered through this partnership, with a focus on the initial three priority areas supported by the Centre for Ageing Better (community transport, community contributions and housing). It will also provide an overview of the additional support delivered through the Centre for Ageing Better and potential areas for support over the next year.

3.4 Community Transport

3.4.1 Older people in Leeds have told us that they find travelling between communities difficult which can result in social isolation and missed medical appointments. A task and finish steering group was established as a sub-group of the Making Leeds the Best City to Grow Old In project board to tackle the issue; chaired initially by Cllr Wakefield, and now by Cllr Groves, (in their capacity as chair of WYCA transport committee).

- The Centre for Ageing Better commissioned transport consultants, STC, to carry out a capacity analysis of community transport provision within Leeds; to assess any capacity within the system; to suggest solutions to access any under-utilisation of vehicles and to co-ordinate any demand integration to meet the unmet demand for transport amongst older people.
- STC worked with the range of community transport providers, including local third sector such as Health for All, Leeds Alternative Travel, Holbeck Elderly Aid; Leeds Passenger Transport; Access Bus and non-emergency passenger transport.
- In producing the outline business case, STC conducted further consultation with older people to test their ideas.
- STC produced an outline business case for capital funding from Leeds Public Transport Improvement Programme to develop and pilot a brokerage solution in Leeds 10 and 11, named the 'Door to Door Transport Hub'. It will start with a trial in one small area in Beeston. This will then develop into a larger pilot area across Leeds 10 and 11 to test one point of contact (call centre / web portal) for trip requests, allowing different providers (LCC passenger transport, WYCA (access bus), Non-Emergency Passenger Transport and third sector transport providers) to make use of one another's vehicles' downtime, in order to cover currently unserved or underserved routes.
- The outline business case (OBC) was submitted to the Leeds Passenger Transport Improvement Programme at the West Yorkshire Combined Authority in July. Funding was approved to release £339,000 from the Connecting Communities element of the programme to establish a Project Management Office (PMO) to develop the OBC to Full Business Case (FBC). The next stage to take the OBC to FBC will take place from October 2018 to June 2019, with a small trial starting in Beeston during this period.

3.5 Community Contribution

3.5.1 We want more people in later life to be able to participate and contribute their skills, knowledge and experience in their communities.

- Good quality voluntary contributions in later life is good for our wellbeing, our social connections and positively impacts our mental health (self-esteem,

confidence & purpose). But we know that the poorest in later life are three times less likely than the richest and those in poor health are five times less likely than those in excellent health to volunteer.

- The Centre for Ageing Better employed OPM Group consultants to do a community research piece in four areas nationally to explore the motivations, barriers and enablers, with a focussing on those underrepresented. One of those areas was the Holbeck and Beeston ward in Leeds.
- OPM recruited seven community researchers from Bangladeshi, Indian and Pakistani backgrounds. In turn they interviewed a total of 24 individuals.
- The key findings in Leeds show high levels of neighbourliness and that informal support networks exist. The motivators identified were faith, feelings of sympathy and reciprocity. Enablers being faith based venues and organisations; moments of transitions which prompt a change and trust and familiarity. There was a desire for inter-faith opportunities to mix. Barriers were identified as health related; language; structural (transport and lack of neutral space) and unease or mistrust about the wider community.
- Early findings were shared in June with key stakeholders including local ward members. Plans are now being developed as to how the Centre for Ageing Better will work with colleagues from across sectors on how the findings used and to identify routes to action. To date this includes employing an Asset Based Community Development worker who will work with communities to enable them to identify their skills, knowledge and experience and support them to contribute these to their communities; sharing findings with Leeds Volunteer Managers Network and third sector colleagues are starting to develop projects where older people can share skills and which prompt acts of neighbourliness.

3.6 Housing

- 3.6.1 Leeds Older Peoples Forum, supported by Care and Repair (England and Leeds) have been progressing work on this issue for a number of years. Following a workshop hosted by Cllr Charlwood and Cllr Coupar with older people the 'Me and My Home' action plan was developed, which now sits as one theme within both the Leeds Housing Strategy and the Making Leeds the Best City to Grow Old In Action Plan. The "Me and My Home" Steering Group oversees this action plan. This group is led by Housing and jointly chaired with the Public Health Older People's Team, with representation in addition to housing, from Adults and Health, Public Health, Planning, Centre for Ageing Better, Care & Repair England and Leeds Older Peoples Forum. The Group's terms of reference were reviewed at their meeting in August 2018.
- 3.6.2 One of the four key issues within the 'Me and My Home' action plan is the need for information and advice on housing options for people in later life. The Centre for Ageing Better has commissioned a consultant to undertake a piece of research to identify what housing options information and advice for older people is already

available in the city. They are holding a number of workshops during September with a range of older people from different areas, tenures, ages, ethnicities and socio-economic backgrounds to understand what information and advice they want and need; when and how they want to get it and what they need to act upon it. The consultant will then look at best practice to recommend what may be needed to fill any gap identified in the findings. Early findings will be available at the end of November 2018 and recommendations generated by the 'Me and My Home' group will be reported to the Making Leeds the Best City to Grow Old In Board. A Strategic Housing Board has also been recently established, which will oversee a review of the Housing Strategy. The research commissioned by the Centre for Ageing Better and priorities in the 'Me and My Home' plan will also be used to inform a themed workshop on older people's housing issues that will take place as part of the review of the Housing Strategy.

3.7 Additional support delivered through the Centre for Ageing Better

- Neighbourhood Network Evaluation – The Centre identified an opportunity for providing support to the council in relation to the evaluation of the impact of the Neighbourhood Networks within Leeds. This would support the development of an evidence base that can be used at a local and national level, also enabling other parts of the country to learn from Leeds, given the interest there is in Neighbourhood Networks. The Centre for Ageing Better have commissioned an independent researcher to scope out potential options for this evaluation. The scoping report will be completed by November 2018 with the aim of commissioning an evaluator by January 2019.
- The Centre for Ageing Better have delivered presentations (for example on inequalities and poverty, and employment in later life) relating to a number of the themes of the Making Leeds the Best City to Grow Old In project. These have encompassed national data, evidence and best practice. This has supported the Project Board and its partners to take an evidence based approach to review whether projects and plans are aligned to best practice around what makes a better later life.
- The Centre for Ageing Better provided Leeds City Council with a review of the evidence for home independence, which informed the Health Needs Assessment used for the commissioning of the soon to be launched 'Home Independence and Warmth Service' (covering home adaptations and warm homes programmes).

3.8 Areas for further support over the next year

- 3.8.1 In addition to delivering the initial identified priorities there is scope for the Centre for Ageing Better to provide further support to Leeds in delivering the Making Leeds the Best City to Grow Old In project. As part of the review of the project plan with the themed leads, Leeds City Council, the Centre for Ageing Better and Leeds Older People's Forum will formally agree the areas / projects where Centre for Ageing Better can add most value in terms of local priorities, and where they connect with the Centre for Ageing Better's new strategic priority goals:

- a) Connected communities: more people in later life are living in connected communities.
- b) Fulfilling Work: more people over age 50 are in fulfilling work.
- c) Safe and Accessible Homes: people in later life live in homes that maintain their independence.
- d) Healthy Ageing - more people reach later life in good health and disability free.

3.9 Age Friendly Charter

- 3.9.1 The latest Age Friendly Leeds charter was developed by Leeds Older People's Forum, on behalf of the Age Friendly Leeds Partnership through consulting with older people as part of the Time to Shine Age Friendly work. . A steering group of older people formed in January 2017 to help move the Charter forward. The group meets monthly to identify priorities and develop strategies for bringing those priorities to life.
- 3.9.2 The Charter aims to make the City Age Friendly in practical ways, which support older people feeling safe to leave their home and therefore reducing social isolation. To date 29 organisations have signed up to the Charter including many of the neighbourhood networks, Leeds Museums and Galleries, Care and Repair, and North Leeds Medical Practice. A key focus for the Time to Shine Age Friendly work by Leeds Older People's Forum this year is the 'Come in and Rest' campaign which encourages local businesses to offer a seat for older people needing a rest, which they advertise through a sticker in the window. To date 150 organisations and businesses have signed up. The Time to Shine Age Friendly campaign has meant that leisure opportunities and activities around the city are more accessible to older people, such as canal trips and Pride. Again encouraging people to be active, involved and connected.

4. Corporate Considerations

4.1 Consultation, and engagement

- 4.1.1 Building on the consultation detailed in the report to the Executive Board on 8th February 2017, on-going consultation has taken place on the Project action plan. These include:
- June 2017 – A workshop with older people to explore older persons housing requirements to feed into the Strategic Housing Market Assessment and complement the household survey and stakeholder consultation.
 - June/July 2017 – A series of workshops with older people to identify the different challenges and aspirations around travel for people in later life in Leeds to inform the scoping of new community transport and volunteer driver options.
 - August 2018 – meetings have taken place between Leeds Older People's Forum and representatives from Leeds City Council's Planning Department focusing on the plans for accessible homes following the Selective Review (housing) of the Leeds Core Strategy.

4.1.2 Initial discussions between the three partners: Leeds City Council, Leeds Older People's Forum and Centre for Ageing Better identified the priority areas for early collaboration. Each of these priority areas has encompassed engagement and consultation with citizens and stakeholders:

- **Community transport:**

- With support from Leeds Older People's Forum we held three community insight workshops with older people to understand and add definition to the problems they have with transport.
- Neighbourhood Networks providing community transport were consulted on the capacity they had in the transport they provided. Further consultation has been conducted with providers on the outcomes the project is trying to achieve.
- A prototype workshop was held with local older people, including older people whose first language isn't English, to understand what they thought about transport in their community and proposals for an integrated hub.

- **Community Contribution:**

- Researchers recruited 7 peer community researchers with Sikh, Indian and Pakistani backgrounds. These researchers then interviewed a total of 24 people in later life in their locality.
- A consultation was held with local providers (public, third and funding sectors) to 'sense check' the findings, whether they would be expected and what recommendations they point towards.

- **Housing:**

- Research has been commissioned to identify what older people need in relation to housing advice and information in later life. Focus groups will be held with people in different locations in the city, with people who are 50+, across tenures.

4.2 Equality and diversity / cohesion and integration

4.2.1 Inequalities in health are a key issue for older people with ill health and social impacts affecting the poorest in the city disproportionately. Work delivered through the MOU with the Centre for Ageing Better and as part of our Making Leeds the Best City to Grow Old In project to create an age friendly city will contribute to addressing inequalities experienced by older people. An Equality, Diversity, Cohesion and Integration Screening Assessment has been conducted (Appendix B).

4.3 'Council policies and Best Council Plan'

4.3.1 The Making Leeds the Best City to Grow Old In project supports the Best Council Plan 2018/19 – 2020/21 outcomes and priorities, notably the priorities around Health and Wellbeing, Inclusive Growth, Housing and Safe, Strong Communities. Furthermore, it directly delivers plans that will contribute to the Health and Wellbeing Strategy priority for 'Leeds to be an Age Friendly City where people age well'.

4.4 Resources and value for money

4.4.1 The Making Leeds the Best City to Grow Old In project was initiated to make best use of existing resources by working innovatively as a team for Leeds.

4.4.2 Officers working on the project are part of Public Health, within the Adults and Health Directorate of LCC. Costs for events are kept to a minimum through support from partners. The Making Leeds the Best City to Grow Old In project is led by the Chief Officer from Public Health. The Ageing Well Officer has day to day responsibility for developing the project, and is line managed by the Public Health Service Manager for Older People. The Ageing Well Officer provides the main resource for the project; with other officers covering key areas as part of their roles.

4.4.3 Lead officers have been identified from other parts of the council including Parks and Countryside, Planning, Highways, Housing, Communications, ICT, Employment & Skills and Communities & Environment to support the implementation of the project. We are taking a citizen and asset based approach, working with partners to deliver projects. Key to the delivery of the project is older people themselves and the organisations that represent them.

4.4.4 The Centre for Ageing Better employs a Project and Partnership Manager who is based in Leeds. The Council provide a laptop, phone and office base. Leeds Older People's Forum also offer an office base and support engagement with older people.

4.4.5 The Centre for Ageing Better has commissioned consultants to work in Leeds to provide suggested solutions to ongoing problems for older people and their use of transport. £339,000 has been secured from West Yorkshire Combined Authority to establish a PMO and a bid will be developed for capital funding for £1.2 million (minus £339K already approved) to the Leeds Passenger Transport Improvement Programme. There will be revenue implications for the initial pilot, which will still need to be determined when working from outline business case to full business case. However any additional cost will enable unmet demand with the aim of reducing social isolation and attendance at medical appointments and improvement in health. As the project develops the possibility of an integrated transport unit could lead to efficiencies.

4.4.6 The Centre for Ageing Better have commissioned a number of pieces of work drawing in additional funding to enhance the Age Friendly agenda in Leeds. This includes: commission of the housing advice and information research, scoping the neighbourhood networks evaluation and conducting research on community contributions.

4.5 Legal Implications, access to information and call In

4.5.1 There are no specific legal implications associated with the issues identified in this report. The report is subject to call in.

4.6 Risk management

4.6.1 The scope of this programme of work is enormous, and has ambitions to engage with all sectors through a citizenship approach. The issues we are tackling are complex and we need to be mindful of inequalities and the more vulnerable older people living in the city. For this programme to succeed it is essential that we have sustained buy in from across the council, and from external partners.

4.6.2 A key challenge for this project is creating a strong joint narrative to promote the aims of this project positively both within the council and to external partners and the general public in a climate of cuts to services.

4.6.3 The outline business case produced for the community transport programme has a whole section on risk allocation and transfer. The consultants, STC, have suggested an outcomes based procurement process to give all partners an influence in how the pilot develops. This is to mitigate any organisational barriers to partnership working.

5. Conclusions

5.1 The Making Leeds the Best city to Grow Old in project takes forward a long history of work with older people in Leeds and aims for Leeds to be a city where ageing is seen as a positive experience that brings new changes and opportunities and older people have access to the services and resources they require to enable them to live healthy and fulfilling lives.

5.2 Signing the MoU with the Centre for Ageing Better has brought additional resource, support and innovation to enable Leeds City Council and Leeds Older People's Forum to take forward key areas of work.

6. Recommendations

6.1 Executive Board are asked to:

- Note and celebrate the impact of the age friendly programme of work as part of the International Day of Older People (1st October), detailed in the 'Making Leeds the Best City to Grow Old in' Annual Report.
- Note and celebrate the contribution that the partnership with the Centre for Ageing Better has already brought to the delivery of plans for Making Leeds the Best City to Grow Old In.
- Consider key priorities for how this partnership could develop further in the future.
- Note the discussions on the key priorities for how this partnership could develop further in the future.
- Note that suggested priorities for the partnership and agreed timescales will be discussed by the Director of Adults and Health, Director of Public Health, Directors at

the Centre for Ageing Better and Leeds Older People's Forum at the formal review of the partnership in November. The agreed priorities will be implemented by the authors of this report.

7. Background documents¹

None.

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.



Making Leeds the best city to grow old in

Annual Report 2017/18



Introduction to the breakthrough project

Making Leeds the Best City to Grow Old in is one of eight breakthrough projects established to drive some of the work to fulfil our ambition for Leeds to be a city which is both compassionate and has a strong economy,

The breakthrough projects are designed to identify new ways of working within the council and with our partners to achieve the best outcomes for the city.

Crucially, we see this ambition as fundamentally connected to prioritising the needs of older people - a city which sees older people being valued and as assets. This is also reflected in the Leeds Health and Wellbeing Strategy 2016-2021. Creating an Age Friendly City where people age well is highlighted as one of our key priorities in the city-wide plan.

This is our second Making Leeds the Best City to Grow Old in Annual Report, and I am pleased to see how the breakthrough project has progressed since it began.

This work is vital for several reasons:

- We have an ageing population; the 2011 Census shows that there are almost 150,000 people in Leeds are aged 60 and over (accounting for almost 20% of the total population). This number will continue to increase with the number of people aged 50+ expected to rise to 256,585 by 2021, with those aged 80+ increasing to 39091.
- Leeds older people have already told us that they want Leeds to be an Age Friendly City.
- Inequalities in health are a key issue for older people with ill health and social impacts affecting the poorest in the city disproportionately.
- Making Leeds the 'Best City to Grow Old' will have a hugely positive impact on our ability to deliver other breakthrough projects and supports an 'invest to save' approach, notably across health and social care.

Our approach one of citizenship. This means everybody can do something to support this project and help to achieve also the wider ambition we have set for the city. We are working across the council and with our external partners as we recognise that to achieve our ambition for Leeds to be the Best City to Grow Old in, this cannot be accomplished by the Council alone. Everyone has a part to play and everyone has a stake in making this city a place where our older people are seen as assets in our communities who are fundamentally valued.

In 2017 the council and Leeds Older People's Forum signed an important partnership with the Centre for Ageing Better which is bringing additional resources to the city to help us achieve our ambitions, and test out new ways of working, particularly in housing and community transport. Leeds was selected as a partner for the Centre for Ageing Better because of this breakthrough project, which demonstrates our commitment to making Leeds the Best City to Grow Old in.

Cllr Rebecca Charlwood



Our approach

Our approach to Making Leeds the Best City to Grow Old in is a citizenship approach, applying to the entire population. This approach ensures that there is a strong focus on social networks within neighbourhoods and the city; promotes social capital and participation; age-proofs and develops universal services; reduces social exclusion and works to change social structure and attitudes.

It therefore does not include all the programmes of work in relation to health and social care for older people whilst recognising that there are obvious links and synchronicities.

Building on previous work

The project takes forward Leeds' long history of working with older people. Leeds Older People's Forum came into existence in 1994 and we have celebrated the International Day of Older People in Leeds since 1998. The Time of our Lives Charter and action plan, 2012 to 2016, built on the previous work around 'Healthy and Active Lives for Older People' and 'Older Better'. Work progressed under the Time of Our Lives action plan on key priorities, most notably work led by Public Health and Adult Social Care, but also in Parks, Sports, Libraries Museums and cultural organisations in the city.

Partnership Working

Age Friendly Leeds Partnership

The Age Friendly Leeds Partnership (AFLP) is a system wide, place-based partnership that brings together the statutory, voluntary and private sectors to:

- Address the priorities identified by older people in relation to making Leeds an Age Friendly City;
- To build awareness of Age Friendly priorities and actions;
- Assess how Age Friendly the city is against the World Health Organization's eight Age Friendly domains; Outdoor Spaces and Buildings, Housing, Transportation, Social Participation, Civic Participation and Employment, Community Support and Health Services, Communication and Information, Respect and Social Inclusion;
- To support Age Friendly initiatives in our communities and other broader initiatives which help us to work towards Leeds becoming an Age friendly City.
- Support staff training and development, including increasing awareness of the issues around ageing so that they can improve their services and plan their own 'Ageing Well';

- Developing key linkages with other groups that enhance health and social care services for older people e.g. integrated health and social care, and mental health;
- Work to challenge and remove the structural and social barriers faced by older people to independence, inclusion and equality.

Ageing Friendly Leeds Partnership members

Age UK Leeds | Care and Repair Leeds | Centre for Ageing Better | Feel Good Factor | Groundwork Leeds | Leeds Beckett University | Leeds City Council | Leeds Older People's Forum | Leeds Dementia Action Alliance | University of Leeds | West Yorkshire Combined Authority | West Yorkshire Playhouse

Centre for Ageing Better

The Centre for Ageing Better is an independent charitable foundation working for a society where everybody enjoys a good later life.

All Ageing Better's work starts from the perspective of people in later life. Ageing Better is driven by evidence, including evidence from lived experience, and focused on change for better later lives. It is part of the What Works Network – an initiative which aims to improve the way government and other organisations create, share and use high quality evidence for decision-making.

