Public Document Pack

Leeds CITY COUNCIL

SCRUTINY BOARD (ADULT SOCIAL CARE)

Meeting to be held in Civic Hall, Leeds on
Wednesday, 12th November, 2008 at 10.00 am

(A pre-meeting will take place for ALL Members of the Board at 9.30 a.m.)

MEMBERSHIP

Councillors

S Andrew	-	Guiseley and Rawdon
S Armitage	-	Cross Gates and Whinmoor
J Chapman (Chair)	-	Weetwood
D Coupar	-	Middleton Park
P Ewens	-	Hyde Park and Woodhouse
Mrs R Feldman	-	Alwoodley
C Fox	-	Adel and Wharfedale
T Hanley	-	Bramley and Stanningley
A Hussain	-	Gipton and Harehills
T Murray	-	Garforth and Swillington
A Taylor	-	Gipton and Harehills
E Taylor	-	Chapel Allerton

CO-OPTEES

Ms Joy Fisher – Alliance Service Users and Carers
Sally Morgan – Equality Issues

Agenda compiled by:
Governance Services
Civic Hall
LEEDS LS1 1UR
Telephone No:

Maria Lipzith
247 4353

Principal Scrutiny Advisor:
Steven Courtney
Tel: 247 4707

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** 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). (* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Chief Democratic Services Officer at least 24 hours before the meeting).	
2			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 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:- **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:-	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
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			**DECLARATIONS OF INTEREST** To declare any personal / prejudicial interests for the purpose of Section 81 (3) of the Local Government Act 2000 and paragraphs 8 to 12 of the Members Code of Conduct.	
5			**APOLOGIES FOR ABSENCE** To receive any apologies for absence.	
6			**MINUTES - 15TH OCTOBER 2008** To receive and approve the minutes of the previous meeting held on 15th October 2008.	1 - 8
7	All Wards		**THE MENTAL CAPACITY ACT 2005** The Director of Adult Social Services submitted a report to inform Members of the implications associated with the implementation in Leeds of the Mental Capacity Act 2005 and it also outlines the requirements of the Deprivation of Liberty Safeguards (DoLS) which are incorporated into the Mental Capacity Act 2005, which also feature prominently in the implementation of the Mental Health Act 2007.	9 - 14

Item No	Ward/Equal Opportunities	Item Not Open		Page No
8	All Wards		**LEEDS JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)** To consider a joint report of the Director of Adult Social Services, Director of Children's Services and Director of Public Health on the progress made in producing Leeds' first Joint Strategic Needs Assessment (JSNA) and to provide comments to guide its further development.	15 - 44
9			**WORK PROGRAMME** To consider a report of the Head of Scrutiny and Member Development on the Board's current work programme and an extract from the Forward Plan of Key Decisions, and to note the minutes of the Executive Board Minutes held on 8th October 2008.	45 - 68
10			**DATE AND TIME OF NEXT MEETING** Wednesday, 10th December 2008 at 10.00 a.m. (Pre-meeting at 9.30 a.m.).	

SCRUTINY BOARD (ADULT SOCIAL CARE)

WEDNESDAY, 15TH OCTOBER, 2008

PRESENT: Councillor J Chapman in the Chair

Councillors S Andrew, S Armitage, D Coupar, P Ewens, C Fox, T Hanley, A Hussain, T Murray and A Taylor

CO-OPTEES Joy Fisher – Alliance Service Users and Carers
Sally Morgan – Equality Issues

29 Declarations of Interest

The Chair, Councillor J Chapman, declared a personal interest in Agenda Item 8 & 9 – Performance of Homecare Service Providers and Scrutiny Inquiry: Adaptations – Draft Terms of Reference in her capacity as a Director of West/North West ALMO and a relative who works in private industry as a homecare worker (Minute Nos. 33 & 34 refer).

Councillor D Coupar declared a personal interest in Agenda Item 8 & 9 – Performance of Homecare Service Providers and Scrutiny Inquiry: Adaptations – Draft Terms of Reference in Leeds in her capacity as a member of Belle Isle Tenants Management Organisation and a member of Belle Isle Elderly Winter Aid (Minute No. 34 refers).

Councillor S Armitage declared a personal interest in Agenda Item 8 & 9 – Performance of Homecare Service Providers and Scrutiny Inquiry: Adaptations – Draft Terms of Reference in her capacity as a member of Swarcliffe Good Neighbours Scheme (Minute Nos. 33 & 34 refer).

Councillor P Ewens declared a personal interest in Agenda Item 8 & 9 – Performance of Homecare Service Providers and Scrutiny Inquiry: Adaptations – Draft Terms of Reference in her capacity as a Board Member of the Cardigan Centre Board (Minute Nos. 33 & 34 refer).

Councillor S Andrew declared a personal interest in Agenda Item 8 & 9 – Performance of Homecare Service Providers and Scrutiny Inquiry: Adaptations – Draft Terms of Reference in his capacity as a member of Martin House Children's Hospice (Minute Nos. 33 & 34 refer).

Joy Fisher declared a personal interest in Agenda Item 8 & 9 - Performance of Homecare Service Providers and Scrutiny Inquiry: Adaptations – Draft Terms of Reference as a service user receiving aids and adaptions (Minute Nos. 33 & 34 refer).

Sally Morgan declared a personal interest in Agenda Item 8 & 9 - Performance of Homecare Service Providers and Scrutiny Inquiry: Adaptations – Draft Terms of Reference as a service user receiving aids and adaptations (Minute Nos. 33 & 34 refer).

30 Apologies for Absence

Apologies for absence were submitted on behalf of Councillors Mrs R Feldman and E Taylor.

31 Minutes and Matters Arising - 17th September 2008

Minute 25 - Adult Social Care Commissioning Update
Members noted the update tabled by the Head of Commissioning (Adult) on the issues raised around the timetable of reviews.

Minute 26 - Leeds LINks
Members noted that the issues around LINks need to be considered as work in progress, however further discussion are needed to take forward relationship issues associated with the establishment of the LINk.

Minute 27 – Work Programme
Members noted that a meeting with the Chief Commissioning Officer to discuss the operation of the Adult Social Care Proposals Working Group had been scheduled for later in October 2008.

Members also noted that the timing of the Inspection report on Safeguarding had been confirmed by the Monitoring Officer, as follows:

The inspector has set out quite clearly in the exchanges with the Director of Adult Social Services how he expects the report to be handled and presented, namely he will formally present it to Exec Board (on the date of publication) and it cannot be released before then. There is no possibility of the Scrutiny Board (Adult Social CAre) being able to start consideration of it, even informally, before it has formally been presented to the Executive Board.

RESOLVED – That the minutes of the meeting held on 17th September 2008, be confirmed as a correct record.

32 Accountability Arrangements for 2008/09 and Quarter 1 Performance Report

The Assistant Chief Executive (Planning, Policy and Improvement) submitted a report setting out the new approach to performance reporting and accountability as a result of the introduction of the introduction of the Leeds Strategic and Council Business Plans 2008/2011 and changes to the national performance reporting regime. The report also presented the Quarter 1 performance results for Adult Social Care in this new format.

Appended to the report were copies of the following documents for the information/comment of the meeting:-

- Performance Indicators to be reported to Adult Social Care Scrutiny Board 2008-2009 (Appendix 1 refers)
- Accountability Reporting Guidance (Appendix 2 refers)
- Adult Social Care Performance Report Quarter 1 2008-2009 (Appendix 2 refers)
- Corporate Balanced Scoreboard 2008/2009 (Appendix 2 refers)

The Chair welcomed the following Officers to the meeting who responded to Members' questions and comments:-

- Steve Clough – Head of Policy, Performance and Improvement.
- Sandie Keene – Director of Adult Social Services.
- Dennis Holmes – Chief Commissioning Officer.

The Board were specifically asked to provide their views on the following key areas:-

- does the new set of Adult Social Care indicators and the frequency of reporting proposed provide them with an overall picture of performance in order for the Board to fulfil its role? Were there any gaps or areas where further information was required?
- was the format of the performance report and the balanced scorecard fit for purpose, clear and logical or were there ways in which these could be improved?
- would the Board want comparator information to be added when it was available and if so what information would they find most useful?

In summary, specific reference was made to the following issues:

- the need for the Quarter 1 Performance Report to adopt the previous practice of including data quality 'traffic lights' to avoid the reporting of mis-leading data information around those indicators where 'no concern' was stated
- the need for the performance indicators to be produced on A3 paper in large print in order to accommodate those people who may have difficulty in reading small print documents
- the need to provide actual numbers in addition to percentages and that future indicators should be put in plain English in order for the public to understand what the Board are monitoring
- clarification on N1 131 (CT) – Delayed Transfers of Care - the report implies worsening performance with little to suggest that plans were in place to address any underlying issues
- the need to include current figures as well as the baseline figures for both N1 142 - percentage of people who are supported to maintain independent living and LK1-SS23 – percentage of people receiving a statement of their needs and how they will be met

- clarification on whether LK1-SS36 – the number of carers receiving a specific carer's service as a percentage of clients receiving community based services. Board Members inquired if there were any figures for those carers that are supporting people not in receipt of Council Services.
- concern was expressed that some of the comparative data available were only based on the national average figures. i.e. a lack of historical local data
- Members suggested that the Board's Proposals Working Group look at the performance indicators in order to identify those indicators that need more clarification

The Chair thanked Officers for their attendance.