With a ten-year endowment from the Big Lottery Fund, Ageing Better is independent from government and works collaboratively with a diverse range of organisations to create measurable change for the long-term. Further information can be found at: www.ageing-better.org.uk

Ageing Better works on a range of priority topic areas, with the aim that as many people as possible are able to say:

I feel prepared for later life

- I feel confident to manage major life changes
- I have a plan for my finances, my home, my care needs, and what happens when I or my partner dies
- I have the skills I need for later life

I am active and connected

- I am in fulfilling work and/or I am making a valued contribution to my community
- I have regular social contact with other people and some close relationships
- I keep physically and mentally healthy and active

I feel in control

- I live in a home and a neighbourhood suited to me
- I have care, support and services that help me live my life

The Centre for Ageing Better has selected Leeds as a partner and has entered into a five year partnership agreement with the Council and Leeds Older People's Forum. The purpose of the partnership is to enable Leeds to adopt evidence-based practice, to pilot innovative approaches and to generate new evidence of 'what works' for ageing well that can be disseminated locally, regionally, nationally and internationally by Ageing Better, the council, LOPF and other stakeholders.

Together we aim to go further and faster towards creating a better later life for people in Leeds, now and in the future, and to the benefit of older people in the city and further afield. We will ensure the voices, needs and preferences of older people are reflected in what we achieve, and how we achieve it.

This agreement complements the strategic commitment by the council and the Leeds Health & Wellbeing Board to become the Best City in the UK to Grow Old In, and its work as an Age-friendly City. Though the council, LOPF and Ageing Better are the lead partners, through these initiatives the partnership seeks to engage a broad network of stakeholders whose engagement and activities matter for a good later life in Leeds, including the NHS, voluntary and community, and private sectors.

The Centre for Ageing Better, the council and LOPF share the following goals:

- For more people in Leeds to enjoy a good later life, in terms of better health, financial security, social connections and wellbeing
- For Leeds to be better recognised locally, regionally, nationally and internationally for its work in 'Making Leeds the Best City to Grow Old In', and as an Age-friendly City
- For the partners and others in Leeds and the region to apply evidence-based practices, and to develop and test innovative approaches to ageing to address inequalities in later life.
- This partnership has brought additional resource into Leeds including a programme and projects manager based in Leeds to work on the three identified priorities which are:

The initial priorities for this partnership are:

- Addressing older people's housing needs through an Older People's Housing Strategy;
- Addressing gaps in public transport by developing innovative community transport solutions;
- Community research to explore the motivations, barriers & enablers older people face in contributing to their community.



Celebrating the signing of the partnership agreement, Lord Geoffrey Filkin (Centre for Ageing Better), Cllr Rebecca Charlwood (Leeds City Council), Bill Rollison MBE (Leeds Older Peoples' Forum)

National and international partnerships

Leeds is a member of:

UK Network of Age Friendly cities - a group of cities from across the UK that are collaborating to bring about change in the way that cities respond to population ageing. By developing and sharing policy and best practice, network members are working together to improve the experience of growing older in cities, and help people age better.

Eurocities - the network of major European cities which brings together the local governments of over 130 of Europe's largest cities and 40 partner cities. Relevant to this breakthrough project is Leeds participation in the EuroCities Urban Ageing Network. Leeds hosted the January 2017 meeting of this network which provided an opportunity to showcase some of our Age Friendly work including smart cities, arts and culture and the neighbourhood networks.

World Health Organisation (WHO) Age Friendly Cities - The WHO Global Network for Age-friendly Cities and Communities (the Network) was established to foster the exchange of experience and mutual learning between cities and communities worldwide. Leeds has been a member since 2013.

Action Plan

The Making Leeds the Best City to Grow Old In action plan has been developed to take account of what we have already achieved and to take forward the ideas and actions from our 'Best City to Grow Old in' event which took place in March 2015. The event brought together a wide range of organisations across the public, private and third sector to engage them in the development of the breakthrough project using outcome based accountability methodology as a framework for discussion.

World Health Organisation Domains

- Outdoor spaces and buildings;
- Transportation;
- Housing;
- Social participation;
- Respect and social inclusion;
- Civic participation and employment;
- Communication and information;
- Community support and health services.

Using the eight World Health Organisation (WHO) Age Friendly City domains, delegates worked in groups to identify the outcomes we should be working towards, explored the underlying issues and ideas for action, and considered how we measure our progress.

Structured around the eight WHO domains, the action plan sets out the overall ambition for each domain together with 'I statements' which describe how older people have told us they want to feel.

Officers from across the council bring quarterly updates to the breakthrough project board on how their services are contributing to the breakthrough project action plan. This section of the report provides an overview of progress and next steps for each of the eight domains which form the action plan.

Outdoor spaces and buildings

Our ambition:

Leeds is a welcoming city, accessible to all where older people feel, and are, safe.

Older people tell us...

"When I go out I want to feel safe and enjoy public spaces and buildings that are clean and accessible".

"I want to feel confident that I will be able to take a rest and use a toilet when I need to".

Progress so far:

A Dementia Friendly Garden was launched at Springhead Park in Rothwell on 17 May. Features include dementia friendly parking, hand rail, benches with arm rests, wide flat path, trail leaflet and a noticeboard. Peter Smith of Dementia Friendly Rothwell won 'Partner of the Year' at the LCC Environment and Communities award for his work on this garden.



Dementia Friendly Garden, Rothwell

Older people are one section of the population benefiting from work to improve access at a number of parks and open spaces including:

- Five disabled parking bays recently created at Middleton park
- Footpath improvements and benches installed at Bramley Falls Wood Park
- Access improvements including footpaths at Churwell Park, Morley
- Footpath improvements at Blenheim Square, Farnley Hall Park, Kirk Lane Park, Queen's Park, Scarth Park and Chapel Allerton Park
- Improvements to the footpath which links Yeadon Banks with Chevin Forest Park
- Stanningley Park footpaths have been refurbished so they are more accessible.
- Access improvements to Ledston Luck nature reserve, Keswick Bridleway No. 2, the Trans-Pennine trail at the Royal Armouries and Dartmouth park
- The three mobility scooters that are available to hire at Golden Acre Park have been replaced with brand new ones!

Temple Newsam Golf Course – one course has been reduced to nine holes to provide a more playable facility for those struggling to play 18 holes.

Outdoor gyms have been installed in Roundhay Park, Nunroyd Park and Drighlington Moor

Wade's Charity is providing funding in partnership with the Parks & Countryside to bring a part-time Ranger to Gotts Park. The Wade's Ranger, started work at the beginning of May 2017. Using Gott's Mansion as his base, he is working with the Friends Group and Golf Club to run a range of events and practical volunteering activities in the two Parks.

Seven major parks achieved the National Green Flag award which means they have achieved certain standards expected of a high quality park including being welcoming, safe and providing equal access for all.

The majority of 'In Bloom' volunteers are aged 60+. During 2017 Leeds was very successful in the Yorkshire in Bloom competition including receiving gold medals and being the category wins for the city of Leeds, City Centre, Barwick in Elmet, Kippax and Horsforth. Several of the local parks also won awards including Horsforth Hall park, The Hollies, Churwell Urban Woodland and Cross Flatts park which all won platinum (the highest) awards.



In bloom volunteers

The Arium – the new Parks and Countryside plant nursery has now opened. As well as providing a means to grow the plants for the city's flower beds in a more efficient and sustainable way, it's much more visitor friendly – fully accessible and with accessible parking and toilet, dementia friendly flooring etc and has a shop selling surplus plants and a café – it's already proved really popular with people of all ages but specifically with older people.

Road safety

Schemes to reduce the number of accidents and improve access for pedestrians, particularly young children and older people, have been implemented Road safety schemes have been implemented on Dewsbury Road, Kirkstall Road and Harehills Road

Next steps:

- Access and other site improvements to parks will continue to be made where funding allows.
- A new park is being developed in Moortown – this will provide local people access to a new public green space in an area where there isn't currently a park within walking distance.
- Parks & Countryside are currently working with Leeds Parks Bowls Partnership to promote bowling, and encourage more use of the bowling greens in our parks, as they are decreasing in popularity yet offer a great opportunity for gentle exercise and social interaction.
- The 2017 Pedestrian Crossing Review Includes eight proposed Zebra crossings, two specifically aimed at assisting older pedestrians. 15 new 20mph zones/ limits to be implemented in 2017-18.

Transport**Our ambition:**

Older people are able to access a broad range of affordable and accessible transport options to get about the city easily”

Older people tell us...

When I waiting for a bus I want to wait in a shelter and I want to feel safe.

I want to get on and off a bus easily.

When I am on a bus I want to be treated with respect by the driver and offered help if I need it;

I want to travel to places on accessible and affordable public transport.

Transport can have a range of positive outcomes for older people including maintaining access to friends and family and enabling access to vital services such as healthcare and also leisure and retail activities. All of which contribute to the health and wellbeing of older people and reduce social isolation.

Progress so far:

Transport is one of the priority areas that the Centre for Ageing Better are supporting. The problem to be solved has been defined as:

How can we make the journeys in and between communities around Leeds easier for people in later life through integrating community transport provision and expanding volunteer driver schemes?

This work is managed by an Older Person’s transport group chaired by Cllr Wakefield (Chair of WYCA transport committee) with representatives from the council, Centre for Ageing Better, WYCA, University of Leeds and Leeds Older People’s Forum.

Residents from different parts of Leeds have had the opportunity to discuss the issues at three transport workshops in Horsforth, Richmond Hill and Swillington to draw out the issues for residents in different parts of Leeds. Key findings from the workshops are:

- There is clear demand and need for flexibility and choice in modes of transport to cater for different needs and preferences. This requires an integrated solution- community transport and volunteer car schemes should both be considered as part of the same intervention to address gaps in existing provisions.
- The variety of user needs makes it important that there is a diverse enough fleet to accommodate these needs- including sufficient wheelchair accessible options.
- There are some clear gaps in existing provision that could be targeted- medical journeys and personal leisure trips were where the main gaps were evident.

Next Steps:

Innovative solutions to address the identified problems will be developed with the support of transport consultants STC commissioned by the Centre for Ageing Better focusing on:

1. **Capacity analysis**- assessing and mapping the supply of vehicles, volunteer drivers and latent capacity of community transport provision within Leeds
2. **Technological**- sourcing of or identification of requirements for a technological solution to enable the management, scheduling and booking of community transport across multiple providers and the coordination of volunteer drivers
3. **Organisational development**- working with organisations to identify existing capacity and develop their ability and motivation to engage with the developed solution.

Housing	Our ambition: Older people are able to access a broad range of affordable and accessible transport options to get about the city easily”
Older people tell us... <i>When I am at home I want to feel safe and free of anti-social behaviour. I want to have the support and advice I need to remain as independent as possible. I want to feel financially secure in my home I want to be able to go out when I want to.</i>	

The [Strategic Housing Market Assessment](#) anticipates that Leeds will have a significantly greater proportion of older people by 2026 than in 2010, with a 16% increase in households aged over 65, a 30% increase in over 75s and a 70% increase in households aged over 85 years. In absolute terms the projection suggests that across Leeds there will be an additional 22,000 households with a head of household aged over 65. Most households over 65 are likely to continue to live in standard housing which needs to be capable of adaptation. 75% of older people live in private sector housing.

Me and My Home

Housing is the second of the priority areas that the Centre for Ageing Better is supporting. Feedback from previous consultations with older people and housing providers has informed the key priorities which are:

- A need for clear information on the housing advice and support options for older people;
- A need for support / advice available to private renters / owner occupiers;
- Ensuring that social prescribers are aware of housing options / issues;
- Knowledge of accessibility housing;

- Opportunity for older people to influence planning developments.

The work to put these priorities into action is managed by an Older People's Housing Group, led by the council's Older People's Team (Public Health) with representatives from the council's housing service, Leeds Older Peoples Forum, the Centre for Ageing Better, and Care and Repair England. Leeds Older Peoples' Forum have also developed their own Housing Strategy from their own experience and workshops with older people and work with the council.

Housing Need

A Strategic Housing Market Assessment (SHMA) was undertaken through a household survey to understand the housing needs of Leeds up to 2033. As part of this assessment the consultants ran a workshop was to explore older persons housing requirements to feed into the SHMA and complement the household survey and stakeholder consultation.



SHMA older people's workshop

Sheltered Housing

Residents of Bennett Court Sheltered Scheme were moved out of their homes to allow extensive remodelling work to take place to remove shared bathrooms and improve accessibility. Work is now completed and people have moved back into their modern remodelled apartments.

Residents in 53 sheltered housing schemes across Leeds now have improved access into and round the communal areas of their schemes to enable them to be more independent and feel safer in their home environment. This includes modernisation of communal rooms to create a friendlier environment.

Housing Leeds has social inclusion at the forefront of its support model with a key focus on developing and promoting wellbeing activities. Activities taking place in the 77 schemes where there is a communal room have increased during the year and

there are now 1600 different activities taking place every month. Activities include social events, meals and keep fit. Links with the Neighbourhood Network Schemes are being increased to encourage networks to use the communal facilities and integrate residents of the sheltered schemes into the wider community.

In November 2017 the trial of a new support model, Retirement LIFE (Living in a Friendly Environment) was launched in three areas of Leeds. The model aims to modernise sheltered housing schemes to offer more on site support to complexes with higher levels of need and a greater focus on wellbeing activities to promote social inclusion. Early feedback is positive.

Extra Care Housing

The Leeds vision for extra care housing is to work with partner organisations to deliver more than 1000 units of extra care housing by 2028. To support this vision, in July the Council's Executive Board gave approval to support the delivery of an Extra Care Development Programme, giving agreement to the dedication of sites for the development of extra care housing. The Council has made available £30 million in Housing Revenue Account Resources to support the delivery of the programme. A Project Team has been established which has been working on the development of an extra care specification and proposed procurement model and documentation for the programme.

Next steps

- Develop an action plan for the Council's Housing Strategy priority area on older people.
- Issue of invitations to tender for the next sites for extra care housing.
- Remodelling work has now begun at Union Court, Otley and is planned to take around 12 months to complete.
- A more detailed evaluation of LIFE will take place prior to rolling out across the city.

Civic Participation and Employment

Our ambition:

Older people in Leeds actively participate in the city through education, employment training and volunteering.

Older people tell us...

*I want to contribute to my community through volunteering, helping family friends and neighbours, supporting local businesses;
I want to be involved in decisions concerning my community;*

Our ideas about ageing are changing. People are living longer and continuing to contribute to their communities in all areas of life - working longer, helping with child care, volunteering and providing strong community leadership.

Volunteering is a way of keeping a life for older people – it’s good for their well-being as well as an important contribution to community life. A national study¹ suggested that older people currently provide informal volunteer services to their community of over £10 billion – each year – and that figure is predicted to grow as our older population increases. Approximately 39% of 65-74 year olds volunteer.

Progress so far:

Adult Learning

The Adult Learning Programme provides a broad range of learning that brings together adults of different ages and backgrounds. Older learners are included as a priority group with a particular focus on social isolation and digital. Recruitment of older learners, aged 50+ continues to be successful. To date, 928 older learners have commenced courses this academic year. 409 (44%) of those older learners reside in Leeds’s most deprived neighbourhoods (20% LSOAs), 60 of which reside in the 1% most deprived LSOAs.

Digital skills courses targeted at older people such as those offered by Age UK Leeds are helping to address the digital divide in the city.

- *Silver Surfers digital inclusion for people aged 55+*
- *Digital Angels helping isolated people aged 50+ in south Leeds to get funded through Time to Shine.*

The [Leeds Adult Learning course finder](#) website was launched on 11 September and has been an incredible success with much positive feedback from providers, stakeholders and potential learners. In the first three weeks 4,937 people searched for courses resulting in 22,551 Page Views of more than 400 Courses that were being advertised for the start of academic year 2017-18 autumn term.

Employment

Reed In Partnership (RiP), delivering the Back to Work programme (funded by the European Structural and Investment Fund), has a weekly presence in a number of

¹ [The Value of Older People's Volunteering 2015](#)

Community Hubs and use the Jobshops and other Council services to recruit to their programme. This is working well so far and their integration into Jobshops has resulted in a number of referrals to their provision, including existing Jobshop customers who are 50+.



Overcoming barriers

58 year old Mark had been unemployed for more than five years, suffered with health problems and was struggling to use a computer to find work. Through the Back to Work programme Mark has received support to overcome his health problems and learn new skills, and he is now in paid work. Read more about Mark's story on the [Reed in Partnership website](#).

The ESIF funded Skills, Training and Employment Pathways (STEP) Project started in May. The aim of the project is to provide a targeted but flexible programme of activities enabling long term unemployed people to get back into sustainable employment. This targeted provision will support around 1500 long term unemployed people in Leeds, and all participants receive as a minimum:

- an initial assessment to establish level of capability, skills and aptitude to identify any specific barriers to employment;
- information, advice and guidance;
- job/sector-specific training or support and an element of work experience if appropriate;
- mentoring support including referral to other relevant agencies;

- job search support (linking to the Council's Community Hubs/Jobshop provision where appropriate);
- guaranteed job interviews;
- specialist support to tackle specific barriers e.g. mental health, drug or alcohol problems;
- in-work support

To date we have had 383 starts on to the programme, of which 149 were 50 or over when they started the 12 month programme. Of those starting 65 have already progressed in to work 17 of whom were 50+.

Volunteering

During 2017 VAL analysed data it had collected from nearly 700 people volunteering in Leeds, this showed that more than third of people volunteering in Leeds were aged 55-84 and 68% of these older volunteers were actively volunteering at least once a week.

This data showed that older volunteers were involved in a wide range of activities including classroom support, museums and libraries, lunch clubs, advice work, befriending and many more activities. 98% of older volunteers said they were satisfied with the amount of support they were receiving while volunteering, and the same number, 98%, said they felt that their volunteering was contributing to their community.

Older volunteers were asked: "*What are the main reasons you started volunteering*" and the three most popular reasons given were:

1. To Support a cause/organisation that they cared about
2. To give back to the community.
3. Because helping others improve your wellbeing.

Older volunteers were asked: "*What are the best things about volunteering to you?*" The four most popular answers were:

1. I Enjoy it.
2. It gives me a chance to make a difference.
3. I feel like I'm giving back
4. Being able to meet new people

98% of older volunteers said they felt their volunteering was successfully contributing to their organisation. Some of the things that older volunteers said to us in this survey included:

“It's great - even when you've been out in the cold for a couple of hours, or have a 10 page form to fill in.”

“I am a volunteer in a volunteer led and volunteer run organisation and the motivation is great. The newest volunteer is in 5th year with us and others 6, 7 and 8 years.”

“I am 82 years old and volunteered because my daughter had Difficulty reading fluently. She was afraid of the teacher, went on to Nottingham University and a 1st class degree.”

Next steps:

- Increased focus on recruiting adults into learning from the 6 priority localities and disadvantaged groups.
-
- Continue to engage older people in adult learning.
-
- Continue to develop the STEP programme and increase referrals, programme starts and job outcomes.

<p>Social Participation</p>	<p>Our ambition: No-one is lonely; there are a range of opportunities for people to live healthy, active and fulfilling lives in Leeds</p>
<p>Older people tell us... <i>I enjoy a range of leisure and social activities;</i> <i>I enjoy taking part in physical activities;</i> <i>I enjoy having time to read, watch TV and do what I choose.</i> <i>I don't want to feel lonely;</i></p>	

There are 38,326 one person households where the lone occupant is aged 65 and over. It is estimated that around 15%, or 37000 older people can be described as lonely or socially isolated, due to factors including fear, living alone, retirement, personal and financial circumstances, the digital divide and ill equipped outdoor spaces.

National studies show that physical activity decreases with age. 75% of men and 76% of women over 65 are in the low activity group. Participating in regular physical activity helps to prevent or slow down the development of the major challenges to health and wellbeing that people face as they grow older (Heart disease; type 2 diabetes, loss of muscle strength, reduction in bone density – leading to fractures,

Osteoporosis; Loss of mobility; Memory problems and dementia; Increased risk of injury due to falling.