RESOLVED –

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

(b) That the outstanding issues referred to above be dealt with by those officers now identified within the minutes and reported back to Board Members.

33 Performance of Homecare Service Providers

The Chief Officer Commissioning submitted an update report on the commissioning process in relation to the provisions of independent sector homecare services in Leeds and the update on homecare services in Leeds in order to satisfy the Board that adequate monitoring and performance management arrangements were in place.

Appended to the report was a copy of the Homecare Providers Performance (Appendix 1) for the information/comment of the meeting.

The Chair welcomed the following Officers to the meeting who responded to Members' questions and comments:-

- Dennis Holmes – Chief Commissioning Officer
- Tim O'Shea – Head of Commissioning
- Mark Phillott – Contracts Manager

In brief, specific reference was made on the following issues:-

- clarification of the nature of the homecare providers contracts. It was indicated that the contracts were cost and volume contracts, whereby a volume of work was guaranteed by the Council and a cost element allowed for a 'call-off' for additional service.
- clarification was sought on the progress of the officer and service users working group
- clarification on whether the Commissioning Officer monitors dignity in care within the homecare sector

- clarification of how the providers ensure that at least 50% of their homecare staff are qualified to NVQ level 2 and what are the monitoring arrangements
- clarification was sought on contracts with service providers receiving poor inspection reports. In response, the officer informed the meeting that a commitment has been made to contract with service providers assessed as being good or better.
- concern was expressed that clients receiving a service from substandard service providers may suddenly find themselves without a homecare provider due to their recent zero star rating
- clarification of any immediate contingency plans the department may have in place should a homecare provider cease trading at short notice
- clarification of the criteria used to appoint homecare providers prior to awarding a contract and the need to review associated processes
- concern was expressed that a service provider awarded a zero star rating after inspection may not have their contacts terminated for a further six months, thus some service users will be receiving a service from a provider who has been rated as a poor service provider
- the Board requested confirmation of the number/ percentage of completed service user reviews currently receiving services.
- the Board requested to be informed of the results of any further inspections being carried out in 2008 on four other homecare providers
- the Board requested information on how many staff are employed with each service provider and how many staff have obtained NVQ Level 2 qualification

In addition, the Board sought clarification of the lessons learned as a result of the recent inspection outcome and associated activity. In response, the Board was provided with the following:

- Continued regulation of homecare providers will assist the department in ensuring high quality service providers are contracted to provide homecare services in the longer-term
- A number of issues around contingency planning as the 'personalisation' agenda moves forward, including:
    1. Better intelligence gathering and customer feedback
    2. Closer relationship with regulators
    3. Closer working relationship with Leeds PCT – as a purchaser of domiciliary care
    4. The need for active contingency plans

The Chair thanked Officers for their attendance.

RESOLVED –

(a) That the report and information appended to the report be noted.

(b) That any outstanding issues referred to above be dealt with by those officers now identified within the minutes and reported back to Board Members.

34 Scrutiny Inquiry: Adaptations - Draft Terms of Reference

The Head of Scrutiny and Member Development submitted a report and draft terms of reference for the inquiry into examining the delivery of adaptations to the homes of disabled people and their families.

It was also reported that the first meeting of the Board's Adaptations Working Group took place on 6th October 2008 and the Chair reminded Members that all Board Members are welcome to attend future Working Group meetings.

Steven Courtney, Principal Scrutiny Adviser presented the report and informed the meeting that the Adaptations Working Group meeting had been very productive in determining what should be included in the terms of reference for this inquiry.

It was suggested that the range of witnesses for the inquiry be extended to include service users/ representatives.

RESOLVED -

(a) That, subject to the amendments identified at the meeting, approval be given to the terms of reference for the inquiry into Adaptations.

(b) That the next Adaptations Working Group meeting be schedule for 4th November 2008 be noted.

(c) That the Working Group meeting scheduled for 16 December 2008 (i.e. Session 3) be held on 15 December 2008 at 10:00am.

35 Work Programme

The Head of Scrutiny and Member Development submitted a report inviting Members to consider and approve the draft work programme for 2008/09.

Appended to the report was the Board's draft work programme, an extract from the Forward Plan of Key Decisions for the period 1st October 2008 to 31st January 2009 for the information of Members.

In brief, the main points of discussion were:-

- The need for an additional meeting scheduled for the 24th November 2008 to discuss the outcomes from the consultation on Income Generation for Community Care Services
- To note that the Performance report schedule for 11th March 2008 will likely be scheduled in the April cycle
- To note that the Annual complaints report (identified in the unscheduled items) was published on 20 August 2008
- To note that the Executive Board was scheduled to receive an update on 'Valuing People Now' (identified in the unscheduled items) in January 2009.

RESOLVED -

(a) That the report and information appended to the report be noted.

(b) That the additional Scrutiny Board meeting scheduled for Monday, 24th November 2008 at 10.00 a.m. be noted.

(b) That, subject to the necessary rescheduling matters identified at the meeting, the work programme be agreed.

36 Date and Time of Next Meeting

Wednesday, 12th November 2008 at 10.00 a.m. (Pre-meeting scheduled for 9.30 a.m.).

(The meeting concluded at 12.00 noon).

This page is intentionally left blank

Leeds CITY COUNCIL

Originator: Dennis Holmes

Tel: 2474959

Report of the Director of Adult Social Services

Scrutiny Board - Adult Social Care

Date: 12th November 2008

Subject: The Mental Capacity Act 2005

Electoral Wards Affected:	**Specific Implications For:**
All	Equality and Diversity ✓
	Community Cohesion
Ward Members consulted (referred to in report)	Narrowing the Gap

EXECUTIVE SUMMARY

The Mental Capacity Act is a wide ranging piece of legislation potentially affecting the lives of many thousands of citizens in Leeds. It's main provisions, covered in greater detail in this report, are aimed at protecting the interests of the most vulnerable people in our community, people who, for a great variety of reasons, are judged to lack the mental capacity to make significant decisions in relation to their own life and circumstances.

Although the provisions of the Act were laid out in 2005, such were the technical challenges associated with it's implementation that the timetable for its introduction (published In December 2006) spanned 3 phases: April and then October 2007 with the final phase, dealing with the 'Deprivation of Liberty' requirements, commencing in November 2008. All the provisions of the Act will be applicable from April 2009.

The Act and it's associated guidance placed responsibilities on Local Authorities to lead the process, supported by a comprehensive 'Code of Practice' published in April 2007. The lead Government Department for Implementation was Department of Constitutional Affairs (now Ministry of Justice) supported by Department of Health.

In December 2006 The Local Authority were required to undertake two principal tasks, firstly to procure an Independent Advocacy service by April 2007 utilising ring-fenced monies and secondly to immediately establish a Local Implementation Network (LIN) comprising all the principal organisations most likely to be affected by the provisions of the Act (NHS Leeds {formerly Leeds PCT}; Acute Trust; Partnership Foundation Trust; Advocacy provider; LCC Legal Services and the Police) . The role of the LIN Board has been to co-ordinate the implementation of the Act, to oversee the expenditure of the grant monies which have been provided to support its implementation, to ensure the procurement and availability of Advocates for those people lacking capacity, to ensure awareness of the provisions of the Act are raised amongst the wider public and staff and to secure the availability of general and specialist training for those responsible for the day to day requirements associated with the Act's provisions. This report also deals with the work undertaken by the Leeds LIN.

A report covering the main provisions of the Act was considered by the Executive Board of the Council on the 5th November this year.

1.0 Purpose of Report

1.1 The purpose of this report is to inform members of Scrutiny Board with regard to the implications associated with the implementation in Leeds of the Mental Capacity Act 2005. This report also outlines the requirements of the Deprivation of Liberty Safeguards (DoLS) which are incorporated into the Mental Capacity Act but which also feature prominently in the implementation of the Mental Health Act 2007 (the requirements of which are the subject of a companion report).

1.2 This report summarises the principal requirements of the Act, highlighting how it will potentially affect people in a variety of circumstances. The report deals with the implications for staff within the main statutory organisations, including Adult Social Care, and describes the co-ordination arrangements that have been established to oversee the implementation of each element and fulfil the statutory reporting and monitoring associated with that.

2.0 Background

2.1 The Mental Capacity Act is a wide ranging piece of legislation potentially affecting the lives of many thousands of citizens in Leeds. It's main provisions are aimed at protecting the interests of the most vulnerable people in our community, people who, for a great variety of reasons, are judged to lack the mental capacity to make significant decisions in relation to their own life and circumstances. The Act has potential implications for many adults and some children, it is estimated that, at any one time, up to 2 million people in England and Wales lack mental capacity to make decisions for themselves by virtue of, for example, dementia; learning disabilities; mental health problems; stroke and brain injuries. The Act therefore applies to all those aged 18+, and has provisions relating to Young People aged 16+ in specific circumstances.