Dancing in Time

The community contemporary dance programme 'Dancing in Time' has had its feasibility study published in the open access journal [Biomed Central Geriatrics](#). Outcomes have been positive in particular the evidence that participants increased their activity levels and were able to statistically reduce Timed Up and Go (TUG) times which is the time it takes to stand from sitting and walk around a cone placed 3 meters away and sit back down on their chair. The reduced time taken to complete the TUG test is an important measure to evidence the feasibility of the programme.

Bat and Chat

A further 14 Bat and Chat activators have completed the short course on 9th February delivered through Table Tennis England. Activators are provided with the knowledge and skills to facilitate a fun and inclusive session to older adults. Activators receive advertising material, session manual and free equipment to support the delivery of regular sessions. The second course had seen activators from existing Bat and Chat centres for example libraries, Carers Leeds and from new organisations. Therefore increasing the provision of Bat and Chat sessions across Leeds.

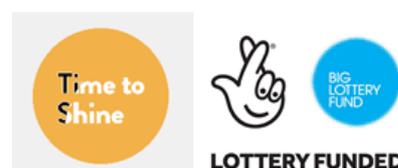
Active Ageing

A bid submitted to the Active Ageing Fund (Sport England) to develop, trial and roll out a new physical activity programme aimed at inactive older people was unsuccessful. Partners involved agreed to continue to work together to focus on increasing capacity in areas of priority to offer older people the opportunity to access physical activity provision such as table tennis, netball and cricket.

£50,000 Public Health funding has been secured to increase sustainable fun activity for older people, a further £9,000 for an older people physical activity campaign and finally £4,250 to devise a short training course for existing physical activity providers.

Time to Shine – Tackling Social Isolation -

As this programme entered its second year the projects have been able to identify what works/doesn't work and make changes so that they can reach people who are more isolated.



Learning from the projects has been gathered and shared with partners across the city. A video training module on social isolation has been developed for West Yorkshire Fire Service as part of its 'safe and well' visit.



In September Time to Shine, launched 'Loneliness through a Lens' a photographic display looking at Social Isolation and Loneliness through the eyes of Leeds residents aged fifty and over.

All the people in the photographs live in Leeds and partake in activities provided by at least one of the Neighbourhood Network Schemes. All have experienced feelings of isolation and loneliness, either personally or through friends, but the causes and how these feelings manifest themselves are all different.

The display gave a snapshot into people's lives and to show that feelings of isolation and loneliness can happen at any time, to anybody.

The second commissioning round of Time to Shine went live on 9th October and closed on 1st December. Eleven bid development sessions were held to support potential applicants, with 26 separate organisations attending.

Twenty two applications were received in total; fifteen for the Creating Supportive Opportunities strand, five for the Connections strand and two for the Changes.

An application process to find older people to be involved in the decision-making panels resulted in eighteen older people coming forward. Of these, thirteen had not been involved in our commissioning processes before. Following a support and training session, eleven of these older people became panel members, and took part in assessing the applications and agreeing which ones should go forward to the interview stage.

Leeds hosted the annual Ageing Better conference in October. This conference brings together the 14 areas with lottery funding to reduce loneliness and social isolation. Representatives from Manchester and the Isle of Wight have also visited Leeds to learn about some of the Time to Shine projects.

Arts and culture

Heydays, its long-standing creative programme for over 55s, taking place on Wednesdays since 1990. It is the largest and longest-running arts programme for older people in UK theatre. Around 300 older people attend each week to take part in everything from drama and dance to sculpture and creative writing, supported by a team of professional artists. Heydays is a vibrant, creative community where skills are developed and stories are shared.

The Museums and Galleries have a range of activities for older people including:

The Sociable History Club and the 1152 Club at Leeds City Museum and Kirkstall Abbey which provide regular opportunities for people over 55 to meet and enjoy talks and presentations on a wide variety of local history topics. The clubs now attract up to 40-50 people for each session.



25 people attended a 1940's themed street party the Abbey House museum with a slide show, objects to reminisce over, singing and afternoon tea.

Spinners of Aire and the Knit and Natter groups meet weekly at Leeds Industrial Museum

Lotherton History Group meets every Monday to research the local area and connections to the Estate. The group worked with a group of ex- miners to research the Gascoigne Mines, in partnership with the Swillington Elderberries Group.

"I feel like I've come back to life again" (One of the ex-miners)

Outreach and In Reach Workshops including tours and visits by older peoples groups and handling sessions/bespoke workshops on topics of interest related to the collections and exhibitions.

Leeds Libraries have a number of facilitated groups within libraries including Golden days at Morley Library and Rothwell Community Hub, Hunslet Remembered at Hunslet Library, and a shared reading group at Seacroft Library.

There are a large number of Readers groups where people can get together and talk about and review their most recent book and craft groups from knit and natter, book art, colouring cafés.

Libraries offer a wide and varied book selection in different formats from large print to talking books, eBooks, eAudio and online magazines.

For people who can't get out Library At Home Volunteers will choose some books and deliver them to their home.

Digital drop in sessions and IT learning sessions aimed at older people hopefully teach them skills to enable them to access a world of culture via the World Wide Web.

Working with people with dementia

The Leeds branch of the [Dementia Action Alliance \(DAA\)](#) supports groups and organisations to help make Leeds a dementia-friendly city, and brings together everyone in Leeds who wants to make a difference for people living with dementia, including families and carers, so people can still participate in everyday life and maintain as much independence as possible.



Leeds DAA is a partnership between Leeds Older People's Forum and Alzheimer's Society working with Leeds City Council, sponsored by the Leeds Health and Wellbeing Board.

Peer support for people with dementia and their carers is available through groups, cafes and memory drop in sessions. There are 49 'Memory Cafes' offering the opportunity to meet up, enjoy activities and know that they are not alone in living with dementia. There are also a further 17 groups focused on singing and music that also give these opportunities.

More information is available at www.leeds.gov.uk/dementia

Arts funding has been secured to enable the Leeds based artist Paul Digby to lead a creative project of mosaic workshops with people living with dementia, their carer's and families. Mosaic Leeds involves many community groups and local services, including the NHS, as partners: Dementia Cafes and Neighbourhood Networks across the city, the Council's Peer Support Service for People Living with Dementia, Leeds Memory Service and Leeds Museums & Galleries.

This project will engage people living with dementia and carers in the city's rich and cultural heritage, create opportunities for new experiences, re-connect people with lost experiences and interests, and aims to inspire community spirit. People will

make a positive contribution to making Leeds a great place for culture and a Dementia-Friendly City.

[West Yorkshire Playhouse](#) has been awarded £99,950 from Arts Council England National Lottery funding to produce a Festival of Theatre and Dementia. Exploring the experience of living with dementia through creative activity, the Festival will create new opportunities for older people living with dementia, collaborating with them as curators and performers.

Community Contribution Research

The Centre for Ageing Better has employed OPM, a research company, to look at the main motivations of people aged 50 and over making a contribution to their community through voluntary activity and what the main barriers are for preventing people aged 50 and over from contributing more, or at all.

It has been agreed with OPM that this research will take place in the Receptions (part of Holbeck and Beeston) in Leeds, as well as three other areas nationally (in Bristol, Settle and Scarborough). OPM has recruited two community researchers within the locality, who will be trained to conduct peer research.

Next steps:

Establish priorities of work for physical activity across Leeds and develop an Active Ageing course and brand. Active Leeds is developing the older people physical activity training course to be delivered in March 2018 aimed at activity providers across Leeds. In parallel 'fun' activity for older people will be developed with a view to recruit champions and facilitate sessions from May 2018 onwards.

Yorkshire Dance will deliver three more Dancing in Time programmes at Holbeck Elderly Aid, Belle Isle Winter Aid OPAL Holt Park. These will be twice weekly contemporary dance sessions over ten weeks.

The next round of commissioning for the Time to Shine Programme will be completed with contracts negotiated to allow successful projects to start in April 2018.

The research company, OPM, will recruit and train more community researchers, who in turn will interview their peers locally. Initial findings will be analysed and published in Spring 2018.

Respect and Social Inclusion

Our ambition:
Ageing is promoted positively and older people feel worthwhile and valued as citizens of Leeds

Older people tell us...

*I want to be respected and included socially in my community;
I don't want to see stereotypes of older people; I want images to reflect the diversity of the older population.
It's not a crime to be old*

Attitudes towards older people can be characterised by stereotypes and prejudices that can be highly negative. There is a need for cities to challenge such prejudices and nurture a culture of respect and inclusion towards older people in their society. Older people in deprived neighbourhoods are at particular risk of social exclusion due to issues of poverty, deprivation and material disadvantage.

Leeds is committed to tackling these stereotypes through reducing inequalities and promoting positive images and stories about older people. A key part of this work is the continued development of intergenerational projects and activities which bring young and old together with the purpose of developing understanding and respect between generations.

Work to promote Age Friendly Leeds and positive ageing –

A 'Want to know more' session on Age Friendly Leeds was held in May. These sessions hosted by the Public Health Resource Centre are aimed at professionals to improve their awareness and practice around the subjects covered. The session was well received with positive feedback.

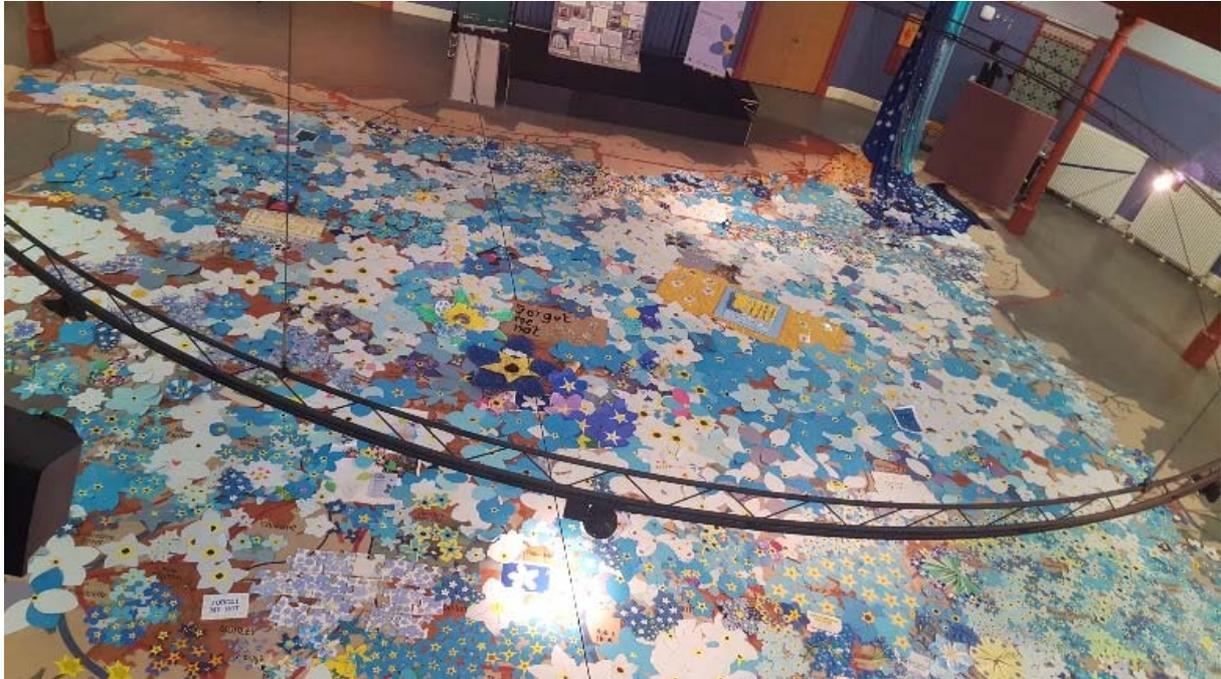
International Day of Older People (IDOP)

International Day of Older People is celebrated worldwide on the 1 October each year; in Leeds we stretch the celebration over a longer period to allow organisations to hold events to celebrate the contribution that older people make to the city. The theme for 2017 was Diversity of Older People and a range of events took place over the course of 15 days. Sixteen of these events received a small grant from the IDOP Leeds Community Events fund which is provided by the council and managed by Leeds Older People's Forum. Read about some of the projects in the [final report](#).

It was wonderful to see young people with learning disabilities and us old people have fun and laughter together. Everybody has been so welcoming and willing to join in with the fun and games. Thank you for a wonderful day,

Older person at Armley Helping Hands IDOP event.

Leeds City Museum had an overwhelming response to the invitation to people to make Forget Me Not flowers for a display in the City Museum's Brodrick Hall to celebrate the International Day of Older People. Thousands of hand crafted flowers were created by people and organisations across Leeds.



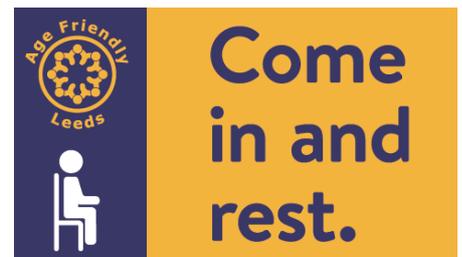
Forget me nots displayed on the giant map in the Brodrick Hall, Leeds City Museum

Leeds City Museum also ran its first poetry competition around the theme of 'Growing Older'. The winners were read out at a celebration event at the museum on 1 October.

Age Friendly Charter

Following the production of a new Age Friendly Charter in October 2016, a steering group of older people has been formed, supported by the Time to Shine Campaign Officer to facilitate the roll out of the Charter. With fifteen active members from across the city, the group meets monthly. The group has welcomed a presentation from Highways on how pavement repairs are prioritised and resourced, and fed into the Leeds Health and Care Information Portal recommissioning consultation.

Most recently the group has developed a campaign to encourage businesses in Leeds to offer a seat to older people, modelled on the successful 'Take a Seat' campaign in Nottingham and Manchester. The campaign for Leeds will be called 'Come in and Rest' and was launched in Moortown in January 2018.





The Come in and Rest scheme officially launched on 25 January 2018

[Generations United](#) is a new publication, produced by Leeds Older People's Forum, showcasing these amazing intergenerational projects across the city. The report was officially launched on 25 September at the LOPF Celebration Event.



**University of Leeds
Writing Back**



**Fall into place Community Theatre
Generation Squad**

**Leeds Grand Theatre
The Fashionable Lounge**



**South Leeds Independence Centre,
Kissing it Better**

**The Writing Squad
Second hand stories**



**Abbey House Museum and The Vintage Youth Club
Decades of youth**

MAECare – Adopt a grandparent



**M & S Company Archive
Sparkling Memories**

A Happy Baby ‘want to know more’ session was held in September at the Public Health Resource Centre to coincide with Happy Baby week for workers who have direct contact with grandparents. Workers were provided with four important messages to enable grandparents to have up to date knowledge and skills to support new parents.

Next steps:

- A Come in and Rest toolkit will be developed and launched to engage with local businesses.
- Further Happy Baby sessions are planned.

<p>Communication and Information</p>	<p>Our ambition: In Leeds all older people, their friends, family and support networks have easy access to information (in a format they are comfortable with) which makes their lives better.</p>
<p>Older people tell us... <i>I know where to go for information about services, events and activities when I need it.</i> <i>I want information to be from a trusted source.</i> <i>I want information which is easy to understand and in a format to suit my needs.</i> <i>I want on port of call for information about what is going on in my area.</i></p>	

Having easily accessible information in a range of formats on all available services for older people and their support networks is vital. This also allows smart city solutions and products to be co-created and progress shared. It is also important that awareness of information sources and opportunities for local community participation are widely promoted in order for opportunities to be fully taken up leading to people having greater choice and control over their lives.

Progress so far:

Communications –

Work is ongoing to improve and promote on-line information about Age Friendly Leeds to showcase the work of the breakthrough project, share best practice and link with partner age friendly cities and encourage organisations and services to pledge and sign up to the campaign.

A new URL has been purchased to better identify the web page and improve access - www.agefriendlyleeds.net - and this has been promoted across the Leeds.gov site and with partners. A proto-type of a new web page has been produced and is awaiting go-live, as part of the overall updated Leeds.gov site.

Social media is used to promote Age Friendly Initiatives including:

- The Age Friendly Leeds Twitter account [@AgeFriendlyLDS](#) which has steadily grown its membership and currently has nearly 1,118 followers.
- Better Lives blog
- LCC LinkedIn page

An e bulletin is also sent out regularly with information about activities, events, volunteering opportunities and news items to an Age Friendly mailing list. A summary of the quarterly update to the breakthrough project board is shared via this bulletin.

Digital Technology

Activage is a 42 month European project which uses digital technology including wearable tech, smartphones, watches, and a home hub with sensors to prolong and support the independent living of older adults in their living environments. The project started in January 2017 and has 300 sets of equipment, with 1000 people involved including carers and professionals. The three main uses for the technology are:

1. Daily Activity Monitoring At Home
 - Website for individuals, Doctors , family and care givers to access health records
 - Prescription exercise, calorie/water intake and medication reminders from Doctors and care givers
 - Exportable data for National Health Service Personal Health Records
2. Emergency Trigger
 - Fall detection system working on a smart watch
 - Fall Risk alert system – based on gait analysis over period
 - Identify lack of activity and notify named carer
3. Prevention of Social Isolation
 - Social isolation risk alert system – based on behaviour analysis done using energy data
 - Social games and community engagement using Council's open data set

Proactive Telecare –started in June 2017 and is being piloted for one year alongside Telecare talk, it has funding from NHS England, and the equipment is from Tunstall. More than just a daily 'are you alright' phone call, the service offers two types of calls: support to changes to lifestyle to improve wellbeing, and general health messages.

The aims of this pilot are to:

- Work with individuals with multiple long term conditions, socially isolated, frail older people, mental health conditions and people in early stages of dementia
- Encourage service users to meet their personal health and wellbeing goals
- Provide generic health promotion messages
- Signpost service users to resources in their local communities to improve wellbeing
- Link to strength based Social Care/Health Adult Social Care Integration approaches

The project will be evaluated by Leeds Beckett University.

Leeds Directory

A review of the Leeds Directory, to inform future commissioning of the resource, is taking place. Soft market testing and consultation exercises have been completed, including service user testing of the existing site. Commissioning and outline Design Model have been agreed.

CareView app

A 12 month, academically evaluated trial is being carried out with funding of £70,000 from NHS England Integrated Care Pioneers –New Care Models, plus an additional £10,000 from winning the Medipex Innovation Awards 2017 in the GP and Community Care category.

The original digital developers, Dyhaan Design, have created a full working model of the CareView app from the prototype including a digital social isolation guide for users of the app. The academic evaluators of this project are mHabitat, a trading arm of Leeds and York Partnership NHS Foundation Trust, and are specialists in researching digital innovation.

The trial involves outreach teams from the Better Together city wide teams logging, or 'pinning' concerns via the CAREVIEW digital platform in the six, top 1%, most deprived priority neighbourhoods. A concern may be a building in disrepair, untidy card or post piling up. This may indicate the presence of a socially isolated resident. 'Pinning' puts a blob of light on a heat map. The heat maps are then followed up by door knocking and leafleting through the Better Together Outreach teams. This activity is to ascertain whether local community members require any help and support with their health and wellbeing. The council's communities teams, graduates and public health officers plus the police have been assisting with this process. This activity helps the digital technical team to develop the heat maps in terms of colour

resonance and reach, this is working well. This has a significant impact on their effectiveness.

Next steps:

- A communications plan has been developed to promote the web page as soon as it goes live.
- a monthly Better Lives blog feature putting the spotlight on Leeds Neighbourhood Networks – first article will be on Bramley Elderly Action.
- Activage -Recruitment of Older People and Carers to commence
- Further use of Telecare Talk
-
- Look to develop a digital literacy strategy (across staff in house and commissioned) and citizens
- Detailed work on Leeds Directory model to start.

<p>Community Support and Health Services</p>	<p>Our ambition: Older people have an increased healthy life expectancy supported by integrated health and social care services</p>
<p>Older people tell us...</p> <p>I want prompt, accessible medical support: I want to be taken seriously; I want practical and emotional support where needed.</p>	

Health promotion and illness prevention are important measures of increasing the healthy life expectancy of older people in Leeds. Improving health may mean that they can retain their independence for longer thus improving their quality of life and reducing their requirement for services.

Progress so far:

Healthy Ageing

A Healthy Ageing workshop has taken place which has identified three key work streams:

- Active and independent – going forward, physical activity and the fall proof project will be reported under this stream.
- Nutrition and Hydration
- Mental Health and Wellbeing – there is an identified need to conduct an older peoples’ mental health needs assessment and audit of local activity against NICE guidance.

Make it Fallproof is a council and NHS led campaign to help people stay on their feet and reduce the risk of falling.



It includes:

- An information campaign with leaflets, dvds and information on the council website on how to reduce the risk of falling.
- Postural stability classes - a structured 20 week programme of exercise for people at risk of falls delivered by qualified instructors in a range of leisure centres and community centres across Leeds. The programme is designed for people with low mobility and focuses on improving balance, confidence and to reduce the fear of falling.
- Assessments for community based exercise providers to ensure they are delivering safe and effective exercise classes to people who are at risk of falls. A successful assessment gives a 'Make it Fall Proof' accreditation, which gives providers a range of support to enhance their programmes and allows them to bid for small grants to enhance their service. Details of accredited courses are on the [Active Leeds](#) webpage.

As part of a review of [Single Point Urgent Referral \(SPUR\)](#) there is a roll out of additional pathways for referral in to Gateway through Yorkshire Ambulance Service (YAS), Telecare and Care Homes to prevent and reduce accident and emergency attendances. The impact and outcomes are being monitored.

New initiatives for the Fallproof programme currently in development include:

- a water based exercise programme
- 'Falls Champions' for Care Homes
- 'Community Falls Ambassadors' to raise awareness and prevent falls.
- Roll out of single referral point for falls services and an integrated service between Leeds Community Healthcare NHS Trust and Leeds Teaching Hospital NHS Trust;
- Supporting urgent care work, including the frailty unit which opened in December 2017 at St James Hospital to provide dedicated care for older people who come into hospital (people aged 80+ or 65+ with frailty needs);
- Additional funding secured to increase staffing within the Community Falls Service to support the enhancement of the service and to provide further community based falls classes.

Funding has been agreed through Integrated Better Care Fund to support the falls prevention programme of work to April 2020.

Supported Wellbeing and Independence for Frailty (SWIFt)

SWIFt focuses on frail older people and is funded by Time to Shine and by the three Clinical Commissioning Groups (CCGs). Contracts have been signed with the delivery partners who are:

- Age UK Leeds - working as the city wide provider
- Bramley Elderly Action (Neighbourhood Network Scheme) -focusing on Bramley, Swinnow and parts of Stanningley (West CCG)
- OPAL (Neighbourhood Network Scheme)- working in the LS16 and LS17 areas of Leeds (North CCG area)
- Crossgates Good Neighbours (Neighbourhood Network Scheme)- focusing on Crossgates, Halton and Colton (SECCG area)
- Health for All - working in Inner South with a BME focus (SECCG area)

The project is receiving referrals from a range of sources with most coming from the hospital to home services. Clients are older people with poor health/complex health needs. Experience so far is that clients are experiencing multiple barriers requiring a high level of practical assistance before resolving underlying issues. 318 older people have been supported by the five projects since Autumn 2016.

The interim evaluation has been completed, based on a sample of 88 records, and has established that:

- There is evidence that the service has started to targeting the correct groups of people as the clients have higher levels of frailty and more long term conditions than expected for a similar cohort of people;
- Overall this group of people consume more health and care resources than a seemingly similar group selected using a control matching procedure;
- It is too early to evaluate the system impact of the service as the current sample is too small for meaningful analysis in the time scales allowed; less than 50 service users have been through the service for less than three months at the time of evaluation;
- The proposed methodology and approach of using the Leeds Data Model and Controlled Matching can be used in the evaluation of the service.

Regular meetings with SWIFt providers are held to ensure the service model is joined up across the city. The meetings also offer an opportunity to share successes and challenges. The providers have also received training on non-clinical frailty assessment tools to support their work.

Further funding will be needed to continue this service beyond October 2018, and options are currently being explored.

SWIFT case study: Mr and Mrs H previously attended a lunch club together on a regular basis. Unfortunately, Mr H suffered a fall and had to have a hip replacement. Due to this, he was unable to leave the house. Regardless of being in his early 90s, Mr H made remarkable progress; the only thing that stood in his way was the long wait for grab rail that was needed for their front door.

Mr and Mrs H are a very close couple and rarely did things without each other. Mrs H also stopped going to lunch club. Before a recent diagnosis of dementia Mrs H, used to meet up with friends for coffee and attended a poetry club. However, after getting lost on the bus a few times, she decided she was not going out again on her own.

The family referred the couple to the project because they were worried that they were becoming isolated. Mr H enjoyed watching television and playing on his computer, however they were worried that Mrs H was not doing anything around the house.

The project worker started to visit the couple. Mr H was unable to come out due to the issue around the handrail and Mrs H did not want to engage initially. After a few visits, Mrs H agreed to go for walks with the project worker.

The project worker succeeded in building a positive relationship with the couple and eventually Mrs H agreed to come to the lunch club, first with the worker and eventually with assistance from volunteers. Mrs H enjoyed this and started coming on a regular basis. She also expressed an interest in the chair-based exercise and now attends regularly. Attending these groups alone, without her husband, has been a big step in improving Mrs H's confidence in doing things alone without relying too much on her husband.

In the meantime, the family had made a referral for grab rails. They were advised that the waiting list could be up to 6 months. The project worker assisted with chasing up the referrals and in reiterating the need for the grab rails. Mr H is now able to leave the house (assisted by the handrail) and now regularly attends the lunch clubs again.

The project has helped both Mr and Mrs H to be able to leave the house again and attend regular social and physical activities to reduce their social isolation and improving their overall health and wellbeing.

Minimising the impact of cold weather and cold homes

Winter Friends is a public health initiative which has been ongoing in Leeds for the past three years. It is a citywide network of professionals and organisations all aiming to prevent excess winter deaths and reduce cold weather related illnesses among vulnerable people in our communities, with a particular focus on older people through the use of the winter wellbeing checklist and other free resources.



Winter Friends' owl

Tying in with the national Public health England campaign Stay Well This Winter, winter friends combat social isolation and fuel poverty which both remain a large concern for older people across the UK. The campaign is delivered in partnership

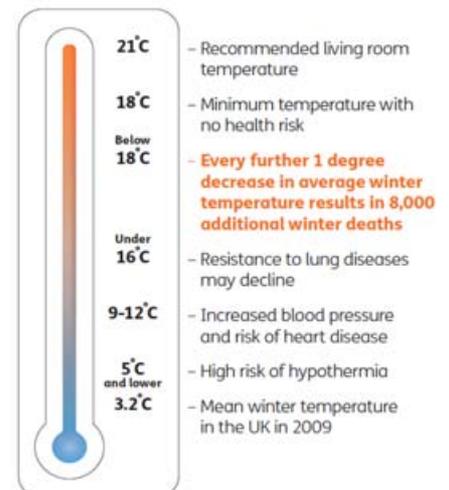
with the Warmth for Wellbeing service alongside Groundworks Green Doctors who are specialist environmental consultants and Care and Repair's home adaptation service.

Planning for winter starts in the summer, an event was held on Tuesday 11th June in Leeds Civic Hall. 98 delegates attended representing the council, health and third sector organisations and heard from a series of guest speakers who shared their knowledge and experiences on the importance of interventions to keep people warm through the winter.

There are over 122 registered winter friends in Leeds from third sector organisations, statutory services such as the police and fire services, adult social care and housing departments. Winter Friends receive training to increase basic knowledge of high impact interventions such as flu vaccinations, medicine intake, falls and feeling connected to your community. In autumn 2017 33 winter friends briefing sessions and a further 19 electronic briefings were delivered to new organisations.

Free resources are available including:

- a thermometer card to be left in the home to raise awareness of the adverse effects of cold homes,
- prompt cards for professionals to act as a reminder to ask open questions when they have contact with a potentially vulnerable person.
- A winter wellbeing checklist which is to be left with the vulnerable person detailing the high impact interventions and contact details for different support and advice services across the city.
- A winter friends badge;



Nutrition and hydration

The Older People Food Matters Group (OPFMG) established 2010 is a multi-agency group promoting food and drink messages and interventions relevant to older people. The OPFMG has developed the Leeds Food Consensus which seeks to ensure consistent evidence based, person centred food messages for older people through four key messages embedded within the consensus:



The Older People's Food Matters Group (OPFMG) promoted the Nutrition and Hydration Week across Leeds (13th – 17th March). Nutritional champions and partner organisations from across Leeds created a variety of awareness activities, and an open access Nutritional Champions training course was delivered to 17 people from various organisations.

Leeds Hydration week took place from 12th – 16th June and the OPMFG completed another raising awareness of good hydration. Partners were asked to consider their own hydration practice ensuring staff can practice their 6 – 8 drinks. 2000 'Eating Well as You Age' booklets were distributed.

A second open access Nutritional Champions training course took place on 27th September to workforce from the third sector, home care and self- management champions.

Work has been completed to identify nutritional needs across Leeds which includes the audit of nutritional courses currently provided and gaps in provision. Information gathered from the audit has enabled a successful bid to the Integrated Better Care Fund (IBCF) to deliver a Malnutrition Prevention programme for one year across Leeds focusing on improving knowledge of malnutrition and dehydration for older people. This will include training to health and social care workforce, campaign materials and nutrition literature and a malnutrition hot line ensuring the Leeds system can receive further support on matters of malnutrition and dehydration.

Health and social care support

Neighbourhood Networks

A review of the council's Neighbourhood Network Schemes has taken place which provided the opportunity to fully evaluate how well the current arrangements have worked, what changes have taken place within the market place during the lifespan of the current contract and how best to move forward from 1st October 2018 onwards. Workshops have been held with the Neighbourhood Network Schemes to discuss Dementia and Frailty.

The outcome of the Neighbourhood Network review is an uplift on the annual value of the contract of £564,967. This model will see a five year + five year grant award being made to individual organisations.

Care Homes

A major piece of work to review and re-commission care homes is taking place which aims to improve the experience of residents of care homes, to ensure there is a resilient provider market, and to make the most effective use of resources. The process includes extensive consultation with residents, families and older people and will be used to inform the service specification before going out to procurement. Consultation is being analysed, and a cost of care exercise for Care Homes to agree future fees is ongoing.

The Green Care Home was closed and re-opened as Community Intermediate Care beds.

Work with the Alzheimer's Society on a project to examine how care homes can be community assets is ongoing; three care homes have signed up to participate.

Research work with the University of Birmingham on the implementation of the Care Act has commenced and will focus on neighbourhood networks and an Asset Based Community Development approach. Three neighbourhood networks have been identified to participate in the research.

Next steps:

- Work on the SWIFt evaluation will continue.
- Start a mental health needs assessment and audit of local activity against NICE guidance.
- Secure funding to enable SWIFt continue past October 2018.
- Develop a grant agreement and application process for the Neighbourhood Networks funding. The grant application process is anticipated to commence in March 2018 and the new agreements will be in place for 1st October 2018.
- Undertake an options appraisals with Care Home providers to shape the future commissioning model.
- Carry out the research work with the University of Birmingham on the Implementation of the Care Act.

To Conclude

This breakthrough project takes forward a long history of work with older people in Leeds and aims for Leeds to be a city where ageing is seen as a positive experience that brings new changes and opportunities and older people have access to the services and resources they require to enable them to live healthy and fulfilling lives. It recognises the need to address the inequalities facing older people in different parts of the city.

Much progress has been made already but more remains to be done. Leeds exciting new partnership with the Centre for Ageing Better brings new resources to take forward older people's housing, community transport and community contributions. We will continue to work with all our partners during 2017 and beyond to achieve our ambition for Leeds to be the Best City to Grow Old In.

For further information about this report please contact:
Carole Clark
Older People, Long Term Conditions and Cancer
Leeds City Council
Tel: 011 3783831
Email: carole.clark@leeds.gov.uk

Equality, Diversity, Cohesion and Integration Screening



As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration.

A **screening** process can help judge relevance and provides a record of both the **process** and **decision**. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality, diversity, cohesion and integration.
- whether or not equality, diversity, cohesion and integration is being/has already been considered, and
- whether or not it is necessary to carry out an impact assessment.

Directorate: Adults and Health	Service area: Older people, Long Term Conditions and Cancer (Public Health)
Lead person: Lucy Jackson	Contact number: 07712214794

1. Title: Making Leeds the Best City to Grow Old in

Is this a:

Strategy / Policy

Service / Function

Other

If other, please specify **Breakthrough Project**

2. Please provide a brief description of what you are screening

Making Leeds the Best City to Grow Old in is one of the council's eight breakthrough projects. A way of working across directorates that engages partners and communities differently.

The breakthrough project takes a citizenship approach, applying to the entire population. It therefore does not include all the programmes of work in relation to health and social care for older people, which are picked up elsewhere, whilst recognising that there are obvious links and synchronicities.

The approach ensures that there is a strong focus on social networks within neighbourhoods and the city; promotes social capital and participation; age-proofs and develops universal services; reduces social exclusion and works to change social structure and attitudes.

As part of the action plan, LCC and Leeds Older People's Forum have signed a joint

MoU with the Centre for Ageing Better. The initial 3 priority areas of work are Housing; Community contributions and transport.

3. Relevance to equality, diversity, cohesion and integration

All the council's strategies/policies, services/functions affect service users, employees or the wider community – city wide or more local. These will also have a greater/lesser relevance to equality, diversity, cohesion and integration.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation. Also those areas that impact on or relate to equality: tackling poverty and improving health and well-being.

Questions	Yes	No
Is there an existing or likely differential impact for the different equality characteristics?	x	
Have there been or likely to be any public concerns about the policy or proposal?		x
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	x	
Could the proposal affect our workforce or employment practices?		x
Does the proposal involve or will it have an impact on <ul style="list-style-type: none"> • Eliminating unlawful discrimination, victimisation and harassment • Advancing equality of opportunity • Fostering good relations 	x	

If you have answered **no** to the questions above please complete **sections 6 and 7**

If you have answered **yes** to any of the above and;

- Believe you have already considered the impact on equality, diversity, cohesion and integration within your proposal please go to **section 4**.
- Are not already considering the impact on equality, diversity, cohesion and integration within your proposal please go to **section 5**.

4. Considering the impact on equality, diversity, cohesion and integration

If you can demonstrate you have considered how your proposals impact on equality, diversity, cohesion and integration you have carried out an impact assessment.

Please provide specific details for all three areas below (use the prompts for guidance).

How have you considered equality, diversity, cohesion and integration?
(**think about** the scope of the proposal, who is likely to be affected, equality related

information, gaps in information and plans to address, consultation and engagement activities (taken place or planned) with those likely to be affected)

The 2011 Census showed that almost 150,000 in Leeds aged 60 and over. This accounts for 1 in 5 of our population (20%). This is higher than other core cities such as Nottingham (9%) and Manchester (12%).

By 2021 it expected that those aged 50+ will rise to 256,585 and those aged 80+ expected to rise to 39,091. As more people in the city live longer there presents challenges in terms of the complex needs they are living with. In Leeds the number of frail older people requiring health and social care support is increasing while the financial situation sees budgets decreasing or stopping. Leeds is also the most ethnically diverse city outside of London in the UK. This requires local organisations to think and work differently to provide targeted services based on need and utilising the assets within the growing population.

We have mapped where older people live in the city which shows that as people age they tend to migrate from the city centre to live in more rural, less deprived wards on the edge of the city.

Using pension credit as an indicator of older people's deprivation we can see that income deprived older people live in the inner areas of the city. The wards with a higher proportion of older people receiving pension credit correspond largely with the most deprived wards within the city.

Key findings

(think about any potential positive and negative impact on different equality characteristics, potential to promote strong and positive relationships between groups, potential to bring groups/communities into increased contact with each other, perception that the proposal could benefit one group at the expense of another)

Older people living within the more deprived areas of the city will experience the following challenges:

- Inequalities through the life course – low income, poor work conditions, poor access to services.
- Older people tend to be living within social or private housing which can be of poor quality and inadequate for their needs
- They experience social isolation, fear of crime and ageism
- Fuel poverty
- The impact of this include excess winter deaths, reduced disability free life years, high fractures and people not dying in a place of choice

Older people living in the outer, more rural areas of the city may be perceived to have good quality living standards, but they still face a number of challenges including:

- Poor transport links which can lead to social isolation and loneliness
- Difficulty accessing services – health services, shops, post offices etc.
- Poorly maintained homes which may be fuel inefficient

- They may be asset rich, cash poor therefore experience financial exclusion
- Fuel Poverty

Actions

(think about how you will promote positive impact and remove/ reduce negative impact)

A strategic partnership between The Centre for Ageing Better, Leeds City Council and Leeds Older People Forum was signed in October 2017.

The partnership is working collaboratively for an initial period of five years across a range of activities to support the parties' shared objectives. The work will add to the commitment by the council and the Leeds Health & Wellbeing Board, led through the Breakthrough project, to become the Best City in the UK to Grow Old In, and its broader work as an Age-friendly City. We will also be working to make sure that the voices, needs and preferences of older people are reflected in what we achieve, and how we achieve it. The initial programmes of work are focussed on transport, housing and community contributions – all will have a focus on equality and diversity. The Centre for Ageing Better are funding a post which is hosted in the Public Health Older Peoples team (Adults and Health).

There are a number of key opportunities for older people within the city, examples are listed below. The Board will ensure that these are targeted appropriately to maximise impact and mitigate against any negative impact on different equality groups.

- The plethora of well-established third sector organisations offering services developed for older people by older people. These include the 37 Neighbourhood Networks across the city and locally based branches of national organisations such as Age UK, British Red Cross and MHA. These organisations are supported by Leeds Older People's Forum, which is the voice of older people in the city and supports the third sector, as well as overseeing Time to Shine – focused on tackling loneliness and social isolation. The needs of different equality groups has been a key part of the review of NNs
- Leeds is a member of the World Health Organisations Age Friendly Cities Network and a member of the UK Network of Age Friendly Communities.
- An inclusive cultural offer offered through libraries, museums and cultural organisations such as West Yorkshire Playhouse. In addition an Arts and Older People's group has been established consisting of artists, practitioners and cultural organisations that work with older people, to support the further development of this work across the city.
- 4000 hectares of green space across Leeds, ensuring that the city remains one of the greenest and most attractive places to live in Europe. Leeds parks are well used by older people and satisfaction is high. Engagement will focus on those equality groups who are not using this resource

- Support for healthy, active ageing through a range of activities provided in the community, quality assured through the Make It Fallproof scheme. Any gaps in relation to geographical gaps will be prioritised.
- A range of volunteering, employment and learning opportunities where older people are a key target group/audience allowing them to actively participate in the city and to live healthy, active and fulfilling lives in Leeds.
- A focus on intergenerational projects ensuring ageing is promoted within the city and older people feel worthwhile and valued as citizens of Leeds.

5. If you are **not already considering the impact on equality, diversity, cohesion and integration you **will need to carry out an impact assessment**.**

Date to scope and plan your impact assessment:	
Date to complete your impact assessment	
Lead person for your impact assessment (Include name and job title)	

6. Governance, ownership and approval
Please state here who has approved the actions and outcomes of the screening

Name	Job title	Date
Lucy Jackson	Chief Officer – Public Health	29/8/18
Date screening completed 29/8/18		

7. Publishing

Though **all** key decisions are required to give due regard to equality the council **only** publishes those related to **Executive Board, Full Council, Key Delegated Decisions** or a **Significant Operational Decision**.