2.2 The Mental Capacity Act therefore provides a welcome, statutory framework to empower, support and protect people aged 16+ who may not be able to make all their own decisions all the time. It provides a legal framework for good practice and current common law principles. It deals with the assessment of a person's capacity and any acts of care by those looking after or working with those who lack capacity. The Act also provides additional rights in relation to making advance plans concerning medical treatment and control over an individuals financial affairs.

2.3 The Act sets duties on Local Authorities to ensure the provision of Independent Advocates for people determined to lack capacity, to ensure the appropriate training of staff to undertake specialist roles associated with the determination of capacity and to ensure that staff are available to protect the interests of those deemed to lack capacity.

2.4 As part of the provisions of the Mental Capacity Act (and incorporated into the provisions of the Mental Health Act 2007) Deprivation of Liberty Safeguards are introduced. The Safeguards are designed to prevent arbitrary decisions that deprive vulnerable people of their liberty by providing processes of application, assessment, authorisation and review when it is necessary to deprive a person of their liberty, and providing them with representation and rights of review.

2.4 In Leeds the co-ordination of the implementation of the Act, it's associated requirements and statutory reporting of progress towards full implementation has been ongoing since December 2006 with the establishment of a Local Implementation Network Board chaired by the Chief Officer – Social Care Commissioning and containing representatives of each of the main statutory organisations in the City. The specific work of the LIN Board is highlighted later in this report.

2.5 The LIN Board has also overseen the expenditure of grant monies provided to support those elements of the Act set out at paragraph 1.3, a short summary of the overall grant provided 2006 – 2010 is set out in section 5 of this report.

3.0 Main Issues

3.1 The Act is based on 5 key principles which are:

- ◊ A presumption of capacity.
- ◊ Right of individuals to make their own decisions.
- ◊ Right not to be treated as lacking capacity merely because of unwise or eccentric decisions.
- ◊ Need to ascertain what is in the best interests of the individual.
- ◊ Least restrictive intervention.

3.2 The main provisions of the Act introduced since 2007 are set out below.

- ◊ **Independent Mental Capacity Advocacy** (IMCA) Service to be operational. – this is a legally defined role in the Act to support a person who lacks capacity, has no-one to support them and there is a major health or residential care decision to make – but also can be appointed if either the perpetrator or victim in a Safeguarding investigation lacks capacity. Additional powers to instruct IMCA's in Adult Protection cases and reviews of accommodation. The first annual report of the Leeds IMCA service is attached as Appendix 1.
- ◊ Two new **Criminal Offences** are introduced of ill treatment or wilful neglect of a person without capacity carrying up to five years imprisonment if found guilty.
- ◊ **Capacity Defined**, the Act sets out the criteria for assessment, and codifies existing Common Law it also sets out a clear decision specific test. Under the new regulations no one can be labelled as 'incapable' just because s/he has a particular condition, nor can lack of capacity be established just though reference to age, appearance, or any condition or behaviour which may lead to others making unjustified assumptions.
- ◊ **Best Interest Checklist**. The Act provides a checklist that decision makers must work through in deciding what is in the person's best interests and how to decide this
- ◊ **Acts in Connection with Care/Treatment** ('Section 5 acts') For the first time there is law to protect carers, healthcare and social care staff from liability when acting in connection with care or treatment for those who lack capacity under Section 5 – but only if they follow the guiding principles of the Act, believe that the person lacks capacity to give permission for the action and act in the person's Best Interests.

- ◊ **Lasting Powers of Attorney** (L.P.A's) appointed in advance by someone if s/he should lose capacity - able to make health and welfare decisions as well as property and affairs if authorised.
- ◊ **A new Court of Protection**. the new Court will have jurisdiction relating to the whole Act so its remit includes social care and health decisions when appropriate. this structure replaces current receivership and deputies are able to make welfare, financial and most health decisions as authorised by the Court.
- ◊ **A new Public Guardian**. - who will supervise Court of Protection deputies and powers of attorney, and work with all agencies in relation to any concerns with these roles.
- ◊ **Court Appointed Deputies** (replace receivership's this structure replaces current receivership and deputies are able to make welfare, financial and most health decisions as authorised by the Court.
- ◊ **Advance Decisions** (formerly know as Advance Directives or Living Wills) there will be statutory rules with safeguards and strict formalities, so that people can make an advance decision about refusing medical treatment.
- ◊ **Research Issues**. very clear guidelines that protect the person who lacks capacity.

3.3 In relation to the **Deprivation of Liberty Safeguards**, the safeguards create two new legal entities, **Managing Authority** (Care Homes/Hospitals) who provide care and must request authorisation to deprive the liberty of an individual who may be deemed to lack capacity. **Supervising Bodies** who must organise assessments and issue authorisations if assessments require them to do so. Leeds Adult Social Services will undertake both functions which will require appropriate processes, governance, management and operational arrangements to be put into place to assure the independence of decision making.

3.4 Supervising Bodies (SB) must arrange for assessments to be carried out, one of these assessments (a Mental Health assessment) must be carried out by a registered medical practitioner, the others by a 'Best Interest Assessor' (BIA). In discharging their responsibilities as a SB Local Authorities (who will chiefly be the source of Best Interest Assessors) and Primary Care Trusts (the source of registered medical practioners) must ensure sufficient assessors are available, ensure the assessors have the skills, qualifications and training to provide the role; appoint the assessors, ensure the assessors have the relevant skills and experience required for that assessment (for example in relation to the needs of people with Learning Disability/Older People/ People with Mental Health needs) and ensure there is no conflict of role.

4.0 Implementation in Leeds

4.1 Leeds successfully procured the IMCA service in advance of the required commencement date in April 2007, the first annual report of the successful provider is available to Members, this sets out the significant amount and quality of work that that has been undertaken since the commencement of this service. In contrast to many other Authorities, the method of procurement and specification used for the IMCA service in Leeds has lead to a relatively small group of advocates developing highly developed skills in this very specialist area. This has proved to be a very sustainable and cost effective model to date, in other Authorities in contrast, have experienced significant waste and quality issues associated with this service.

4.2 On behalf of the LIN, the Local Authority hosts a training officer with specific responsibility for implementing the training and awareness raising plan around the wider partnership. In addition to this two sub groups have been established reflecting the importance of planning and delivering training and communication, they are co-ordinating the significant task of raising awareness and communicating to the wider workforce, some of whom have specific specialist roles to play in relation to Public Guardianship and Receivership.

4.3 Finally, a wider stakeholder event was held in February to raise awareness of MCA among existing and potential service recipients and their carers. However, it is important to note that the extensive activity undertaken thus far has reached only a small proportion of wider public (and potential beneficiaries) of the MCA. The LIN recognises the importance of continuing to take all opportunities to raise awareness of the Act among all the communities of Leeds, to improve access to information and advice.

4.4 The further requirements associated with Deprivation of Liberty Safeguards to provide advanced training for specialist professional staff are now the chief focus of the work of the board and it's sub-groups, negotiations are underway with the main academic institutions in the City to ensure that the necessary courses of professional study and qualification are available for Leeds professionals and for those in the wider region.

4.5 All indications from the Department of Health (which has monitored the implementation of the Act) following the provision of update reports from this Authority, are that the arrangements that have been put into place in Leeds are robust and effective and that our planning in relation to the implementation of the Act and use of resources to support it has been to a high standard.

5.0 Financial Implications

5.1 Specific Grant funding has been made available to both the Local Authority and Health community in Leeds since 2006 to support the introduction of the new legislation and all its statutory requirements, the grant has three specific elements, the first element is for Authorities to use in relation to the procurement of the IMCA service, the second in relation to ensuring the training needs of staff are addressed and the third recognises the overall management costs of introducing this scale of legislation. Although originally 'ring –fenced' to support the implementation of the requirements associated with the legislation, the sums set out below now form part of the 'area based grant' to the Local Authority.

5.2 The grant amounts are:

2006/07	£94,000
2007/08	£212,000
2008/09	£344,000
2009/10	£433,000
2010/11	£416,000

5.3 In addition, within the annual budget of the Leeds PCT, £103,000 has been made available over the two years 2007 – 2009 to support the specific implications for the wider health community.

5.4 The expenditure of the two funding streams has been co-ordinated by the LIN Board to ensure that the maximum benefit is derived and that the potential for duplication is eliminated. To date funding has been expended in supporting the availability of Independent Advocates, for training provided to professional staff, the generation of publicity materials to raise awareness more generally and to provide dedicated officer support time to ensure that all the different requirements associated with the Act are implemented.

5.5 It is envisaged that as all the requirements associated with the Act are brought into effect from April next year, the totality of funding will be taken up with additional expenditure incurred in providing the training and ensuring the availability of professional staff able to fulfill deprivation of liberty assessment requirements (provision of Best Interest Assessors and availability of appropriate medical practitioners).