A copy of this equality screening should be attached as an appendix to the decision making report:

- Governance Services will publish those relating to Executive Board and Full Council.
- The appropriate directorate will publish those relating to Delegated Decisions and Significant Operational Decisions.
- A copy of all other equality screenings that are not to be published should be sent to equalityteam@leeds.gov.uk for record.

Complete the appropriate section below with the date the report and attached screening was sent:

For Executive Board or Full Council – sent to Governance Services	Date sent:
For Delegated Decisions or Significant Operational Decisions – sent to appropriate Directorate	Date sent:
All other decisions – sent to equalityteam@leeds.gov.uk	Date sent:



Making Leeds the Best City to Grow Old In



Citizen based approach

Our approach to Making Leeds the best city to grow old in is a citizenship approach, applying to the entire population. It therefore does not include all the programmes of work in relation to health and social care for older people, which are picked up elsewhere, whilst recognising that there are obvious links and synchronicities.

The approach ensures that there is a strong focus on social networks within neighbourhoods and the city; promotes social capital and participation; age-proofs and develops universal services; reduces social exclusion and works to change social structure and attitudes.

Why is it important?

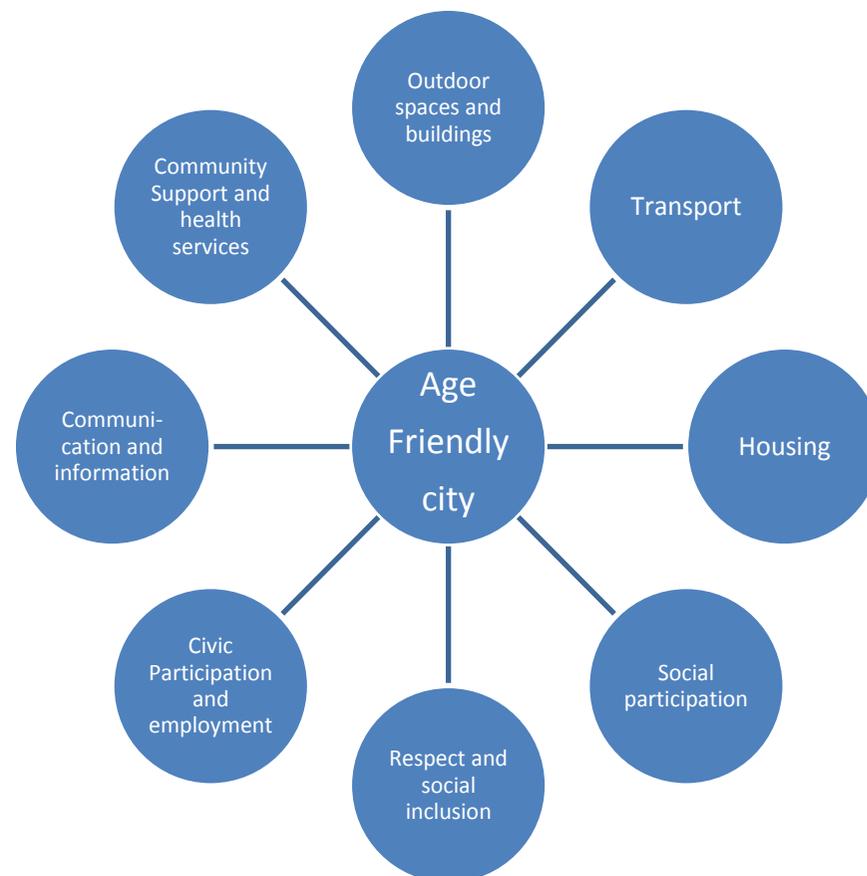
- Ensuring Leeds is an age friendly city was identified as a priority area by older people in Leeds
- Inequalities in health are a key issue for older people with ill health and social impacts affecting the poorest in the city disproportionately.
- Leeds has an ageing population. The 2011 Census shows that there are almost 110,000 people in Leeds are aged 65 and over (accounting for almost 15% of the total population). This number will continue to increase with the number of people aged 65+ expected to rise to nearly 129,000 (15.5%) by 2021 and 166,200 (17.7%) by 2035. The number of people aged 85+ is projected to increase from 14,582 (2% of the population) to 20,172 (2.4%) by 2021 and 34,300 (3.7%) by 2035.

Citizen based approach		
MEDICAL Patient	CARE Service User	CITIZENSHIP Citizen
Focus on individual	Focus on individual, family and informal support	Focus on social networks - neighbourhood and city
Clinical interventions	Care interventions	Promoting social capital and participation
Commission for 'frail elderly'	Commission for vulnerable people	Age-proofing universal services
Prevention of entry to hospital	Prevention to delay entry to care system	Reducing social exclusion
Health (and care system)	Whole system	Changing social structure and attitudes
Social prescribing		

Building on present work

Leeds has had the [Time of our Lives Charter](#) since 2012, developed by older people in the city. This built on the previous work around 'Healthy and Active Lives for Older People' and 'Older Better'. Crucially the Charter identifies the outcomes local older people wish and the behaviours they expect of organisations. It has already being signed by Leeds City Council, NHS Organisations and partners such as METRO.

Work has progressed under the related action plan on key priorities, most notably work led by Public Health and Adult Social Care, but also vital areas including: Parks, Sports, Libraries, Museums and cultural organisations in the city.



Age Friendly City Domains

Leeds has now been recognised as a member of the World Health Organisation's [Age Friendly Cities Network](#). The Age-friendly Cities Programme is an international effort to help cities prepare for two global demographic trends: the rapid ageing of populations and increasing urbanization. The Programme has developed (with input from older people) a framework for assessing the age friendliness of a city which identifies eight domains of city life that might influence the health and quality of life of older people:

Breakthrough projects

Making Leeds the Best City to Grow Old In is one of Leeds City Council's eight breakthrough projects. These projects have been established to provide focus on a set of cross-council priorities in key areas of work. They aim to break through traditional barriers to achieve over and above previous achievements and are prioritised and resourced accordingly. The eight projects are:

- Tackling domestic violence and abuse
- Cutting carbon and improving air quality
- Housing growth and high standards in all sectors
- World-class events and a vibrant city centre that all can benefit from
- Making Leeds the best place to grow old in
- More jobs, better jobs
- Strong communities benefitting from a strong city
- Early intervention and reducing health inequalities

The links to the other breakthrough projects are highlighted in the action plan.

Priorities

Whilst we wish to use the WHO audit, and the work identified through the Breakthrough Project, to develop the priorities further, we already know (because older people have told us) that we need to include a focus on:

- Tackling Loneliness and Social Isolation
- Preventing Excess Winter Deaths
- Poverty
- Transport
- Housing
- Intergenerational Work

- Healthy and Active Lives (Exercise, Nutrition)
- Information (Inc. Digital Inclusion)
- City Centre and Community Planning and Management
- Employment (Inc. Work, Retirement, Volunteering).
- Cultural Offer
- Community Safety
- Leeds – A Dementia Friendly Community

This action plan has been developed to take account of what we have already achieved and to take forward the ideas and actions from our 'Best City to Grow Old in' event which took place in March 2015. The event brought together a wide range of organisations across the public, private and third sector to engage them in the development of the breakthrough project using outcome based accountability methodology as a framework for discussion. Using the eight World Health Organisation (WHO) Age Friendly City domains, delegates worked in groups to identify the outcomes we should be working towards, explore the underlying issues and ideas for action, and consider how we measure our progress.

Monitoring

Each domain has an identified lead officer in the council who is responsible from providing a quarterly update. These are compiled into a highlight report which is presented to the Breakthrough Project Board. A system of monitoring and evaluating progress is being developed using a series of 'I statements' which are based on feedback from a series of focus groups with older people which took place during 2016 as part of the review of the Age Friendly Charter. These are listed as indicators.

Outdoor Spaces and Buildings

The design of our streets, neighbourhoods, gardens and open spaces affects older people’s ability to age well and live independently by supporting, or preventing, access for all. People who don’t find it easy or enjoyable to get outdoors can spiral into poor physical and mental health, have less social contact with others and a reduced quality of life.

Outcome: Leeds is a welcoming city, accessible to all where older people feel, and are, safe.	
Actions	Indicators
<ul style="list-style-type: none"> • Develop initiatives to promote the voice of older people in planning and regeneration; • Engage with businesses in the city centre, and local district centres to encourage an Age Friendly Approach, including 'take a seat' and promotion of use of toilet facilities; • Promote programmes that enabled older people to feel confident going out in their local community and in the city centre; • Address road safety issues such as crossing times at pedestrian crossings, • Establish clear local pavements, which are clear of obstructions, (like hedges and 'A boards' and increase accessibility to those with mobility issues 	<p>When I go out I can enjoy public spaces and buildings that are clean and accessible.</p> <p>When I go out I am confident that I will be able to take a rest and use a toilet when I need to.</p>

Links to other breakthrough projects	World Class Events and a vibrant city centre that all can benefit from.
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Transport

Transport can have a range of positive outcomes for older people including maintaining access to friends and family and enabling access to vital services such as healthcare and also leisure and retail activities. All of which contribute to the health and wellbeing of older people and reduce social isolation.

West Yorkshire Combined Authority works to develop better transport networks for tomorrow, and provides day-to-day services, such as bus stations and travel centres under the Metro brand name. People of pensionable age are entitled to a Metro Senior Pass which gives them free, off-peak bus travel throughout England and half-fare off-peak train travel within West Yorkshire

Outcome: Older people are able to access a broad range of affordable and accessible transport options to get about the city easily"	
Actions	Indicators
<ul style="list-style-type: none"> • Ensure the views of older people contribute to Transport Planning; • Provide quality accessible information about transport options. • Support voluntary / third sector transport projects which focus on local need and community solutions 	<ul style="list-style-type: none"> • When I take a bus I can wait for the bus safely • When I take a bus, I am treated with respect by the driver and offered help if I need it • I can travel to places I need to visit on accessible and affordable public transport

Links to other breakthrough projects	
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Housing

The Strategic Housing Market Assessment 2011 anticipates that Leeds will have a significantly greater proportion of older people by 2026 than in 2010, with a 16% increase in households aged over 65, a 30% increase in over 75s and a 70% increase in households aged over 85 years. In absolute terms the projection suggests that across Leeds there will be an additional 22,000 households with a head of household aged over 65. Most households over 65 are likely to continue to live in standard housing which needs to be capable of adaptation. 75% of older people live in private sector housing.

Leeds Older People's Forum has developed its own Housing Policy Paper focusing on the key issues for older people.

Outcome: Leeds actively involves older people to deliver housing that meets the needs of an ageing population"	
Actions	Indicators
<ul style="list-style-type: none"> • Develop a Leeds Housing Strategy for Older People; • Ensure there are adequate links made between housing, health and social care in Leeds • Utilise the opportunity of Neighbourhood Planning to make links and ensure the needs of older residents are included; • Ensure older people have appropriate advice and information about housing options; • Ensure organisations representing older people are involved in decisions about housing provision in the city, and that those representing equality groups, and those locally are included. • Give consideration to all the issues raised in the Leeds Older People's Forum Strategy Paper. 	<ul style="list-style-type: none"> • I feel safe and comfortable when I am at home • I have the support and advice I need to live independently • I feel financially secure in my home

Links to other breakthrough projects

- Housing Growth and high standards in all sectors.

Social participation

There are 38,326 one person households where the lone occupant is aged 65 and over.

It is estimated that around 15%, or 37000 older people can be described as lonely or socially isolated, due to factors including fear, living alone, retirement, personal and financial circumstances, the digital divide and ill equipped outdoor spaces.

National studies show that physical activity decreases with age. 75% of men and 76% of women over 65 are in the low activity group. Participating in regular physical activity helps to prevent or slow down the development of the major challenges to health and wellbeing that people face as they grow older (Heart disease; type 2 diabetes, loss of muscle strength, reduction in bone density – leading to fractures, Osteoporosis; Loss of mobility; Memory problems and dementia; Increased risk of injury due to falling.

21,000 older people in Leeds are supported by the Neighbourhood Network Schemes which are community based, locally led organisations that enable older people to live independently and pro-actively participate within their own communities. They offer services that reduce social isolation, provide opportunities for volunteering, act as a “gateway” to advice/information/services promote health and wellbeing and thus improve the quality of life for the individual.

Outcome: No-one is lonely; there are a range of opportunities for people to live healthy, active and fulfilling lives in Leeds	
Actions	Indicators
Develop and promote physical activity opportunities for older people across the city	<ul style="list-style-type: none"> • I enjoy taking part in a range of leisure and social activities • I don't feel lonely
Maximise the opportunities created by the Time to Shine Programme	
<ul style="list-style-type: none"> • Implement the learning from the Social isolation Index 	
<ul style="list-style-type: none"> • Community assets – Ensure the community hubs are age 	

friendly	
<ul style="list-style-type: none"> • Work with artists, practitioners and cultural organisations to actively engage older people in the city's arts and cultural offer. 	
<ul style="list-style-type: none"> • Involve older people in the development of the European Capital of Culture bid 	

Links to other breakthrough projects	World Class events and a vibrant city centre that all can benefit from Strong Communities benefitting from a strong city; Early intervention and reducing health inequalities;
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Respect and social inclusion

Attitudes towards older people can be characterised by stereotypes and prejudices that can be highly negative. There is a need for cities to challenge such prejudices and nurture a culture of respect and inclusion towards older people in their society. Older people in deprived neighbourhoods are at particular risk of social exclusion due to issues of poverty, deprivation and material disadvantage.

Leeds is committed to tackling these stereotypes through reducing inequalities and promoting positive images and stories about older people. A key part of this work is the continued development of intergenerational projects and activities which bring young and old together with the purpose of developing understanding and respect between generations.

Outcome: Ageing is promoted positively and older people feel worthwhile and valued as citizens of Leeds	
Actions	Indicators
Collect stories from older people to: <ul style="list-style-type: none"> • share wisdom and learning • inform people about the opportunities available to them in later life 	<ul style="list-style-type: none"> • I feel respected and socially included in my community • I feel involved in decisions about issues concerning my community.
<ul style="list-style-type: none"> • Undertake pro-active work with statutory services, the voluntary and community sector and the media to promote age friendly Leeds and positive ageing 	
<ul style="list-style-type: none"> • Develop and promote intergenerational work ensuring awareness of current projects is shared and used to inspire further work 	
<ul style="list-style-type: none"> • Poverty - ensure initiatives tackling issues such as high cost lenders and benefits take up include older people 	
<ul style="list-style-type: none"> • Expand the dignity champions project. 	

Civic Participation and Employment

Our ideas about aging are changing. People are living longer and continuing to contribute to their communities in all areas of life - working longer, helping with child care, volunteering and providing strong community leadership.

Volunteering is a way of keeping a life for older people – it’s good for their well-being as well as an important contribution to community life. A national study suggested that older people currently provide informal volunteer services to their community of over £10 billion – each year – and that figure is predicted to grow as our older population increases. Approximately 39% of 65-74 year olds volunteer.

Outcome: Older people in Leeds actively participate in the city through education, employment training and volunteering.	
Actions	Indicators
<ul style="list-style-type: none"> • Work with public, voluntary and private organisations to offer volunteering opportunities which are meaningful, affordable and accessible; • Work closely with employers to educate and promote choices and possibilities for employment which meet the diverse nature of the older population (50+); • Work closely with learning providers and through local networks to encourage the provision of skills and training opportunities for older people in work, and those seeking work; • Address barriers to volunteering, employment, skills and training for older people by targeting those groups who are less well represented • Hold an annual civic engagement event for older people, with an element dedicated to promoting employment opportunities and featuring employers 	<ul style="list-style-type: none"> • I volunteer on a regular basis • I am in paid employment

- who are keen to recruit older people (50+)
- Recruit of older people as ambassadors for the city and local neighbourhoods.

[Links to other breakthrough projects](#)

[More jobs better jobs](#)

Communication and information

Having easily accessible information in a range of formats (and increasingly machine readable) on all available services for older people and their support networks is vital. This also allows smart city solutions and products to be co-created and progress shared. It is also important that awareness of information sources and opportunities for local community participation are widely promoted in order for opportunities to be fully taken up leading to people having greater choice and control over their lives. This plan will be informed by the information and advice strategy for Leeds and the Making it Real development group.

Outcome: Outcome: In Leeds all older people, their friends, family and support networks have easy access to information (in a format they are comfortable with) which makes their lives better.

Actions

Find out what older people and support networks would find useful to know and how they would want to access it

Involve older people in development of useful technology;
Develop and promote Leeds as an Age Friendly/Smart City locally, nationally and internationally.

Develop and promote a glossary of terms that easily explain age friendly and smart city terminology

Indicators

- I know where I go for information about services, events and activities when I need it
- I can get information which is easy to understand and in a format to suit my needs.

Community Support and Health Services

Health promotion and illness prevention are important measures of increasing the healthy life expectancy of older people in Leeds. Improving health may mean that they can retain their independence for longer thus improving their quality of life and reducing their requirement for services.

Outcome: Older people have an increased healthy life expectancy supported by integrated health and social care services	
Actions	Indicators
<ul style="list-style-type: none"> • Social prescribing - older people as a target group; • Ensure that mainstream health and social care providers support this agenda; • Ensure generic Health and Social Care transformation programmes take account of the needs of older people 	<ul style="list-style-type: none"> • My overall quality of life is... (on a scale 1 – 5) • If I am unwell I know that I can easily access the health care and help that I need. • If I have to go into hospital I know that when I am discharged I will get the help and support I need to return home. • I care for people (family/friends/neighbours)
Minimising the impact of cold weather and cold homes for vulnerable older people	
Develop and promote nutrition and hydration opportunities for older people across the city	

Links to other breakthrough projects	Early intervention and reducing health inequalities
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Report of Head of Governance and Scrutiny Support

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

Date: 6 November 2018

Subject: Chairs Update – November 2018

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

1 Purpose of this report

1.1 The purpose of this report is to provide an opportunity to formally outline some of the areas of work and activity of the Chair of the Scrutiny Board since the previous Scrutiny Board meeting in September 2018.

2 Main issues

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

2.2 The purpose of this report is, therefore, to provide an opportunity to formally update the Scrutiny Board on the Chair's activity and actions, including any specific outcomes, since the previous Scrutiny Board meeting held in July 2018. It also provides an opportunity for members of the Scrutiny Board to identify and agree any further scrutiny activity that may be necessary.

2.3 The Chair and Principal Scrutiny Adviser will provide a verbal update on other activity at the meeting, as required.

3. Recommendations

3.1 The Scrutiny Board (Adults, Health and Active Lifestyles) is asked to:

- a) Note the content of this report and the verbal update provided at the meeting.
- b) Identify any specific matters that may require further scrutiny input/ activity.

4. Background papers¹

4.1 None used

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

Report of Head of Governance and Scrutiny Support

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

Date: 6 November 2018

Subject: Work Schedule (November 2018)

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

1 Purpose of this report

1.1 The purpose of this report is to consider the on-going development of the Scrutiny Board's work schedule for the current 2018/19 municipal year.

2 Background

2.1 During discussions meeting in June 2018, the Scrutiny Board discussed a range of matters for possible inclusion within the overall work schedule for 2018/19. The areas discussed included the following matters:

- Focus on Mental Health
 - Childrens Mental Health - including the transition between CAMHS and Adult mental health services; family mental health and the services available to support family units.
 - Dementia – including transfers of care between care settings, consideration of Carers' experiences and consideration of proposed reshaping of social work/care services to a community strength-based approach.
 - Male mental health – including rates of young male suicide; access to services.
- Follow up on kidney transplant transport provision
- Social Care funding and resources for Third Sector providers
- To maintain an overview of the emerging local health and care arrangements
- Infant mortality and possible response to the National Inquiry being undertaken by Public Health England into life expectancy.
- Maintaining an overview of proposed service changes.
- Digital technology for information and access
- Health protection amongst Leeds' migrant population

2.2 The Board acknowledged that, due to the resources directly available to support the Board's work, there would be limitations on the work schedule; and that the Scrutiny Board would need to prioritise its main areas of focus for 2018/19.