6.0 Legal Implications

6.1 The legal implications are set out in Section 3 of this report.

7.0 Conclusions

7.1 The provisions of the Mental Capacity Act should be regarded as establishing a welcome set of safeguards and balances designed to protect the rights and interests of a range of vulnerable people who may be deemed to lack capacity and who may have no other appropriate person to act on their behalf. The Act applies to those most essential elements of everyday life, health, accommodation, personal finance and liberty. By reaching into all those elements of the lives, the Act requires that awareness of its provisions should be raised, not only among statutory organisations and professional groups but across the general public and into all the communities of our City.

7.2 Although all the statutory provisions of the Act will be fully effective in April next year and arrangements are already in place within the statutory partners, including Adult Social Care for the effective management of those arrangements, it is likely to be some time before all the provisions contained in the Act attain widespread public understanding.

7.3 Finally, although there is an association between the provisions of the Mental Capacity Act and those of the Mental Health Act 2007, the two are distinct pieces of legislation, the latter having a much narrower focus on the needs of people with mental health needs, the former having potential applicability to any citizen.

8.0 Recommendation

8.1 Members are invited to consider the content of this report, to note the key features of the Act highlighted in it, to note the progress made to date in it's full implementation and the plans which are being progressed to raise greater awareness among the public of it's provisions and implications.

Background Documents
Mental Capacity Act 2005
Mental Health Act 2007

Leeds CITY COUNCIL

Originator: John England

Tel: 0113 24 78647

Report of the Director of Adult Social Services, Director of Children's Services, Director of Public Health

Scrutiny Board: **Adult Social Care Scrutiny Board**
Children's Scrutiny Board
Health Scrutiny Board

Date: **12 November 2008 (Adult Social Care)**
13 November 2008 (Children's)
18 November 2008 (Health)

Subject: **Leeds Joint Strategic Needs Assessment (JSNA)**

Electoral Wards Affected:

☐ Ward Members consulted (referred to in report)

Specific Implications For:

Equality and Diversity ☐

Community Cohesion ☐

Narrowing the Gap ☐

Executive Summary:

1. Leeds City Council and Leeds PCT have a new statutory duty under Section 116 of the Local Government and Public Involvement in Health Act (2007) to produce a Joint Strategic Needs Assessment for health and well being. The legislation states that there is a joint accountability between the Director of Adult Social Services, the Director of Children's Services and the Director of Public Health for the JSNA. Guidance published by the Department of Health clarifies the minimum requirements for the JSNA, but also states that the scope of the JSNA is for local determination. The legislation and accompanying guidance seeks to strengthen the role that data, analysis, and the voice of patients, service users and the public plays in shaping the priorities for the commissioning of services that improve health and well being in the medium to long term; up to ten years.

2. The work programme in Leeds has been agreed by the two key agencies and has been led by an independent Programme Manager seconded for this purpose from the Department of Health, Quarry House. Three partnership project teams were established, each given responsibility to meet agreed objectives, including establishing that current priorities are confirmed by further analysis of the evidence and identifying priorities for future commissioning intentions. The Programme Management phase of the work is now reaching a conclusion, and prior to

publication of a public report, key stakeholders are being invited to comment on the draft findings and recommendations.

1. Purpose of Report

This report invites Members of the Board to consider the progress made in producing Leeds' first Joint Strategic Needs Assessment (JSNA) and to provide comments to guide its further development.

2. Background

2.1 The requirement to produce a Joint Strategic Needs Assessment (JSNA) is contained within section 116 of the Local Government and Public Involvement in Health Act (2007). The legislation intends that the JSNA will inform the targets and priorities set for the Local Area Agreement in meeting the future health and well being needs of the community as well as informing future commissioning priorities that will lead to improved outcomes for people and reduced health inequalities.

2.2 Guidance produced by the Department of Health clearly indicates that each JSNA will be a unique document, shaped at a local level through the Local Strategic Partnership and a detailed understanding of local communities needs. Whilst the guidance makes clear that there are a number of key steps in the process which will be common to all, the uniqueness of each JSNA and the intention that it becomes a live and dynamic process rather than a time limited technical document, places an emphasis on local arrangements for producing the JSNA and for setting the expected outcomes for the population at a city wide and local neighbourhood level..

2.3 Guidance clearly states that the JSNA should inform the Local Area Agreement (LAA) and the forthcoming Sustainable Community Strategy. Whilst work on the LAA for Leeds led to the agreement and signing of the first LAA in March 2008, the JSNA has confirmed the rationale for the priorities set both in the Leeds Strategic Plan and the Leeds PCT Strategic Plan. In time the process for the JSNA will be synchronised with that of the city's strategic planning framework and the target setting for the 198 national indicators for local delivery.

2.4 The legislation places the accountability for producing the JSNA with three key Directors;

- the Director of Adult Social Services,
- the Director of Public Health and
- the Director of Children's Services.

2.5 Draft guidance produced by the Department for Communities and Local Government, "Creating Strong, Safe and Prosperous Communities" states that the JSNA is primarily concerned with the those areas where the responsibilities of the PCT and local authority overlap, or where one organisation in carrying out its functions has the potential to make a significant impact for the other organisation's functions.

2.6 To understand the scope of the JSNA it is helpful to base this on an understanding of the scope of well being. In 2006 a Government working group developed a statement of common understanding of well being for policy makers.

"Wellbeing is a positive physical, social and mental state; it is not just the absence of pain, discomfort and incapacity. It arises not only from the action of individuals, but from a host of collective goods and relationships with other people. It requires that basic needs are met, that individuals have a sense of purpose, and that they feel able to achieve important personal goals and participate in society. It is enhanced by conditions that include supportive personal relationships, involvement in empowered communities, good health, financial security, rewarding employment, and a healthy and attractive environment.

2.7 Whilst this statement of common understanding captures the scope of the work undertaken on the Leeds JSNA, it has not been formally adopted. To do justice to the statement more work would be required in both data capture and analysis to explore in more detail the interaction between good health and for example involvement in empowered communities, financial security and rewarding employment. At this stage in the JSNA process further views are being sought on the scope of the JSNA to understand the extent of the influence strategic needs assessment should have across Council and other agencies services.

2.8 To undertake the initial work programme for the JSNA, three project teams have been formed across the City Council and Leeds PCT. They are:

- Data collection and analysis; and
- Public and stakeholder engagement and consultation.
- Planning and alignment; (looking at how across the Council and with Leeds PCT activity to support strategic commissioning can be undertaken with closer alignment and greater efficiency).

3. Key outputs from the JSNA work programme

3.1 The JSNA Data Pack

This substantial pack of data and analysis presents a comprehensive picture of the health and well being of the city. It currently runs to 280 pages and more data and analysis will be added as it becomes available. The contents of the data pack, in terms of the minimum requirements, have been set out in the national guidelines. The Leeds data pack builds on analysis already undertaken to inform the needs assessment in other statutory plans. Most notable are the Children and Young Persons Plan, the Joint Strategic Assessment – Safer Leeds, the Leeds PCT, Director Of Public Health Annual Report 2007/8 and Measuring the Gap, Tackling Health Inequalities, (Leeds Initiative) which all contain extensive assessments of need.

3.2 Public and Stakeholder Engagement

This project team has undertaken an overview of all the related consultation and engagement activity-taking place across the city. Annex A to this report is an extract from the data pack and summarises headlines from public, patient and service user and carer feedback.

For the future, opportunities to build a citywide database of the results from consultation and engagement have been explored. The City Council has a system called Talking Point Leeds, which is accessed through the City Council's website. This database already contains information on 72 surveys and consultations completed as well as those currently underway. The PCT has agreed to consider

whether to include information about similar activities they are undertaking so that Talking Point becomes a citywide resource.

3.3 **Planning and Alignment**

This project team focused on how the JSNA process can be sustained and developed across all appropriate partnerships within the city. The group also considered and made recommendations on how strategic needs assessment would influence the setting of priorities and decisions about the commissioning of services in the future. Whilst there is a significant amount of work required to turn the objectives into a reality, the key recommendations from the team are contained within the JSNA report and are under discussion with key partners through both internal and partnership groups. A summary of the recommendations from this group can be found at Annex B

3.4 **The Public Report – Implementing the Leeds Strategic Needs Assessment Framework.**

This report, now in draft form brings together the key findings and analysis from the three project teams. It will confirm that the evidence previously available to support priorities identified in the Leeds Strategic Plan and the Leeds PCT Strategic Plan remains valid, however important health and well being issues are identified for prioritisation over the medium term (3 – 5 years).

The report also makes recommendations regarding future arrangements for Joint Strategic Needs Assessment across the city. These recommendations along with the indicative actions are still being consulted on and there is an opportunity for Scrutiny Board members to comments on all the proposals, which seek to strengthen both partnership work and the 'One Council' approach.

4. <u>What have we learnt from the JSNA so far</u>?

4.1 It is difficult to do justice to the considerable work undertaken so far by providing a brief overview. Consequently a more detailed summary is provided at Annexe C, which is a synthesis of the data pack (which currently runs to 280 pages). Members may wish to refer to this summary, as it contains specific sections on health, adult social care and children's services.

4.2 The work so far has confirmed that the priorities identified in the Leeds Strategic Plan are the key priorities to be tackled at the present time. They include:

- Narrowing the gap in all age all cause mortality, between the average for the city and the average for people living in the 10% most deprived SOA's
- Circulatory diseases and stroke
- Tackling obesity and raising activity
- Improving sexual health and reducing teenage conception
- Improving mental health and emotional well being
- Improving the quality and responsiveness of services that provide care and support for people

- Improving safeguarding for children and adults.

However, from the analysis that has been undertaken of the data gathered so far, new priorities and areas for further work have emerged. They include:

4.3 **Responding effectively to demographic change:**

4.3.1 **An ageing population:**

It is reasonable to anticipate that people will have increased expectations that the quality and availability of services will increase in line with demand. However, we already have experience of difficulties in recruiting people into personal care roles. Increased investment in preventative services should reduce the time during which people need additional care and support, however existing evidence of health inequalities in the most deprived areas of the city does indicate that there will be an increase in life-limiting conditions, such as stroke, diabetes and dementia as the population ages and people live longer. There is a pressing need to undertake more work to understand the impact of demographic change for services in Leeds and to have a better understanding of the expectations of future users of these services.

4.3.2 **Children and Young People**

Unhealthy children of today will become the unhealthy adults of tomorrow. We need to ensure tomorrows children and young people are healthier through ensuring the effectiveness of current programmes to tackle childhood obesity, emotional well being, teenage conception and sexual health. The projected increase in the proportion of children from new or minority ethnic communities over the next 10 years, does indicate more targeted action all outcomes for children, particularly for those groups who are currently not achieving good outcomes, for health, well being and achievement. An emerging priority is a focus on infant mortality, where again the evidence shows that in some communities in Leeds infant mortality rates are within the bottom quartile nationally, in contrast with the overall picture for Leeds, which compares favourably with the national picture.

4.3.3 **Counteracting widening inequalities between neighbourhoods.**

The likelihood is that the number of Leeds SOAs in the most deprived 10% nationally will decrease in the future, to follow the trend of 2000 and 2009. However, whilst there will be some improvements in mortality rates in many of the most deprived areas, current evidence suggests that the onset of life limiting illness and disability will continue at current levels or greater, without a continued focus on tackling health inequalities in these areas. Even more significant (using the information around community cohesion in the data pack) will be an acceleration of the different needs of neighbourhoods within those 10% SOAs.

The association between good health and well being and the factors which can determine these outcomes for people, such as employment, education, good parenting, clean and attractive environments, will have significant implications for commissioning decisions in the future, if current priorities on tackling health inequalities are to be realised. In other words, Leeds City Council and NHS Leeds could be jointly commissioning services which contribute to more employment opportunities, better education outcomes, reduced crime and the perception of crime, social inclusion and financial inclusion.

4.4 Responding effectively to specific health and well being challenges

Whilst the data pack contains considerable evidence on a range of health related data there are a number of key issues which emerge as priorities for action in the future.

4.4.1 Obesity

In 2005, 22.1% of men and 24.3% of women were obese and almost two-thirds of all adults overweight. From a regional perspective the report on 'Yorkshire Futures' supported by Yorkshire Forward identified obesity in the region as the main threat to public health in the future. Programmes to address people who are either obese or over-weight require both the City Council and the PCT to work together through focused commissioning of services.

4.4.2 Alcohol

Within the Yorkshire and Humber Region adults' drinking above safe levels is estimated at 155,000, of which 25,000 may be dependent. Alcohol related deaths in the region rose by over 46% in 2004 -the biggest rise in the country. Alcohol related death rates are 45% higher in high deprivation areas. Analysis of the national TellUs survey of young people shows that 20% of young people in Leeds have been drunk at least once in the past four weeks, a rate that is broadly in line with the national average. However, the recently published health profile for the city shows that alcohol related admissions to hospital are higher in Leeds than for the average England average, with a rate per 100,000 population of 301 compared to 260 nationally. In the same report Leeds is shown as significantly worse in relational to data estimates on binge drinking.

The estimated annual cost of alcohol misuse in Leeds is £275 million, of which £23 million is health related.. The city has adopted an Alcohol Strategy and the action plan is showing some results. A focus on high impact preventative actions is required, and Newcastle for example has placed an emphasis on increased use of regulatory and control powers.

4.4.3 Drugs

The data pack doesn't give a clear message on trends although it does show changing patterns of use e.g. heroin and cocaine. Approximately one in seven young people (15%) reported having used drugs at least once in the national TellUs Survey. The rate in Leeds is the same as the national average. The Leeds Health Profile published by the Department of Health, indicates that the overall rate of drug misuse for all people aged 15 -64 is higher than the national average at 13.4 per 1000 population. However, the social impacts are so significant, that while drugs may suddenly go out of fashion the Director of Public Health is supporting a call for the Council and NHS Leeds as commissioners to take an increased and a more holistic role than the priorities defined by the National Treatment Agency, which sets national targets and monitors performance in this area.

4.4.4 Tobacco

The pattern of deprivation and smoking is clearly seen across Leeds. It is clear that the distribution of smokers varies across the city, the highest rates being seen in inner east, inner south and inner west Leeds and the lowest in the north east. This corresponds with published synthetic estimates where even greater variations can be seen at ward level with the lowest estimated smoking level of 18% being seen in Wetherby and the highest of 46% being seen in Seacroft. The take –up of smoking amongst young people, particularly women appears to remain resilient based on national data, which points to the need to continue with current smoking cessation programmes with more funding from mainstream sources.

5 Targeted work to improve health and well being outcomes for specific groups

5.1 Whilst there are important health and well being issues for all population groups the JSNA work programme, particularly through stakeholder events, has highlighted the need to develop a better understanding of the health and well being needs of the following groups.

- People with a learning disability
- Gypsy and travellers,
- People with dementia
- Asylum seekers and newly arrived communities
- Looked After Children and Young People.

Future work would include ensuring that there is improved data and analysis available for these population groups and that work directly with service commissioners will focus on how outcomes for these population groups can be improved.

6 Sustaining the JSNA Process

6.1 A key objective of the work programme over the last nine months has been to develop proposals, which ensure that strategic needs assessment is integral to strategic planning and commissioning processes in the future. Partners are agreed that more needs to be done to develop data management and analytical skills within the workforce, and have systems in place that can ensure that population needs assessment for example is undertaken as a corporate task, rather than on a service-by-service basis, which tends to be the current practice.

6.2 The project teams established for the JSNA brought together people with common roles and responsibilities, into a ‘virtual team’ which was able to exchange information and experience and explore new ways of working. From each of the project teams there have emerged proposals for building and sustaining this approach, including for example Leeds PCT and Leeds City Council sharing a single system for recording consultation and engagement activity and developing a single data warehouse to hold the data which forms the basis of the strategic needs assessment.

6.3 The project has also explored how data and information can feed into and inform the commissioning of services across health and well being. To this end a survey of commissioners was conducted to explore these issues and access to the data pack has been made available during the course of the work programme, with the result that current commissioning activity including service review has incorporated information from the JSNA.

6.4 The Public report contains a series of proposals for sustaining the JSNA process, which form the basis for a work programme during the next phase of the process. Annexe 4 to this report contains the action plan proposals from the draft public report.

7 Questions for Scrutiny Board Members

I. Are the themes set out in section 4 the ones that should be given greatest priority for future action?

II. Is the scope of the JSNA too broad or just about right? See section 2.6 for a proposed definition of well being.

III. Are there other themes, which from your local experience or information you have identified?

IV. In addition to the proposals set out in section 4, are there any other suggestions that will improve partnership working in increase efficiency and effectiveness in strategic needs assessment?

V. How can the JSNA assist Scrutiny Board and Area Committees in identifying priorities at a city wide and area level?

8. Recommendation

8.1 That Scrutiny Board Members consider the progress made, consider the questions at point 7 above and provide comments for further development of the Joint Strategic Needs Assessment.

Background Documents referred to in this report

Local Government and Public Involvement in Health Act (2007)
Leeds Strategic Plan
Leeds PCT Strategic Plan
Guidance produced by the Department for Communities and Local Government, “Creating Strong, Safe and Prosperous Communities”
Children and Young Persons Plan
Joint Strategic Assessment – Safer Leeds
Leeds PCT, Director Of Public Health Annual Report 2007/8
Measuring the Gap, Tackling Health Inequalities, (Leeds Initiative)

Annex A: Public, patient, service user and carer feedback

The JSNA Stakeholder Engagement and Consultation Project group have collated a wide variety of qualitative material from across Leeds, including information collected from health organisations, the local authority, the voluntary, community and faith sector and Patient and Public Involvement Forums (PPIFs).