3 Main Issues

Developing the work schedule

3.1 The work schedule should not be considered as a fixed and rigid schedule but be recognised as something that can be adapted to respond to any new and emerging issues throughout the year; and also reflect any timetable issues that might occur from time to time.

3.2 However, when considering any developments and/or modifications to the work schedule, effort should be undertaken to:

- Avoid unnecessary duplication by having a full appreciation of any existing forums already having oversight of, or monitoring a particular issue.
- Ensure any Scrutiny undertaken has clarity and focus of purpose and will add value and can be delivered within an agreed time frame.
- Avoid pure "information items" except where that information is being received as part of a policy/scrutiny review.
- Seek advice about available resources and relevant timings, taking into consideration the workload across the Scrutiny Boards and the type of Scrutiny taking place.
- Build in sufficient flexibility to enable the consideration of urgent matters that may arise during the year.

3.3 In addition, in order to deliver the work schedule, the Board may need to take a flexible approach and undertake activities outside the formal schedule of meetings – such as working groups and site visits, where deemed appropriate. This flexible approach may also require additional formal meetings of the Scrutiny Board.

Current work schedule

3.4 The latest iteration of the work schedule is attached as Appendix 1 for consideration by the Scrutiny Board. The work schedule also identifies the priority areas identified by the the Scrutiny Board for specific focus and more detailed consideration.

Leeds Health and Care Plan

3.5 Maintaining an overview on the development of Leeds Health and Care Plan, including any specific service change proposals that result, is a key role for the Scrutiny Board. This is likely to include a balance between any planned activity happening locally and any proposals being developed on a wider, West Yorkshire and Harrogate footprint.

3.6 A key consideration in this includes undertaking complementary work to that being undertaken through the West Yorkshire Joint Health Overview and Scrutiny Committee arrangements, which are currently under review.

3.7 Following consideration of the development of Local Care Partnerships (LCPs) across the City, members of the Scrutiny Board may find it useful to access the LCP profiles (for 2018) available from the Leeds Observatory using the following link: <https://observatory.leeds.gov.uk/health-and-wellbeing/ph-documents/>

Health Service Developments Working Group

- 3.8 As in previous years, the Scrutiny Board has formed a working group to help discharge its health scrutiny function in relation to proposed NHS services changes and/or developments – and to oversee associated progress and implementation.
- 3.9 As highlighted at the meeting in June 2018, this is an important aspect of discharging the Council's 'Scrutiny of the NHS' function and is a unique feature of the Scrutiny Board role, which is not reflected in the remit of any other Scrutiny Board or Council body.
- 3.10 It should be noted there have been no meetings of this working group since the Scrutiny Board meeting in September 2018.

Specific matters to consider

- 3.11 The following matters are also brought to the Boards attention and have been incorporated into the current iteration of the work programme.
- Leeds Safeguarding Adults Board (LSAB) – Annual Report and Strategic Plan
It was intended to present the LSAB Annual Report and Strategic Plan to the Scrutiny Board at its November meeting, in advance of Executive Board consideration. However, due to a previous engagement, the LSAB Independent Chair was not available to attend the Board meeting. It is therefore proposed to consider a LSAB mid-point review later in the year (most likely in March 2019). The LSAB Annual Report (2017/18) and Strategic Plan (2018/19) are available from the Leeds Safeguarding Adults Board website – [here](#)
Arrangements may also be put in place to hold a working group meeting to consider the Annual Report and Strategic Plan, if required.
 - Commissioned Homecare Services in Leeds
At its previous meeting, the Scrutiny Board considered a range of issues associated with the provision of Homecare Services in Leeds. At that meeting it was agreed that further consideration be given to holding a Board working group meeting to consider the identified issues in more detail. Following the meeting, the Chair of the Scrutiny Board met with a representative of a local campaign group and confirmed this area remained a particular area of interest to the Scrutiny Board and a formal update would be provided to the Scrutiny Board. It should be noted that at the time of writing this report, this remains an outstanding action.
 - Local System Review
It was previously reported that Leeds had been identified by the Care Quality Commission (CQC) as one of three further local authority areas where a Local System Review (LSR) would be undertaken to explore how older people move between local health and adult social care services. The CQC aims to complete and report on its review in December 2018. The intention is to present the outcome of the review and any associated improvement plan to the Scrutiny Board in early 2019.

- Yorkshire Ambulance Service NHS Trust (YAS): service changes

At its previous meeting, the Scrutiny Board agreed that representatives from YAS should be invited to attend a public meeting of the Scrutiny Board to update members on the Trust's 'transformation programme' and any specific implications for Leeds and Leeds residents. It should be noted this remains an outstanding action.

- Stroke Services Review

Further to consideration of the review of hyper acute stroke services and the implications for Leeds at the Scrutiny Board meeting in July 2018, the West Yorkshire Joint Health Overview and Scrutiny Committee gave consideration to the proposals at its meeting on 8 October 2018. The draft minutes from that meeting are referred to elsewhere in this report, however it's likely that operational plan and associated implications will be considered by the Board at a future meeting (to be determined).

- 3.12 Members of the Scrutiny Board are invited to comment on the details outlined above and presented in the attached work schedule, identifying any suggested amendments, as appropriate.

Minutes of meetings

- 3.13 The following minutes, which may be pertinent to the work of the Board, are also appended to this report for information and/or consideration:

- Draft minutes of the Executive Board meeting held 17 October 2018 (Appendix 2); and,
- Draft minutes of the West Yorkshire Joint Health Overview and Scrutiny Committee held 8 October 2018 (Appendix 3).

- 3.14 Members of the Scrutiny Board are invited to comment on any matters highlighted in the attached minutes that specifically fall within the Board's remit.

4 Recommendations

- 4.1 Members of the Scrutiny Board are asked to consider the details presented in this report and the associated appendices and agree the latest work schedule for the remainder of 2018/19 presented at Appendix 1, incorporating any agreed amendments.

5 Background papers¹

- 5.1 None used

6 Appendices

Appendix 1 – Outline Work Schedule 2018/19

Appendix 2 – Draft minutes of the Executive Board meeting held 17 October 2018

Appendix 3 – Draft minutes of the West Yorkshire Joint Health Overview and Scrutiny Committee held 8 October 2018

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.



SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)

Outline Work Schedule for 2018/19 Municipal Year (November 2018 update)

26 June 2018	17 July 2018	August 2018
Meeting Agenda for 26/06/18 at 1.30 pm.	Meeting Agenda for 17/07/18 at 1.30 pm.	No Scrutiny Board meeting scheduled
Appointment of Co-opted members (DB) Scrutiny Board Terms of Reference (DB) Sources of Work (DB) Performance Report (Adults, Health & Active Lifestyles) (DB/PM) CQC Inspection Outcomes – Adult Social Care (PM)	NHS Integrated Performance Report (PM) West Yorkshire & Harrogate Health & Care Partnership – Specialist Stroke Services (DB) Improving Access to Psychological Therapies (IAPT)(DB) HealthWatch Leeds Annual Report and Future Work Programme (DB)	
Working Group Meetings		
	9 July 2018 – Board Development Session: Leeds NHS Landscape	15 August 2018 – Health Service Developments Working Group. Issues to consider include: <ul style="list-style-type: none"> • IAPT • Urgent care centres
Site Visits / Other		
11 June 2018 – Introductory Meeting 20 June 2018 – Introductory Meeting (Repeat)	30 July 2018 – West Yorkshire JHOSC	

Scrutiny Work Items Key:

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



SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)

Outline Work Schedule for 2018/19 Municipal Year
(November 2018 update)

18 September 2018	October 2018	6 November 2018
Meeting Agenda for 18/09/18 2018 at 1.30 pm.	No Scrutiny Board meeting scheduled	Meeting Agenda for 6/11/18 at 1.30 pm.
Enabling Active Lifestyles – Update / Response to Scrutiny Board Statement (RT) CQC Inspection Outcomes (May 2018 – July 2018) – Adult Social Care (PM) Quality of Homecare Services in Leeds (PM) Leeds Health and Care Plan Update (PM) West Yorkshire and Harrogate Health and Care Partnership – A Memorandum of Understanding (DB)		Outcome of Newton Europe system review (PM) Leeds mental health Framework – progress / performance review (PSR) Redesign of Community Mental Health Services for adults in Leeds (PSR) Leeds Health and Wellbeing Strategy – An Age Friendly City (Priority 2) (PSR)
Working Group Meetings		
		Dementia Inquiry (PSR) (Session 1) – date TBC Health Service Developments Working Group (date TBC)
Site Visits / Other		
	8 October 2018 – West Yorkshire JHOSC	

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Scrutiny Work Items Key:

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



SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)

Outline Work Schedule for 2018/19 Municipal Year (November 2018 update)

December 2018	15 January 2019	February 2019
No Scrutiny Board meeting scheduled	Meeting Agenda for 15/01/19 at 1.30 pm.	No Scrutiny Board meeting scheduled
	Adults Health & Active Lifestyles Financial Health Monitoring (PM) Performance Report (Adults, Health & Active Lifestyles) (PM) 2019/20 Initial Budget Proposals (PDS) Adult Social Care Annual Complements and Complaints Report (2017/18) (PM) CQC Inspection Outcomes (August 2018 – December 2018) – Adult Social Care (PM)	
Working Group Meetings		
Dementia Inquiry (PSR) (Session 2) – date TBC	Health Service Developments Working Group (date TBC)	CAMHS (PSR) – date TBC Health Service Developments Working Group (date TBC)
Site Visits / Other		
5 December 2018 – West Yorkshire JHOSC	West Yorkshire JHOSC – additional meeting TBC	West Yorkshire JHOSC – date TBC

Scrutiny Work Items Key:

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



SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)

Outline Work Schedule for 2018/19 Municipal Year
(November 2018 update)

19 March 2019	April 2019	May 2019	Unscheduled
Meeting Agenda for 19/03/19 at 1.30 pm.	No Scrutiny Board meeting scheduled	No Scrutiny Board meeting scheduled	Meeting arrangements to be confirmed
<p>Leeds Safeguarding Adults Board Annual Report and Strategic Plan - mid-year review (PSR)</p> <p>Leeds Health and Care Plan Update – developing Local Care Partnerships (PM)</p> <p>CQC Inspection Outcomes – Adult Social Care (PM)</p> <p>Prisoner Health – Recommendation Tracking (RT)</p>			<p>Congenital Heart Disease Services – Implementation of National Review/Update (RT/ PM)</p> <p>Prisoner Health Inquiry – Formal Response to Recommendation (RT)</p> <p>Yorkshire Ambulance Service NHS Trust – transformation programme (PSR)</p> <p>Local System Review – outcome and associated improvement plan (PM)</p> <p>Stroke care services – operational plan and implications for Leeds (PSR)</p> <p>Provision of Homecare Services in Leeds – further consideration of identified issues (PSR)</p>
Working Group Meetings			
Health Service Developments Working Group (date TBC)		Quality Accounts – TBC	Men's Suicide – the impact of problem gambling – date TBC
Site Visits / Other			
	West Yorkshire JHOSC – date TBC		

Scrutiny Work Items Key:

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



SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)

Proposed Policy or Service Review Areas (2018/19) (November 2018 update)

Leeds Health and Care Plan – developing Local Care Partnerships

To consider and make any recommendations for improvement in relation to the:

- Proposed geography of the developing Local Care Partnerships (LCPs) across the City.
- Proposed scope and range of services to form the basis of the developing LCPs across the City
- Ongoing development of Primary Care and access to Primary Care Services across the City.
- Balance between ensuring consistency across the developing LCPs, with the need to reflect local needs and demands.
- Membership and associated roles within the developing LCPs – with a particular focus on the role of elected members.
- Associated infrastructure necessary to support the consistent development of LCPs across the City.

Dementia

To consider and make any recommendations for improvement in relation to the:

- Progress against the Leeds Dementia Strategy (2013-16) and any other relevant strategy or action plan.
- Provision of dementia care in Care Homes across Leeds, including:
 - The current and predicted prevalence of dementia across Leeds.
 - The current number of dementia care and/or specialist dementia care beds.
 - The impact of dementia care provision on hospital discharges.
 - The future strategy for delivering the appropriate level of specialist dementia care.
 - Any workforce development and/or training implications.
- Impact of complex dementia on the local health and care system, including delayed discharges and A&E waiting times.
- Views and experience of carers as part of Leeds' ambition to be a Dementia Friendly City.
- Impact / implications for the developing Local Care Partnerships on the provision of dementia care across the City.

Men's Suicide – the impact of problem gambling

To consider and make any recommendations for improvement in relation to the:

- Prevalence of problem gambling in Leeds and the impact on the level of male suicide in Leeds.
- Public health implications of problem gambling, by examining the work being undertaken across the Communities and Adults and Health portfolios.
- Resources available to support public health and/or wider activity relating to problem gambling in Leeds.
- The impact / implications for the developing Local Care Partnerships on the level of male suicide, particularly those attributed to problem gambling.



SCRUTINY BOARD (ADULTS, HEALTH AND ACTIVE LIFESTYLES)

Proposed Policy or Service Review Areas (2018/19) (November 2018 update)

Child and Adolescent Mental Health Services (post December 2018)

To consider and make any recommendations for improvement in relation to the:

- Report of the Healthcare Safety Investigation Branch¹ relating to the transition from child and adolescent mental health services (CAMHS) and adult mental health services (AMHS).
- Relevant agency responses to the Healthcare Safety Investigation Branch report, findings and recommendations.
- Any implications for the Mental Health Framework and/or service delivery in Leeds, arising from the Healthcare Safety Investigation Branch report, findings and recommendations; alongside the various agency responses.
- Impact / implications for the developing Local Care Partnerships on the provision of CAMHS and AMHS across the City.

Other aspects of the Scrutiny Boards work

- Quality of Care – a continued focus on care quality in residential care homes (nursing and non-nursing) and within homecare service providers. This will include the input from the Care Quality Commission.
- Active Lifestyles – response to the Scrutiny Board statement (March 2018) and any subsequent actions/ progress.
- Leeds Safeguarding Adults Board Annual Report (2017/18)
- Adult Social Care Complaint and Compliments Annual Report (2017/18)
- Yorkshire Ambulance Service NHS Trust – transformation programme / service changes
- Stroke care services

Health Service Developments Working Group

The Scrutiny Board has re-established the working group to consider proposed NHS service developments / changes identified during the year. This may include areas where the Scrutiny Board is subsequently invited to formally contribute to the consultation on any substantial proposals. This is likely to include progress against the following areas initially identified during the previous municipal year:

- Community dentistry (from 2017/18)
- Child Development Centre (from 2017/18)
- Maternity Services provision (from 2017/18)
- Adult Community Mental Health Services

Other service development areas identified include:

- Development of urgent treatment centres
- Improving Access to Psychological Therapies (IAPT) services in Leeds

¹ Details of the report are available at: <https://www.hsib.org.uk/investigations-cases/transition-from-child-and-adolescent-mental-health-services-to-adult-mental-health-services/final-report/>

EXECUTIVE BOARD

WEDNESDAY, 17TH OCTOBER, 2018

PRESENT: Councillor J Blake in the Chair

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

SUBSTITUTE MEMBER: Councillor A Lamb

69 Substitute Member

Under the provisions of Executive and Decision Making Procedure Rule 3.1.6, at the point at which Councillor A Carter left the meeting (Minute No. 82 refers), Councillor Lamb was invited to attend for the remainder of the meeting on behalf of Councillor Carter.

70 Exempt Information - Possible Exclusion of the Press and Public

RESOLVED – That, in accordance with Regulation 4 of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, the public be excluded from the meeting during consideration of the following parts of the agenda designated as exempt from publication on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the public were present there would be disclosure to them of exempt information so designated as follows:-

- (a) That Appendix 1 to the report entitled, 'Update on the HS2 Growth Strategy, HS2 and Leeds Integrated Station Masterplan', referred to in Minute No. 80 be designated as exempt from publication in accordance with paragraph 10.4(3) of Schedule 12A(3) of the Local Government Act 1972 on the grounds that the information contained within that appendix is commercially sensitive and relates to the business affairs of the Council and third parties, publication of which at this time may prejudice the Council's negotiating position if published at this stage. It is therefore considered that the public interest in maintaining the exemption at this time outweighs the public interest in disclosing the information.

71 Late Items

No formal late items of business were added to the agenda, however, prior to the meeting, Board Members were in receipt of a revised extract from the 'Improving Air Quality within the City' report which replaced sections 3.33 to 3.36 of the original covering report. (Minute No. 77 refers).

72 Declaration of Disclosable Pecuniary Interests

There were no Disclosable Pecuniary Interests declared at the meeting.

73 Minutes

RESOLVED – That the minutes of the previous meeting held on 19th September 2018 be approved as a correct record.

74 Matters Arising from the Minutes

Minute No. 65, 19th September 2018 (West Yorkshire Financial Exploitation and Abuse Team)

A Member raised a concern regarding the budgetary pressures being experienced by West Yorkshire Trading Standards, with reference to the fact that such issues were not mentioned as part of the above report considered at the previous meeting, and highlighted the need for Executive Members and Members on relevant Boards to be briefed and kept informed on such issues.

In response, officers undertook to provide Executive Board Members with a briefing on such matters, further reinforce to West Yorkshire Joint Services officers the need for timely and accurate reporting procedures for relevant joint committees and keep Executive Board informed and briefed, as appropriate. Also, it was noted that the budgetary pressures which had been referenced largely related to next financial year.

RESOURCES AND SUSTAINABILITY

75 Gambling Act 2005 Statement of Licensing Policy

The Director of Communities and Environment submitted a report providing details of the triennial statutory review of the Gambling Act 2005 Statement of Licensing Policy, which having taken into consideration the outcomes of the review, sought the Board's agreement to refer the proposed Policy to Council for the purposes of adoption in line with the Council's Budgetary and Policy Framework Procedure Rules.

Responding to a Member's enquiry regarding the limited response that the Council had received to the consultation exercise undertaken, the Board was provided with details of the actions which had been taken both in terms of liaising with relevant partners when developing the updated policy and also in the publicising of the statutory consultation.

RESOLVED –

- (a) That having considered the contents of the submitted report, approval be given to refer the Statement of Licensing Policy to Council, with a recommendation that the Policy be approved in line with the Council's Budgetary and Policy Framework Procedure Rules;
- (b) That it be noted that if the policy is approved by Council in November 2018, the Council must advertise the publication of the policy on the Council's website and by way of notices in the public buildings, describing where a copy can be viewed for a period of 30 days before the policy is implemented, with it also being noted that such actions will be implemented by the Principal Licensing Officer, Entertainment Licensing on 2nd January 2019.

(The matters referred to within this minute, given that they were decisions being made in accordance with the Budget and Policy Framework Procedure Rules, were not eligible for Call In, as Executive and Decision Making Procedure Rule 5.1.2 states that the power to Call In decisions does not extend to those decisions being made in accordance with the Budget and Policy Framework Procedure Rules)

76 Financial Health Monitoring 2018/19 - Month 5

The Chief Officer, Financial Services submitted a report which presented the Council's projected financial health position for 2018/2019, as at month 5 of the financial year. In addition, the report sought the Board's approval to the release of specific reserves.

Responding to Members' enquiries, the Board was provided with further information on the extensive cross-party and cross-boundary political agreement which had been achieved in respect of the Business Rates Retention Pilot 2019/20 submission. Also, clarification was provided to the Board that the proposal to release £1.7m from the general fund reserve in 2018/19 was in response to the Department for Education's re-profiling of the final payment from the Partners in Practice initiative.