The initial emerging themes are outlined below. This has been grouped into the key areas where it is suggested the information is held:

- Health (including Leeds PCT, Leeds Teaching Hospitals Trust and Leeds Partnerships Foundation Trust)
- Local Involvement Network (LINk) Preparatory Group (incorporating the work of the previous PPIFs)
- Voluntary, community and faith sector (mainly focusing on the members of the Leeds Voice health forum)
- Leeds Strategic Plan (which highlights a number of cross cutting themes from across the local authority).

Based on the information received, a subjective approach needed to be taken to make an initial analysis. Further work will need to be developed for future years to identify a more robust and methodical approach to analysing this feedback.

Health

Health themes have predominantly come from patient surveys and public perception surveys. These are:

- commissioning of primary care services (in particular more NHS dentistry and GP out of hours)
- the top conditions that people say are important – heart-related diseases, arthritis, asthma and depression.
- the need to recruit more clinical staff (GPs and nurses)
- the most important services for people – heart failure clinics and child health services.

On skimming the results from this years patient survey, the PCT scored quite low on the question ‘In the last 12 months, have you been asked by someone at your GP practice/health centre about how much alcohol you drink?’

Local Involvement Network (LINk) Preparatory group

Themes identified through LINk were existing priorities developed by the previous PPIFs. Further work in future years will be necessary to secure LINk's contribution in informing the themes for the JSNA process.

PPIF priorities were:

- access to out of hours and urgent healthcare
- patient medication reviews for older people
- oral health
- access to primary care services for deaf and hard of hearing people.

After meeting with LINk to discuss key priorities, the points above were confirmed as still relevant along with others that have already been raised from other areas. Four other themes were identified as current issues:

- quality of maternity services, particularly following the Healthcare Commission survey for 2007–08
- discharge from hospital, especially lack of care packages and poor communication between organisations
- accessible information for people with literacy problems
- access to services and information for vulnerable groups and BME communities.

Voluntary, community and faith sector (VCFS)

Some emerging themes coming from the VCFS have been developed by a sub-group of the Leeds Voice Health Forum.

This section has been based on the current collated research done across Leeds highlighting a few key areas. This will be developed to give a more comprehensive picture.

- Accessible information on health came out strongly as important to a number of groups – including ensuring that information is available in formats that are easy to read, in appropriate languages and readily available.
- Mental health and support for people and communities suffering from emotional distress was highlighted in a number of areas.
- The quality and attitude of health service staff was highlighted, including the need for services to be culturally 'competent'.
- Transport to and from health services was seen as a big issue.

Leeds Strategic Plan

Finally, the themes developed from consultation on the Leeds Strategic Plan focusing on health and wellbeing were taken into account. These were broad-ranging and covered all areas of the city and communities of interest.

The top priorities following the outcome of the consultation were:

- Priority 27 – Reduce obesity and raise physical activity for all
- Priority 29 – Promote emotional wellbeing for all
- Priority 32 – Increase the proportion of vulnerable adults helped to live at home.

It was identified that further work needs to be done to support a couple of key areas which were not highlighted in the plan's priorities:

- the need for more priorities that promote healthy lifestyles
- the need for more recognition and support for people with mental health issues.

Children and young people

Following the Joint Area Review a number of themes have been identified through engagement processes which impact on the health and wellbeing of children and young people. The main themes are:

- access to services for adolescent mental health and emotional wellbeing
- child poverty
- impact of domestic violence
- substance misuse.

Some of this is reinforced by young people themselves, in particular through the national Tellus2 survey and the local Every Child Matters (ECM) survey which identified that one in four children and young people want more information, particularly on drugs, sex and emotional health. The surveys also highlighted that exams, friendships and family were the most commonly cited worries and so impact on the emotional wellbeing of children and young people.

Annexe B High Level Plan to improve joint planning and commissioning through JSNA

	Short Term [In readiness for JSNA 2009]	Medium Term [2-3 Years]	Longer Term [3 Years +]
General Governance	• Put in place effective structures and governance arrangements to maintain oversight of the JSNA process		
Joint Planning and Commissioning	• Feed themes and key issues for action into forward work programmes of Healthy Leeds JSCB sub-groups and Children Leeds • Undertake the bespoke piece of work mapping world class commissioning competencies with the one council approach to commissioning framework and locality commissioning. • Maintain regular meetings of officers from the LCC and PCT to refresh priority/target discussions and identify further opportunities for planning alignment. • Develop longer term projections/trajectory information for a wider range of communities of interest, localities and city wide targets • Develop a parallel focus alongside the needs of communities on the available human resources to meet those needs • Develop a partnership with higher education to address identified needs in relation to further research and predictive modelling and analytical techniques	• Determine key areas to undertake analysis of cost-effectiveness / VFM – spend against performance • Make disaggregated data available for all localities in Leeds • Launch the real-time on-line data base with associated training to create self-sufficient partner users. • Develop review, evaluation and learning methodologies	→ → → →

	• Explore how the JSNA can be extended to support all strategic outcomes in the eight themes of the Leeds Strategic Plan 2008-11		
Data Gathering and Analysis	• Develop and implement the shared data repository approach • Complete data pack • Identify areas where we have not included data from the core data set and actions/reasons • Agree way forward to collect ethnicity data in primary care • Joint data group to meet quarterly-agree Terms of Reference (linked to JSCG) • Place data pack on intranet • Strengthen evidence base across all equalities strands e.g. address ethnicity and disability data gaps across all public services	• Produce 'Vitality index' for localities • Complete detailed programme needs assessments for: mental health; older people and alcohol • Start forecasting work	• Develop comprehensive system for forecasting and future modelling • Joint working with YPHO to ensure updates of JSNA and measuring the gap are timely for commissioners
Stakeholder Engagement	• Consolidate learning developed through JSNA process • Set up Joint involvement and consultation working group with terms of reference, work plan and reporting arrangements etc. • Formalise process for future partnership working and collation of qualitative information • Feed into the shared information database	• Explore potential for shared surveys and joint use of methods such as citizens panel • Communicate best practice and learning across organisations. • Consider new ways of joint working	-

Summary of the JSNA Data Pack Annexe C

Evidence of need

The JSNA data pack provides a detailed picture of the diverse health and well being needs of the people of Leeds. The quantitative data was collected in line with the original draft data set from the Department of Health. Some additional information was collected based on local need. For example a detailed revision of the data set collected in 2007 on children and young people has been revised and updated for the pack; student health has been added as Leeds has a large student population, and also a section on vulnerable groups. Not all of the final data set was able to be collected mainly as the data is not yet available.

Qualitative data was collected from a wide range of consultations that have taken place both within the PCT (for example the patient survey and the consultations on the PCT strategy) and also from the council via a stakeholder and engagement groups who pulled it all together.

It is envisaged that the data pack will be available on a web based site so that this information can be used by everyone who requires it for planning, commissioning future services in Leeds and by the communities whose needs it describes.

The data pack provides detailed information on key conditions; services; client groups and communities that can be used by the range of health and well being commissioners within the city for their specific programme areas. In order to identify some emerging themes a scoring exercise was also carried out by a number of people within the PCT and LCC . Key questions asked were:

- Is this an issue which affects a significant proportion of the population (directly or indirectly)?
- Is the problem likely to increase if there is no intervention?
- This an issue which significantly affects vulnerable groups?
- Is this issue a significant contributor to the health inequality gap?
- Is there evidence of unmet need
- How great are the costs (direct and indirect) of not intervening?
- Does this issue have the possibility of investing to save?

Key emerging themes from this fall into three categories:

Influences on health and well being - poverty/low income; housing; education and unemployment- also the economic wellbeing of children

Conditions of ill health – circulatory disease; cancer; obesity

Lifestyle issues – healthy life; alcohol;

The data pack was produced by a joint information group between the PCT and the LCC Who produced it. This also had a sub group of people working around children's issues to update the relevant data

In future it is envisaged that this gathering of data will become an integral part of the role of the Joint Strategic Commissioning structure within the city

Data Pack.
Detailed below is a summary of the information within the data pack

1. Demography
The Leeds Metropolitan District covers 552 square kilometres (217 square miles) and is the second largest Metropolitan District in England. It is recognised as one of Britain's most successful cities having transformed itself from a mainly industrial city into a broadly-based commercial centre regarded as the most important financial, legal and business service centre in the country outside London.
The city includes a vibrant city centre and the built up areas that surround it together with more rural outer suburbs and several small towns, all with their own very different identities. Two-thirds of the district is designated green-belt.

Despite the success of the city as a whole there are wide gaps between those areas that are wealthy and thriving and those that suffer high levels of multiple deprivation.

At the time of the 2001 Census Leeds had a population of 715,400 living in approximately 301,000 households. In 2005 the population of Leeds was estimated at 723,100. Following recent revisions by the Office for National Statistics to the way in which population estimates are calculated the population of Leeds is now estimated to be 750,200, an increase of 4.9% from the 2001 figure.
Leeds has a significantly higher proportion of 15 – 29 year olds when compared to both the country and the region, whilst the proportion of older people is slightly below the national and regional averages.