In noting the reference in the submitted report to the pressures regarding external residential placements within Children and Families directorate, a Member suggested that consideration be given to the further provision of such placements in Leeds.

Responding to an enquiry, the Board received an update on the current budgetary position regarding the Council's commercial asset portfolio which sat within the City Development directorate.

RESOLVED –

- (a) That the projected financial position of the authority, as at Month 5 of the financial year, be noted;
- (b) That the release of £1.7m from the General Fund Reserve in 2018/19 be approved, in order to address the income pressure in the Children and Families budget arising as a consequence of the re-profiling of the final payment of the Partners in Practice Project by the Department for Education, and that this amount be repaid to the reserve in 2019/20 once received, with it being noted that the officer responsible for the implementation of this resolution is the Chief Officer, Financial Services, and that the release from the reserves will be actioned before the next reporting period;
- (c) That the release of £1.0m from the General Insurance Reserve in 2018/19 be approved, following a review of the level of the reserve, with it being noted that the officer responsible for the implementation of this resolution is the Chief Officer, Financial Services, and that the release from reserves will be actioned before the next reporting period;

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to be held on Wednesday, 21st November, 2018

- (d) That Directors be requested to identify and implement appropriate measures so that a balanced budget position can be delivered.

77 Improving Air Quality within the City

Further to Minute No. 15, 27th June 2018, the Director of Resources and Housing, the Director of City Development, the Director of Communities and Environment and the Director of Public Health submitted a joint report providing an overview of the statutory consultation process undertaken on the Clean Air Zone (CAZ) proposal and the key findings; outlining the details of all of the proposed financial support packages for each affected sector; detailing the key timescales up to the proposed “go live” date of the CAZ, together with the key risks to successful implementation. In addition, the report outlined details of the vehicle anti-idling scheme and other actions to improve air quality.

Prior to the meeting, Board Members had been in receipt of a revised extract from the submitted report, which replaced paragraphs 3.33 to 3.36 of the original covering report.

Responding to a Member’s enquiry regarding whether there was any intention to include private vehicles within the proposed Clean Air Charging Zone (CAZ), the Board was provided with assurance that the basis of the proposals detailed in the submitted report were to deliver compliance with the UK’s objectives without the inclusion of private vehicles in the CAZ initiative.

Also, responding to an enquiry relating to the feasibility of retro-fitting Heavy Goods Vehicles (HGVs), the Board received an update regarding the current position on the development of viable retro-fit options for HGVs and the ongoing liaison with Government on this matter. In addition, Members also noted the work which continued regarding the flexible and responsive approach being taken when considering solutions to such issues.

Responding to a Member’s enquiry, the Board received further information on the issue of potential future legal challenge on the actions being taken to deliver compliance with UK standards in Leeds. In considering this matter, emphasis was placed upon the proportionate approach being taken by the Council.

Members also discussed Leeds’ position when considering the national context for the clean air agenda. The Board also noted the progress being made and the further options available to deliver wider behavioural changes with the aim of improving air quality in the city.

RESOLVED –

- (a) That the necessary authority be delegated to the Director of Resources and Housing to enable the Director to approve the Final Business Case for submission to the Government;

- (b) That subject to Government funding approval, approval be given to a capital injection of up to £24,000,000 to finance the taxi/private hire loan fund scheme;
- (c) That subject to approval of the Final Business Case by Government, the necessary 'authority to spend' be delegated to the Director of Resources and Housing in conjunction with the Chief Officer Financial Services and in consultation with the relevant Executive Members, for the final taxi and private hire loan scheme;
- (d) That the necessary authority be delegated to the Director of Resources and Housing to enable the Director to approve any decisions required to issue the funding received from the Government;
- (e) That the necessary authority be delegated to the Director of Communities and Environment to enable the Director to enforce under the relevant legislation vehicle anti-idling measures and the Clean Air Charging Zone measures;
- (f) That it be noted that the draft Transport Charging Order for the Clean Air Zone will be submitted to the Executive Board in November 2018, including information around its operation as part of the proposals intended to be included in the submitted Final Business Case.

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

REGENERATION, TRANSPORT AND PLANNING

78 Street Lighting Energy Saving Programme

Further to Minute No. 22, 21st June 2017, the Director of City Development submitted a report which sought approval to the design and implementation of a scheme to convert existing street lighting to LED (light emitting diode) technology. The report also considered the added benefit of incorporating 'Smart City' remote connectivity (Central Management System (CMS)) to the street lights at the same time and sought authority to conclude contract negotiations with the Street Lighting PFI provider and implement the conversion of street lights to LED technology.

Responding to a Member's enquiry, Board Members were assured that liaison would take place with Ward Councillors regarding any operational and roll out proposals.

The Board discussed the proposals to introduce 'Smart City' capabilities as part of the initiative, with Members considering the implications of this and receiving further information on what the 'Smart City' technology would achieve.

The Chair welcomed Dr Paul Marchant, Leeds Beckett University, who was in attendance at the meeting, with it being noted that related technical data had been submitted by Dr Marchant to Board Members, and that such correspondence would be taken into consideration in the development of the programme, as appropriate.

RESOLVED –

- (a) That having considered the submitted information, the business case to invest in the conversion of street lights to LED, at an estimated cost of £25.4m, be approved;
- (b) That having considered the submitted information, the business case and additional benefits to invest in the conversion of street lights to LED with remote control (CMS) at an estimated additional cost of £5m, be approved, subject to assurances from the CMS provider that the data collected can be made openly available to the Council;
- (c) That approval be given to inject £25.4m into the Capital Programme, with 'approval to spend' also being granted, in order to deliver the conversion of 86,000 street lighting units to LED technology;
- (d) That approval be given to inject an additional £5m into the Capital Programme, with 'approval to spend' also being granted, in order to add 'Smart City' remote control (CMS);
- (e) That the Director of City Development be granted approval and the necessary authority to conclude the contractual changes required in the Street Lighting PFI contract (and to agree any related or ancillary documents); with the Director also being provided with the necessary authority to implement the conversion to LED street lighting with or without remote control;
- (f) That it be noted that the Chief Officer Highways and Transportation will be responsible for the implementation of such matters.

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

79 Establishment of a Joint Urban Traffic Management and Control Service for West Yorkshire

The Director of City Development submitted a report outlining proposals for the establishment of a West Yorkshire Urban Traffic Management and Control (West Yorkshire UTMC) Service. The report set out the background to the development of the proposal, arrangements for its funding and which also requested endorsement to the principle of Leeds City Council hosting the proposed service and which sought authority to progress arrangements for its establishment.

RESOLVED –

- (a) That the establishment of a joint West Yorkshire UTMC service be approved in principle, subject to the outcome of the consideration of the Outline Business Case by the Combined Authority;
- (b) That should a joint West Yorkshire UTMC service be established, in principle approval be given to Leeds City Council becoming the host authority for service delivery;
- (c) That approval be given to the development of a combined joint service operational resource budget (less traffic signal energy costs) for 2019/20 with the West Yorkshire Councils; and that the contribution from the Leeds City Council annual budget for this service be agreed in the annual budget round; with it being noted that arrangements for an annual review will be captured in the proposed Service Level Agreement between the West Yorkshire Councils and the City Council as the Host Authority;
- (d) That the proposed creation of an organisational unit within the City Development directorate of the Council be approved, which will host the West Yorkshire UTMC service and undertake the development, operation and maintenance of the traffic signal systems in West Yorkshire;
- (e) That the commencement of formal processes, including informing and consulting with Trade Union representatives leading up to the transfer of identified staff via TUPE from Bradford, Kirklees and Wakefield Councils into the employment of Leeds City Council to form the new functional West Yorkshire UTMC service, be noted;
- (f) That the proposal that any potential West Yorkshire UTMC service may be based at the Joint Services building in Morley be noted, with it also being noted that the capital costs for the establishment of the combined service will be met by the West Yorkshire Combined Authority, subject to approval of the Business Case and completion of all necessary legal agreements;
- (g) That the actions as described within the submitted report to progress the establishment of the West Yorkshire UTMC service be noted, and that once final agreement has been reached in relation to the operational and revenue financial arrangements for this service, a further report will be presented to the Executive Board for consideration;
- (h) That it be noted that the Chief Officer, Highways and Transportation will be responsible for the further progression of this proposal in consultation with counterparts in the four West Yorkshire Councils involved.

80 Update on the HS2 Growth Strategy, HS2 and Leeds Integrated Station Masterplan

Further to Minute No. 82, 18th October 2017, the Director of City Development submitted a report providing an update on the preparations for bringing HS2 to the region, and delivering transformational change of the existing train station. In addition, the report included an update on the South Bank Supplementary Planning Guidance, Station Masterplan, the HS2 Growth Strategy, together with delivery arrangements.

In considering the submitted report, Members highlighted the wide ranging benefits that HS2 would bring to both the city and the wider region, emphasising the links between HS2 and the development of key infrastructure to support the growth of the Leeds City Region economy. In discussing such benefits, Members highlighted that the focus should not simply be on improved rail journey times.

Whilst acknowledging the benefits outlined within the submitted report, a Member highlighted the significant impact on some, where the line entered the city. In response, the importance of such concerns and the associated compensation packages for relevant parties were acknowledged, with the significant levels of consultation being undertaken by HS2 with relevant communities being noted.

Following the consideration of Appendix 1 to the submitted report designated as being exempt from publication under the provisions of Access to Information Procedure Rule 10.4(3), which was considered in private at the conclusion of the meeting, it was

RESOLVED –

- (a) That the progress update in respect of the HS2 Growth Strategy, as submitted, which responds to the HS2 design and prepares for the Hybrid Bill process, and also the South Bank Regeneration Framework, be noted;
- (b) That approval be given to the Council and partners submitting the Station Masterplan Strategic Outline Business Case (SOBC) to the Department for Transport and the Ministry of Housing, Communities and Local Government, based on the principles as detailed in exempt Appendix 1 to the submitted report, with the necessary authority being delegated to the Director of City Development (in consultation with the Council's Executive Member for 'Regeneration, Transport and Planning', the Chief Financial Services Officer as section 151 officer, the West Yorkshire Combined Authority and Network Rail) to approve the submission of the final SOBC;
- (c) That the principle of the Council entering into Joint Venture Agreements with London & Continental Railways, be approved, subject to a report on the heads of terms being brought back to Executive Board for approval;

- (d) That the principles, as set out at Appendix 2 to the submitted report, regarding the HS2 Growth Strategy be endorsed; with the necessary authority being delegated to the Director of City Development to enable the Director to endorse the final document;
- (e) That an injection of £150k into the capital programme for 2018-19 to support the establishment of a dedicated delivery team, be approved.

81 City Centre Vehicle Access Management Scheme Phase Two

Further to Minute No. 20, 21st June 2017, the Director of City Development submitted a report which sought an injection into the 2018/19 Capital Programme to cover the budget shortfall for Phase 1 of the City Centre Vehicle Access Management Scheme following an increase in material prices received during the procurement process. In addition, the report also sought an injection into the 2018/19 Capital Programme and associated authority to progress the detailed design and implementation of a system to manage and control vehicular access at Leeds Playhouse courtyard and Greek Street, whilst the report also sought authority to undertake feasibility studies and option appraisals for other locations deemed at risk.

RESOLVED –

- (a) That the injection and expenditure of an additional £490,000 into the 2018/19 Capital Programme to cover the shortfall in funding for the implementation of Phase One of the scheme, be approved;
- (b) That the injection and expenditure of a further £270,000 into the 2018/19 Capital Programme for the detailed design and implementation of Phase Two of the scheme, along with associated works to the Leeds Playhouse, be approved;
- (c) That the undertaking of feasibility studies and options appraisals of an automated vehicle access system to control vehicle access at other key locations within the City Centre, as identified in section 3.2 of the submitted report, where vehicle access is restricted, be authorised;
- (d) That the Director of City Development be instructed to expedite the implementation of all reasonable measures in the most timely manner as possible; with the necessary authority being delegated to the Director of City Development to enable the Director to approve, consult and implement such measures, as identified in section 3.2 of the submitted report;
- (e) That it be noted that the Chief Officer Highways and Transportation will be responsible for the implementation of such matters.

HEALTH, WELLBEING AND ADULTS

82 Leeds Breastfeeding Plan 2016-2021

The Director of Public Health and the Director of Children and Families submitted a joint report which provided a mid-term update and information on the successes and progress made to date in delivering the Leeds Breastfeeding Plan. The report also outlined plans to develop further work based upon consultation and to maintain progress by gaining support for a wider environmental and cultural approach towards the promotion of breastfeeding.

In presenting the submitted report, the Executive Member for 'Health, Wellbeing and Adults' highlighted how Leeds Community Health Care Services, supported by Public Health, had achieved the Unicef Baby Friendly Initiative Gold Award. In addition, emphasis was placed upon the key health and wellbeing benefits arising from breastfeeding, and as such the cultural change which was needed in order to further promote breastfeeding across the city.

RESOLVED –

- (a) That the Leeds Breastfeeding Plan, as detailed within the submitted report, together with the impact of implementing the priority actions to date, be acknowledged;
- (b) That a wider environmental and cultural approach towards the promotion of breastfeeding be supported;
- (c) That Members' comments regarding the proposed Leeds Breastfeeding Plan priority actions for 2018/19 be noted, and that the delivery of the priorities through Council work programmes (e.g. Increasing Breastfeeding Friendly venues and spaces within the Local Authority), be supported;
- (d) That the opportunity to be involved in consultation and engagement about the Breastfeeding Plan priorities for 2019/20, be noted;
- (e) That support be provided for the development of further preventive health initiatives targeting Leeds' most deprived communities, which is in line with the Health and Wellbeing Board's commitment and plan to improve the health of the poorest fastest;
- (f) That the Board's agreement be given to lobby Government to passport the tax raised from the advertising of infant formula, in order to provide more funding for peer support and public health initiatives which support breastfeeding;
- (g) That it be noted that the Director of Public Health and the Director of Children and Families will be responsible for the implementation of such matters.

(At the conclusion of this item, Councillor A Carter left the meeting, and in line with Executive and Decision Making Procedure Rule 3.1.6, and at this point Councillor Lamb was invited to attend for the remainder of the meeting on behalf of Councillor Carter)

83 Making Leeds the Best City to grow old in - Progress report on Age Friendly Leeds including our partnership with the Centre for Ageing Better

The Director of Adults and Health submitted a report highlighting the impact of the 'Making Leeds the Best City to Grow Old' project as one strand of work being undertaken to achieve the priority of Leeds being an age friendly city where people age well. The report also provided an update on the related work being undertaken with partner organisations.

Responding to a Member's comments regarding the 'wheel out' of bins as part of the refuse collection service, officers undertook to look into the actions which could be taken to raise older people's awareness of the 'wheel out' service, so that older people knew that such support was available, should they need it.

Members also discussed and received further information on the proposed pilot scheme, initially to take place in Beeston, with a view to improving community transport provision for older people across the city.

Responding to a Member's enquiry, the Board was provided with further information on the actions being taken to help address the need for further appropriate housing and accommodation provision for older people across Leeds.

RESOLVED –

- (a) That the impact of the age friendly programme of work as part of the International Day of Older People (1st October 2018) detailed within the 'Making Leeds the Best City to Grow Old in' Annual Report, as appended to the submitted report, be noted and celebrated;
- (b) That the contribution that the partnership with the Centre for Ageing Better has already brought to the delivery of plans for Making Leeds the Best City to Grow Old In, be noted and celebrated;
- (c) That consideration be given to key priorities for how the partnership (referenced in (b) above) could develop further in the future;
- (d) That the discussions on the key priorities for how this partnership could develop further in the future, be noted;
- (e) That it be noted that suggested priorities for the partnership together with agreed timescales will be discussed by the Director of Adults and Health, the Director of Public Health, Directors at the Centre for Ageing Better and Leeds Older People's Forum at the formal review of the

partnership in November 2018, with it being noted that the agreed priorities will be implemented by the authors of the submitted report.

CHILDREN AND FAMILIES

84 Families First: Earned Autonomy: The Plan to use New Freedoms to Transform Early Help Services for Children and Families

The Director of Children and Families submitted a report outlining Leeds' success in gaining 'Earned Autonomy' from Government for its work in support of the national programme. The report also sought approval to delegate responsibility to the Director of Children and Families to manage the implementation plans which had been developed with local partners.

Responding to a Member's enquiry, the Board received further information on the ways in which the outcomes from the initiative and the Authority's 'Earned Autonomy' status would be monitored and measured, with assurances being provided that Scrutiny would continue to be involved in such matters.

RESOLVED –

- (a) That the plans for 'Earned Autonomy' be noted and approved;
- (b) That responsibility for the implementation of such matters be delegated to the Director of Children and Families.

85 Healthy Pupil Capital Programme (HPCP) 2018-19

The Director of Children and Families submitted a report which looked to identify and implement a plan for the capital grant programme for community and voluntary aided schools in Leeds, in accordance with the Department for Education's (DfE) requirements around the Healthy Pupil Capital Programme.

In considering the proposed approach towards the allocation of the funding, Members discussed and received further information on the grants based element, as proposed within the submitted report. The Board noted Members' comments in respect of that approach and also regarding a suggested alternative method of allocation.

Responding to a Member's enquiry, officers undertook to provide further information to Board Members regarding the levels of Healthy Pupil Capital Funding grants that had been received by Academies in Leeds.

RESOLVED –

- (a) That the proposed model for the allocation of the Healthy Pupil Capital Fund capital grant for community schools in Leeds, which is in accordance with DfE requirements around the Healthy Pupil Capital Programme, be approved;
- (b) That approval be given to incur capital expenditure of £635,210 from the approved capital programme;

- (c) That it be noted that the officer responsible for the implementation of such matters is the Head of Learning for Life, by March 2019.

LEARNING, SKILLS AND EMPLOYMENT

86 International Holocaust Remembrance Alliance Definition on Antisemitism

The Director of Communities and Environment submitted a report which recommended the adoption of the International Holocaust Remembrance Alliance's (IHRA) working definition on antisemitism. In addition, the report also presented an overview of the Jewish community in Leeds and explained some of its significant contributions to the city. It also defined 'hate crime' and the latest picture in Leeds, and included the full IHRA definition on antisemitism with the IHRA's accompanying examples.

The Board supported the proposed adoption of the IHRA definition on antisemitism, and in response to a Member's request, an assurance was provided that the matter would be submitted to Council, in the form of a 'not for debate' White Paper Motion.

RESOLVED –

- (a) That the International Holocaust Remembrance Alliance Working Definition on antisemitism be adopted for use across the Council;
- (b) That it be noted that the Director of Communities and Environment will be responsible for the implementation of such matters.

87 Chair of the Meeting

At this point, Councillor Blake vacated the Chair and left the meeting. In accordance with Executive and Decision Making Procedure Rule 3.1.5, in the absence of Councillor Blake, Councillor Coupar presided as Chair of the Board for the remainder of the meeting.

88 Outcome of School Admissions Arrangements 2018 and upcoming consultation on Admissions Policy for 2020

The Director of Children and Families submitted a report which provided a summary of the outcomes from the Admissions functions undertaken by the Local Authority in the 2017/18 academic year. The report included statistics on the annual admissions round for entry into Reception and Year 7 for September 2018. In addition, information was provided regarding the admission of pupils 'in-year' during the 2017/18 academic year.

With regard to the forthcoming consultation exercise to be undertaken on admission arrangements for community and voluntary controlled schools, with specific reference to the defining of catchment areas for those schools, an assurance was provided that such consultation would include local Ward Members and also Scrutiny.

Members made reference to statistics which had been published regarding Leeds' performance nationally on the allocation of school places in those instances where parent's preferences were not met.

RESOLVED – That the following be noted:-

- (a) 88% of Reception children and 82% of Year 7 children were offered a place at their first preference school;
- (b) The number of children receiving an offer at one of their top 3 preferred schools was 95.5% for Reception and 92.4% for Year 7;
- (c) Requests for in-year transfers continue to rise, with 7909 (+454 compared to the previous year) children requesting new school places between September 2017 and July 2018 – some being new arrivals in the city and some being requests to move within the city;
- (d) That a consultation on the Leeds City Council Admissions Policy for 2020/21 will be launched in October 2018; and
- (e) That the officer responsible for this area of work is the Lead for the Admissions and Family Information Service.

89 Outcome of consultation to permanently increase learning places at Benton Park Secondary School from September 2021

The Director of Children and Families submitted a report detailing the outcome of a consultation exercise regarding a proposal to expand secondary school provision at Benton Park Secondary School and which sought a decision to publish a statutory notice under the Education and Inspections Act 2006 and in accordance with the School Organisation (Prescribed Alterations to Maintained Schools) (England) Regulations 2013 in respect of this proposal.

Responding to a Member's enquiry, assurance was provided that the undertaking of associated building works, as referenced within the submitted report, were a priority.

RESOLVED –

- (a) That the publication of a Statutory Notice on a proposal to permanently expand secondary provision at Benton Park Secondary School from a capacity of 1225 pupils to 1500 pupils, with an increase in the admission number from 245 to 300, with effect from September 2021, be approved;
- (b) That it be noted that the implementation of the related decisions are subject to feasibility and planning permission, as indicated at paragraph 4.4.1 of the submitted report, and that it also be noted that the proposal has been brought forward in time for places to be delivered for 2021;
- (c) That it be noted that the responsible officer for the implementation of such matters is the Head of Learning Systems.

COMMUNITIES

90 Safer Leeds Community Safety Strategy (2018-2021)

Further to Minute No. 37, 25th July 2018, the Director of Communities and Environment submitted a report which presented the Council's Safer Leeds Community Safety Strategy for the period 2018-2021, for the purposes of endorsement and a recommendation to Council that it formally adopted the proposed strategy.

Regarding the priority around improving road safety, reducing road casualty, enforcement of speed limits and vehicular related anti-social behaviour, the Board received assurance that the Executive Member for 'Communities' had undertaken to progress this as a priority, which included liaison with West Yorkshire Police and also Community Committee 'Community Safety Champions'.

Responding to a Member's enquiry regarding the continued role of the 'Managed Approach' towards prostitution, it was noted that work continued to be undertaken with the local community and businesses on this matter in order to work through any issues which were being experienced, with confirmation being received that the 'Managed Approach' was continuing.

RESOLVED - That approval be given to formally endorse the Safer Leeds 'Community Safety Strategy' for 2018-21, as appended to the submitted report, and that the Strategy be referred to full Council with a recommendation that it is formally adopted by the Council.

(The matters referred to within this minute, given that they were decisions being made in accordance with the Budget and Policy Framework Procedure Rules, were not eligible for Call In, as Executive and Decision Making Procedure Rule 5.1.2 states that the power to Call In decisions does not extend to those decisions being made in accordance with the Budget and Policy Framework Procedure Rules)

ENVIRONMENT AND ACTIVE LIFESTYLES

91 Run Leeds - Sport England Funding Award

The Director of City Development submitted a report regarding the growth of the Run Leeds programme and outlined plans for how the significant Sport England external funding which had been received was proposed to be programmed.

Responding to a Member's enquiry regarding the proposals within the submitted report, officers undertook to provide the Member in question with a separate briefing on how the initial areas had been prioritised, who were target participants and how further roll out of initiatives was envisaged.

In discussing the submitted report, Members highlighted the wide ranging benefits that increased levels of physical activity and participation in sport would have, and as such, emphasised the need to ensure that the opportunity

of creating a step-change in this area was not missed. In addition, the Board also considered how this initiative was one example of the 'Physical Activity and Sport' ambition which was being developed.

RESOLVED –

- (a) That the successful award of external grant funding from Sport England, be noted;
- (b) That the associated programme of work, as outlined within the submitted report, be supported;
- (c) That a progress report be submitted to Executive Board by June 2021;
- (d) That it be noted that the Head of Active Leeds is responsible for the implementation of such matters.

ECONOMY AND CULTURE

92 Major Events in Leeds

The Director of City Development submitted a report which provided an update on the successful bid to the West Yorkshire Business Rate Pool entitled, 'Transforming Leeds Events' which looked to secure funding over the next 3 years to provide added value to the curation and provision of major events in Leeds, together with providing support to secure existing events and also for the provision of the 'Leeds 2023' initiative.

RESOLVED –

- (a) That the successful bid to the Business Rate Pool be noted, with it also being noted that this has secured the World Triathlon Series in Leeds for a further 2 years, in 2019 and 2020;
- (b) That further to resolution (a) above, the necessary authority be delegated to the Chief Officer, Culture and Sport, in order to enable the Chief Officer to enter into an agreement with British Triathlon to this end;
- (c) That the Director of City Development be requested to return to Executive Board next month (November 2018) with details of Leeds' bid to be a host of the Rugby League World Cup in 2021.

DATE OF PUBLICATION: FRIDAY, 19TH OCTOBER 2018

LAST DATE FOR CALL IN OF ELIGIBLE DECISIONS: 5.00 PM, FRIDAY, 26TH OCTOBER 2018

Draft minutes to be approved at the meeting to be held on Wednesday, 21st November, 2018

**WEST YORKSHIRE JOINT HEALTH OVERVIEW AND SCRUTINY
COMMITTEE**

MONDAY, 8TH OCTOBER, 2018

PRESENT: Councillor H Hayden in the Chair

Councillors S Baines, B Flynn,
V Greenwood, B Rhodes, N Riaz and
L Smaje

CO-OPTED MEMBERS Councillor J Clark – North Yorkshire CC

12 Welcome and introductions

The Chair welcomed all present to the meeting and brief introductions were made. The Chair also thanked representatives of Kirklees Metropolitan District Council for hosting this meeting in Huddersfield Town Hall.

13 Appeals Against Refusal of Inspection of Documents

There were no appeals against refusal of inspection of documents.

14 Exempt Information - Possible Exclusion of the Press and Public

There were no exempt items.

15 Late Items

There were no late items of business.

16 Declaration of Disclosable Pecuniary Interests

No declarations of disclosable pecuniary interests were made, however Councillor Baines MBE wished it to be recorded that he had a non-pecuniary interest in Agenda Item 9 'Specialist Stroke Care Programme – update' as a member of the Board, Calderdale & Huddersfield NHS Trust (minute 22 refers).

17 Apologies for Absence and Notification of Substitutes

Apologies for absence were received from Councillors Crewe, Evans, Hughes and Solloway.

18 Public Statements

The Joint Committee received the following statements:

Jenny Shepherd, Calderdale & Kirklees 999 Call or the NHS – made a representation on the aims and operation of the West Yorkshire and Harrogate Health & Care Partnership draft Memorandum of Understanding (MoU); and requesting the Joint Committee undertake a critical analysis of the proposals. Additionally, she requested the Joint Committee include the scrutiny of contracts at 'place and primary' level to the work programme.

Gilda Peterson – made a representation on the influence of the draft MoU on the individual partner organisations when considering harmonisation of

treatment. Additionally, she commented on the required integration of CCG and social care provision.

Mr Colin Hutchinson – made a representation on the future of the health and social care workforce and noting the issue of ‘workforce’ was due to be considered by the Joint Committee in June 2019, requested consideration be given to including this area at an earlier point in the work programme .

Following the statements, the Chair thanked those making representations and the Joint Committee

RESOLVED –

- a) To thank the members of the public for their attendance and representations made to the Joint Committee.
- b) To note the contents of the representations and to have regard to them during consideration of the matters included within the formal agenda.

19 Minutes - 30 July 2018

RESOLVED – To agree the minutes of the previous meeting held 30th July 2018 as a correct record.

20 Matters Arising

Minute 10 Access to Dentistry – Referring to correspondence received since the July meeting and shared with Members of the Joint Committee, the Chair commented that more detail was required on the proposals, particularly on how the work will be undertaken and the timescales for delivery.

21 West Yorkshire and Harrogate Health and Care Partnership: Memorandum of Understanding

The Joint Committee received a report of Leeds City Council’s Head of Governance and Scrutiny Support presenting the draft West Yorkshire and Harrogate Health and Care Partnership Memorandum of Understanding (MoU).

The following were in attendance and contributed to the discussion:

- Anthony Kealy – Locality Director, NHS England)
- Jo Webster – Chief Officer NHS Wakefield CCG and SRO West Yorkshire and Harrogate Stroke Programme
- Tony Cooke – Chief Officer, Health Partnerships, Leeds City Council
- Rachael Loftus – Head of Regional Partnerships, Leeds City Council

Anthony Kealy presented the draft MoU highlighting the following key matters:

- The MoU set out the agreement between partner agencies on how they intend to work together; the ways of working, financial framework etc although it is not legally binding.
- The statutory powers and sovereignty of the partner organisations will not be altered by signing the MoU
- The Partnership Board will be chaired by an elected member and its membership will include two elected Members per local authority (including the Chairs of local Health and Wellbeing Boards) and Chairs of all CCGs and NHS Trusts.

- It is intended that the Partnership Board will meet on a quarterly basis
- Issues currently being considered included the relationships between places and how the social care sector will integrate into the MoU.

Tony Cooke additionally highlighted the engagement undertaken with Local Authorities; the importance of economic health to the health and wellbeing of the community; the role of scrutiny in developing a workforce strategy and consideration of place based support.

The Joint Committee considered the draft MoU and highlighted a range of matters during its discussions, including:

- The governance and membership of the Partnership Board, referencing the West Yorkshire Combined Authority which has a broader membership base.
- The relationship between the Partnership Board and other bodies identified on the overall partnership schematic diagram.
- The relationship between the Partnership Board and local Health and Wellbeing Boards.
- Concern that the proposals were presented from an NHS perspective and further consideration should be given to the role of Local Authority and social care providers.
- The opportunity to report; monitor; and scrutinise the work of the Partnership Board.
- The potential impact of poor financial performance of a particular partner within the Integrated Care System (ICS) and how this would be addressed.
- The need to clarify cross boundary service arrangements and potential relationships with other ICSs.
- Financial costs associated with establishing the ICS and the supporting structures and programmes of work.
- The need for a consultation and communications strategy across the ICS.
- The role of ICT to support partnership working between service providers.

Noting the range of consultation and engagement already undertaken, Members requested sight of the published West Yorkshire and Harrogate Health and Care Partnership 2018/19 Communications Plan, highlighted at the meeting.

RESOLVED –

- a) To note the contents of the report and appendices containing the draft Memorandum of Understanding and “Our Next Steps to Better Health and Care for Everyone” January 2018 publication for the West Yorkshire and Harrogate Health and Care Partnership.
- b) To note the content of the discussions as outlined above.
- c) That a copy of the published West Yorkshire and Harrogate Health and Care Partnership 2018/19 Communications Plan be provided to the Joint Committee.

22 Specialist Stroke Care Programme - Update

Draft minutes to be approved at the meeting
to be held on Wednesday, 5th December, 2018

Further to minute 8 of the meeting held 30th July 2018, the Joint Committee considered the report of Leeds City Council's Head of Governance and Scrutiny presenting the requested update on the Specialist Stroke Care Programme and the work undertaken across West Yorkshire and Harrogate to improve Specialist Stroke Services.

The following were in attendance and contributed to the discussion:

- Jo Webster – Chief Officer NHS Wakefield CCG and SRO West Yorkshire and Harrogate Stroke Programme
- Andy Withers – Clinical Chair Bradford Districts CCG and West Yorkshire and Harrogate Stroke Programme Chair
- Graham Venables – Clinical networks clinical director – Northern Region
- Stacey Hunter – Chief Operating Officer, Airedale NHS Foundation Trust – representing the West Yorkshire Association of Acute Trusts
- Jacqui Crossley, Head of Clinical Effectiveness and Governance, Yorkshire
- Karen Coleman – West Yorkshire and Harrogate Health and Care Partnership Communication and Engagement Lead

Jo Webster – Senior Responsible Officer (SRO) for the Stroke Programme – provided the Joint Committee with highlights from the report and overall aims of the programme, which included:

- Providing seamless and consistent care across the care pathway
- A focus on prevention with the aim to reduce the number of strokes by 46 annually.
- Further reduction of up 620 strokes per year, through best practice interventions with identified high risk patient groups.
- Enabling a swift recovery for people suffering a stroke and having an agreed set of standards around rehabilitation.
- Public engagement had provided 2,500 responses.
- The SRO went on to add that the November meeting of the Joint Clinical Commissioning Group (scheduled for 6 November 2018) was expected to recommend future Specialist Hyper-Acute Stroke Services to be provided from 4 of the existing sites, with the other existing unit at Harrogate to provide rehabilitation services only. Members received assurance there would not be any further reconfiguration of services.
- Further communication would be undertaken to ensure patients are aware of the new care pathway.

The Joint Committee considered the details presented at the meeting and highlighted a range of matters during its discussions, including:

- The findings of the public consultation.
- The optimum annual patient flow for Specialist Hyper-Acute Stroke Services, which could highlight the need for a review of service provision, as follows:
 - Less than 600 per annum
 - Between 1200-1500 being high for a single team within an individual unit

- The current annual patient flow / numbers at the current Specialist Hyper-Acute Stroke Units. The Joint Committee was provided with the following summary of current patient flows/ numbers:
 - Mid Yorkshire 900 p/a
 - Leeds Teaching Hospital Trust 1200 p/a
 - Bradford 800 p/a
 - Calderdale 750-800 p/a
 - Harrogate 300 p/a
- The possible impact on safe provision once the Harrogate Hyper-Acute Stroke Unit was decommissioned (as proposed).
- Members received assurance that LTHT would manage the additional patient numbers as it was anticipated that approximately 100 patients (i.e. a third of current Harrogate patients) would divert to York Teaching Hospital NHS Foundation Trust
- The capacity and role of the Ambulance Service to deliver the new emergency care pathway.
- Recognition that patient flow within the West Yorkshire and Harrogate area necessitated a standard pathway to ensure consistent service delivery.
- Whether service users/consultation respondents had been formally made aware of the final proposals. (*Officers from the Partnership agreed to ensure further engagement would be undertaken.*)
- The need to ensure former Harrogate patients have access to the standard rehabilitation pathway following emergency treatment.

In conclusion, the Chair noted there had been public engagement with the population of Harrogate around the proposed closure of the Harrogate unit (as a hyper acute stroke unit); and this had also been the subject of discussion with North Yorkshire County Council's Scrutiny of Health Committee/ Chair. However, the proposals and the associated impact on services in Leeds had not been presented when the Leeds Scrutiny Board previously considered the review of Specialist Stroke Services in July 2018. As such, noting that Leeds Teaching Hospitals NHS Trust – through the West Yorkshire Association of Acute Trusts (WYATT) had considered the proposals, the Chair requested that, as the local operational plan was prepared and ready to be in place by the end of 2018, that

- The Joint Committee be given the opportunity to review the overall plan; and,
- The Leeds Scrutiny Board also be given the opportunity to consider the specific implications and any associated mitigating actions for services in Leeds.

RESOLVED –

- a) To note the 'optimal' service delivery model for hyper acute stroke care presented.
- b) To note the view of the West Yorkshire & Harrogate Health & Care Partnership that there is no requirement or plan to further engage or consult across the whole of West Yorkshire on the optimal service delivery model
- c) To request further formal engagement with service users on the proposed 'optimal' service delivery model for hyper acute stroke care.

- d) To support the recommendation to commission a standard hyper acute stroke service pathway and service specification across WY&H.
- e) To support the recommendation to re-establish a stroke clinical network across WY&H
- f) To note the work underway to further improve quality and outcomes across the whole of the stroke pathway for the people of WY&H; and
- g) To acknowledge that plans for Harrogate will be led locally and not via the WY&H Partnership, while noting that as the operational plan was prepared and ready to be in place by the end of 2018:
 - The Joint Committee be given the opportunity to review the overall plan; and,
 - The Leeds Scrutiny Board be given the opportunity to consider the specific implications and any associated mitigating actions for Leeds.

NB Councillor Clark left the meeting at 3:40 pm during consideration of this item

23 Financial Challenges

The Joint Committee received a report from the Head of Governance and Scrutiny Support presenting a report from the West Yorkshire and Harrogate Health and Care Partnership providing an outline of the financial challenges for the NHS organisations across the Partnership and an overview of the financial context within which the Partnership works.

The report included a schedule of the full year financial plans of the NHS organisations within the Partnership for the first financial quarter 2018/19.

The following were in attendance and contributed to the discussion:

- Bryan Machin, Director of Finance, West Yorkshire & Harrogate Partnership
- Jo Webster – Chief Officer NHS Wakefield and SRO West Yorkshire & Harrogate Stroke Programme
- Jonathon Webb, Chief Financial Officer, Wakefield CCG

Bryan Machin presented the report and highlighted the following:

- The Partnership was developing an understanding of the challenges faced by each organisation in order to support the development of sustainable solutions.
- The Partnership, as an Integrated Care System, is likely to be asked to consider implementation of a 'shared control total' approach to funding.
- The Partnership was not a regulator of services.
- Organisations within the Partnership had a history and tradition of working well together across West Yorkshire.

The Joint Committee considered the details presented at the meeting and highlighted a range of matters during its discussions, including:

- The likely risks of having a shared control total and the impact on organisations delivering the financial recovery plans agreed with regulators.
- How the shared control would be managed and risks distributed across the partner organisations.
- The opportunity to monitor the financial framework and processes to ensure equality across the Partnership. Members were advised that a revised financial framework was under development and it was anticipated that monitoring would continue to be undertaken by NHS England and NHS Improvement, with some processes shifting to the Partnership / ICS.
- Overall plans to achieve the £270m efficiencies highlighted in the report, noting that service efficiencies decided at a local level in one authority may impact on service provision in a neighbouring authority. Members noted the response that consideration of efficiencies occurred on a local, place-based basis and individual partner organisations and authorities were accountable to the regulators and not the WY&H Health and Care Partnership.

Members requested that future funding reports reflect all partner organisations within the Partnership; including Local Authorities once their funding is confirmed by Central Government.

RESOLVED -

- a) To note the details presented in the submitted report and associated appendices
- b) To note the contents of the discussions, which identified further scrutiny activity and future actions.

24 Work Programme

The Joint Committee received a report from Leeds City Council's Head of Governance and Scrutiny Support on the development of the Joint Committee's future work programme.

The Principal Scrutiny Adviser addressed the meeting and advised that the Joint Committee's future work programme had been revised to reflect the Memorandum of Understanding schematic and priority areas; whilst also recognising the matters of specialised services and access to dentistry previously identified by the Joint Committee.

The Joint Committee considered the proposed future work programme and discussed the following matters:

- Workforce – supporting a suggestion to bring forward consideration of 'workforce issues' (including examination of the employment of agency staff) to sit alongside consideration of urgent care at the December meeting.
- Cancer – noting a request for the Cancer Programme area to be re-prioritised within the work programme
- Governance Matters – noting some concerns from Members on proposals around the discretionary and mandatory elements of the Joint Committee. It

was also noted that the proposals were currently being consulted on across each of the six local authorities.

Acknowledging the comments made by members, the Principal Scrutiny Adviser reminded the Joint Committee of the previously agreed meeting frequency and overall capacity of the Joint Committee. -.

RESOLVED –

- a) That the proposed work programme and comments made at the meeting be noted.
- b) That officers continue to develop the Joint Committee's work programme, based on comments made at the meeting.
- c) That a revised work programme be presented for discussion and agreement at a future meeting of the Joint Committee.

25 Date and Time of Next Meeting

RESOLVED –

- a) To note the date and time of the next meeting as Wednesday, 5 December 2018 at 10:30am (with a pre-meeting at 10:00am for all Members of the Joint Committee
- b) To note the intention to continue to rotate the meeting venues, with Bradford as first choice for the December meeting subject to venue availability, with Calderdale to facilitate if this is not possible.