At the time of the 2001 Census there were almost 78,000 people from BME communities living in Leeds (10.8% of the total resident population). Geographic analysis of the Census data has shown how BME communities are concentrated in particular geographic areas of the city

Leeds is clearly becoming a more diverse place and is now home to over 130 different nationalities. This diversity is valuable and has helped fuel the prosperity of the city.

The data pack details the needs of different communities/groups living in Leeds– gypsies and travellers, migrants communities, asylum seekers, refugees, faith communities

Changing Populations
The Office for National Statistics produces population projections which indicate that the population in Leeds will increase from 750,200 in 2006 to 974,300 by 2031
There will be significant changes in the size and profile of black and ethnic minority communities in the coming years. Work done by the University of Leeds (School of Geography) for the Yorkshire Futures Group suggests that by 2030 the BME population in Leeds will increase by 55% (N.B. this work was undertaken prior to the ONS revisions to the 2006 Mid Year population estimates outlined above), the age structure of black and ethnic minority communities will also contain higher proportions of people in older age groups.

2 Key influences on Health and Well being

2.1 Social and economic context.
Although Leeds as a whole is ranked as 85th most deprived (on the average of Super Output Areas (SOAs) scores), 95 out of the 476 SOAs in Leeds are ranked in the most deprived 10% in England on the Index of Multiple Deprivation. The majority of these are located in the inner city and just under 150,000 people (20% of the resident population) live in these areas. A quarter of all children in the city live in these most deprived areas together with 18% of the city's older people. The data pack shows that people in these areas:

- Live significantly shorter lives
- Are more likely to be the victims of crime
- Have lower qualification levels, and
- Live in the poorest housing and environments

Comparison with the 2004 Index of Multiple Deprivation **(IMD)** the 2007 IMD shows an improving position for Leeds with fewer SOAs ranked amongst the most deprived in the country. Of the 476 SOAs in Leeds 415 have seen an improvement in their IMD ranking and 61 have seen their ranking fall

One approach to analysis of inequalities that is used in the data pack is to compare the most deprived parts of Leeds with the rest of Leeds. This analysis looks at those parts of "deprived Leeds" which fall within the worst 10% deprivation band in England according to the Index of Multiple Deprivation, and analysed at the level of small areas termed lower layer Super Output Areas (mean population 1500 people). Leeds has approximately twice the expected number of LSOAs graded as being 'the worst 10% most deprived nationally' i.e. 20% of Leeds LSOAs fall into the worst 10% nationally.

2.2Employment Rate

Leeds has seen sustained job growth over the last 20 years and latest figures show the overall employment rate in the city to be 75.3%, which is above the current England average of 74.3%.

In 2007 gross average hourly earnings for full-time workers in Leeds was £10.84, this was below the England average of £11.58 but above the Yorkshire and The Humber regional average of £10.53

Almost 65,000 people of working age are not in employment and are claiming some kind of benefit. At 28.7% the claimant rate in the "Deprived Area" is more than double the rate for the city

2.3 Unemployment in Leeds

The estimated real level of unemployment in Leeds in 2007 according to CRESR was 29,500, a rate of 6.4%. This compared with 13,995 claimants (a rate of 3%) and 17,000 ILO unemployed (a rate of 5.3%). Thus, just over twice as many people were unemployed by CRESR's calculations than the claimant count and approximately 42% less people were counted as unemployed according to the ILO count

2.4 Benefits

Incapacity Benefit data shows that: across the city 6.5% of the working age population are claiming Incapacity Benefit while in the "Deprived Area" it rises to 12.4%, nearly twice the city average. 44% of claimants are claiming due to "Mental Disorders", in the "Deprived Area" this rises to 48% of claimants ,16% of claimants are claiming due to "Musculoskeletal Diseases.

Almost 71,000 households in the city (23%) are in receipt of local authority administered benefits, almost 12,500 of which are lone parent households. while in the "deprived area" the benefit take-up rate is 44% almost double the average for the city

2.5 Housing

Data within the pack covers key issues within housing such as availability of central heating, ownership; decency and overcrowding.

In the last ten years there have been substantial changes in housing market conditions in Leeds and in the patterns of housing choice and use made by households and individuals. With Leeds growing economically and becoming a thriving regional centre, a 'two-speed' housing market has emerged, showing a clear gap between parts of the city where there is considerable affluence and buoyant (and often overheating) housing markets, and parts

where housing is in poor condition, housing markets are frail, and where there exists significant social and economic deprivation. At the same time, throughout the city and within neighbourhoods, there have been changes in housing tenure patterns with a continuing home ownership and a substantial increase in the number of households renting privately. The share of the market taken up by social rented housing (and by Council housing in particular) has declined substantially through Right to Buy activity and demolition and disposal of stock. It is estimated that there are 51,400 private sector dwellings in Leeds that are occupied by "vulnerable households". Of these an estimated 37% are classified non-decent. In order to raise the proportion of private sector dwellings occupied by vulnerable people above the 70% threshold for decency, 3,880 dwellings will need to be made decent by 2010.

Homeless/supporting people etc

The Census data shows that almost 62,500 households within Leeds (20.7% of all households in the city) did not have central heating, affecting almost 135,900 *people* (19.3%). The Leeds 2007 Fuel Poverty Survey showed that within the private sector 30% of all households are experiencing fuel poverty, with a figure of 22% for vulnerable households.

2.6 Transport

As more people live in and travel to work in Leeds greater strain will be imposed on the transport system. Road traffic grew by 4.9% between 1996 and 2006 and further growth is predicted. In 2001 around 108,000 people commuted into Leeds daily for work and that number is estimated to have grown significantly in recent years; in 2006 the total number of trips into the city averaged about 122,500 a day.

Data from the 2001 Census of Population over 1/3rd of all households in the city (34.5%) do not own a car or van, a considerably higher proportion than for England and Wales (26.8%), rising to 58.34% over half the population) within 'deprived Leeds'

2.7 Crime

In 2007, Safer Leeds (Crime and Disorder Reduction Partnership) identified the major crime, disorder and substance misuse issues that require partnership attention. The priority issues were informed by the findings of the joint strategic assessment and public-partnership consultation (ref). The data shows that between 2005/06 and 2007/08 considerable progress was made in tackling crime across the city. In 2007, there were 85,737 recorded crimes, almost 12,300 fewer offences than in 2005/06; this is a 12.5% reduction in crime

The third biggest category of crime is violence against the person, this can include the most serious offences like murder and rape to assaults where the victims suffers relatively minor injuries. Some violence does not include physical harm for example, harassment although the psychological effects of such offences must not be under estimated.

There are parts of the city where disproportionately high levels of crime persist over time. In the twelve months from October 2006, 60% of crime happened in 30% of the 476 Lower Super-Output Areas in Leeds.

One key issues within the Safer Leeds JSNA is drug use.

National estimates of prevalence of problematic drug users have been produced by the Home Office through a study by the University of Glasgow that estimates the prevalence of problematic drug users at a local and national level. The estimated number of problem drug (opiate and/or crack cocaine) users in Leeds according to this study is approximately 6,565. In Leeds heroin is the most heavily misused drug, by 84% of drug users – a higher proportion than nationally.

In 2007/08, there were 3,554 drug users in treatment. The number of new presentations increased by 5.2% from the previous year (1145 in 06/07 and 1204 in 07/08). The largest group of known drug users is in 20-24 age range, the majority nationally are 35 and over, of known drug users the injection status of 68% is unknown. There are an estimated 515 problematic drug users unknown to services

3. Access to Services

Within the data pack there is only limited information about access to services. IN terms of prioritisation this would be an important area to consider
For the City over 80% of all Lower Level SOAs have a population weighted average road distance (PWARD) to a Food Store, a GP Surgery and a Post Office of less that half a kilometre. In addition 87% of LSOAs are within one kilometre of a primary school. Whilst almost 10% of LSOAs have a PWARD to a GP Surgery of more than two kilometres the population of only four LSOAs (less than 1%) have to travel this distance or farther to a Primary School.

4. Health and Ill Health

4.1 Life Expectancy
Life Expectancy is increasing for males and females. However there remains a marked gap between the life expectancy of males and females. 2004 – 2006 averages show a gap of 4 years. Comparing ward data for all people the difference is more extreme with a life expectancy gap of 10 years between the ward with the highest life expectancy (Adel and Wharfdale) and the lowest (City and Hunslet); this Ward differential is correlated to deprivation.

4.2 All Age All Cause Mortality
The all age, all cause mortality rate in Leeds fluctuated around the national average between 1993 and 2000 at a level below the regional average. From that point, although the rate continued to fall, it was consistently higher than the national average but remained below the regional average. In 2003-2005, compared to the core cities in England, Leeds had the lowest all age, all cause mortality rate but was significantly higher than the national average. The deprived areas of Leeds had rates that were significantly higher than the Leeds, Y&H Spearheads and national averages between 2001 and 2005.Between these years the gap between Leeds deprived and Leeds overall fluctuated

4.3 Circulatory Disease Mortality
Within Leeds the mortality rate under 75 years from circulatory diseases ranged from 50 per 100,000 in Adel and Wharfedale 224 per 100,000 in City and Hunslet electoral wards.
The deprived areas of Leeds had mortality rates under 75 years from circulatory diseases that were consistently significantly higher than the Leeds, Yorkshire and Humber Spearhead and national averages between 2001 and 2005.

4.4 Cancer Mortality
The deprived areas of Leeds had mortality rates under 75 years from cancer that were consistently significantly higher than the Leeds, Yorkshire and Humber Spearhead and national averages Although there was a reduction in the gap between Leeds deprived and Leeds and the gap between Leeds deprived and England between 2001 and 2003, the gaps have now widened . Inner West Leeds particularly has risen over 2005-7, with all the other inner areas also showing rises.

4.5 Chronic Obstructive Pulmonary Disease Mortality and Prevalence
The mortality rates for COPD demonstrate wide variation across areas in Leeds with the inner south area continuing to have significantly higher rates since 2003, and continuing to rise.

4.6 Stroke Mortality
Mortality form stroke is continuing to fall in the majority of areas since 2003. Highest rates are in inner North East, but there are also high rates within the outer East . followed by Inner South and Inner East.

4.7 Limiting Long Term Illness
At the time of the 2001 Census there were over 128,000 people living in Leeds who considered themselves to have a limiting long-term illness (18% of the total resident population). Of these people 57,732 were of working age. Geographic analysis of the Census data has shown how people with a LLtI are concentrated in particular geographic areas of the city

4.8 Top Ten Causes of Death and Admission Rates
CHD is the most common cause of death in men and is also one of the main causes of hospital admissions for males.
CHD was the most common cause of death in women in 2006, followed by cerebrovascular disease. This is not reflected in the figures for hospital admissions.

5. Healthy Lifestyles

5.1 Smoking
The pattern of deprivation and smoking is clearly seen across Leeds. It is clear that the distribution of smokers varies across the city, the highest rates being seen in inner east, inner south and inner west Leeds and the lowest in the north east. This corresponds with published synthetic estimates where even greater variations can be seen at ward level with the lowest estimated smoking level of 18% being seen in Wetherby and the highest of 46% being seen in Seacroft.

5.2 Alcohol Admissions
Within the Yorkshire and Humber Region Adults' drinking above safe levels is estimated at 155,000, of which 25,000 may be dependent. Alcohol related deaths in the region rose by over 46% in 2004 -the biggest rise in the country. Alcohol related death rates are 45% higher in high deprivation areas/
The estimated annual cost of alcohol misuse in Leeds is £275 million, of which £23 million is health related.

5.3 Obesity
In 2005, 22.1% of men and 24.3% of women were obese and almost two-thirds of all adults overweight. In 2003, nearly a quarter of males in Yorkshire and Humber (24.6%) were estimated to be obese, the highest prevalence of any region in England. The region also has the highest obesity prevalence among young adult males (aged 16-24) of any region in England (based on 2002 data).

5.4 Physical activity
In the Citizens Panel Sports Provision Survey 2000 illustrated that 50% of people in Leeds felt that participation in sport and active recreation was important to them; by 2005 this had increased to 65%. It is encouraging that there have been significant increases in the number of adults who regard taking part in sport as important, and who perceive the facilities in Leeds to be good or excellent.
A major national participation survey was commissioned by Sport England in October 2005. It shows that only 20.5% of the adult population in Leeds are participating for 30 minutes, three times a week in moderate intensity sport and active recreation, very slightly above the Yorkshire average of 20.1% but below the England average of 21%.

6. Indicator Comparison
When compared to the national average, (based on the latest data July 2007) Leeds has significantly worse values for 24 of the key indicators including all age all cause mortality, male life expectancy, smoking prevalence in long term condition patients, alcohol related admission rates, prevalence and mortality from circulatory and respiratory diseases, incidence and mortality from cancer and emergency admissions for chronic illnesses such as COPD and asthma.
Compared to the national average, of the 47 indicators compared people living in the deprived areas of Leeds experience significantly worse values for 34 of them. This pattern does not change dramatically when making comparisons between the deprived areas of Leeds and Yorkshire and the Humber region, the spearhead areas within Yorkshire and the Humber or the Leeds average.

Overall Leeds reflects the fact that Yorkshire and Humberside is an area of comparatively poor health in England and Leeds is not atypical of the region. However health in the more disadvantaged areas of Leeds, containing around 150,000 population, is significantly worse than in those areas which the government has designated as priority areas for health improvement, meaning that the challenge of narrowing the gap is significantly greater.

7. Children
Towards the end of 2007 Children's Services undertook a Needs Analysis as part of the Joint Area Review. The information in the data pack is drawn from this earlier work (updated where possible). The Needs Analysis was structured around the 5 outcomes for Every Child Matters.(ECM)

- Stay Safe
- Be Healthy
- Enjoy and Achieve
- Make a positive contribution
- Achieve economic well-being

7.1 Staying Safe
Within this section is detailed information on Looked After Children. The numbers of looked after children in Leeds are significantly higher than statistical neighbours and are increasing. At September 2007 Leeds has 1395 looked after children. If it were to reflect the same proportions of the total population of children as the average of its statistical neighbours then it would have 912. There are more boys than girls in every age group in the looked after children cohort. In total boys comprise 58% of the looked after population. This proportion has risen by 6% since 2004.Most Looked after children in Leeds have been in care for over 3 years. BME children are over-represented in the looked after population and continue to rise.
Given the current trajectory the numbers of looked after children is forecast to grow to around 1800 by 2010. This will create additional foster care costs rising to around £5.7 million per year in 2010-11 based on the 06/07 unit costs.
Other areas that are covered within this section are bullying and harassment (In the Leeds ECM survey, 46% of primary respondents and 42% of secondary respondents reported that they had been bullied at some point in school in the last 12 months, of these 5% of both primary and secondary pupils said they were bullied most days.); how Safe young people feel (the ECM survey showed around 405 children and young people (both primary and secondary) do not feel safe in the area they live after dark, although over 90% feel safe in the area they live in daylight) and Child Protection (the proportions of children who are the subjects of a child protection plan or on the child protection register is growing and is currently in line with that of national averages.)

7.2 Be Healthy

The Indicators of Child Health assessed were perinatal mortality; low birthweight and infant mortality.
- The recognised association between deprivation and higher perinatal mortality is demonstrated in the pack although the differences at small area level are not on the whole statistically significant, so differences in the rates should be interpreted with caution.
- The low birth weight rate for Leeds in 2006 was 8.0% which was similar to the national rate, and slightly lower than the regional rate (although not significantly). Over the last two decades there has been an upward trend in low birth weight rates in Leeds, rising from a rate of 7.3% in 1985, and reaching 9.0% in the late 1990s. There was a similar but less marked national trend over the same period, during which time the rates in Leeds were slightly but consistently higher than national rates. However, rates have fallen again somewhat in Leeds. Analysis of low birth weight rates (aggregated for 3 and 5 years) at local level demonstrates the recognised association between deprivation and higher rates of low birth weight.
- The 3 year aggregate infant mortality rate for Leeds (2004-6) was 6 per 1000 live births. This rate was higher than the England rate at 5 per 1000 live births, and slightly higher than the Yorkshire and Humber rate at 5.8 per 1000 live births.
3 year rolling rates show a rising infant mortality rate for Leeds, which has levelled off in the most recent year. This is in contrast to the national downward trend.
Detailed local analysis shows the association between higher rates of infant mortality and wards with high levels of deprivation

Oral Health
The most recent national survey data (2005/06) of nearly 240,000 5 and 6 year olds across the United Kingdom suggested that the mean number of decayed, missing or filled teeth (dmft) in England was around 1.47 teeth per five year old. For Yorkshire and Humber, the mean dmft was 1.82, with the Leeds experience being similar to the region at 1.83. The survey showed that dental health was poorer in the North of England than areas in the South and Midlands.
Results from the 2005/06 survey for Leeds, compared with the region and England. Despite some marked improvements in Leeds since the 2003/04 survey, the dental health of young children in Leeds remains slightly worse than the national experience. Nearly 43% of 5 and 6 years old Leeds have evidence of some tooth decay, with more than 4 teeth being affected on average.
The ECM survey showed that only two thirds of Year 5 children are achieving the recommended frequency of teeth brushing, though this appears to increase somewhat among the older age groups.

Teenage Conceptions
The Leeds national target is to reduce the rate by 55% from 1998 baseline. The Leeds rate figure (2006) is 50.7 which is 0.4% above the 1998 baseline. This is considerably higher than the national rate, is not a reduction and is a fair way from the 2010 target rate of 22.7 per 1000 females aged 15-17
Following the Local Area Agreement negotiation, a target for the next two years was devised. The focus is on reduction in the six highest wards (Harehills, Middleton, City & Holbeck, Seacroft, Hunslet and Richmond Hill) within Leeds and the impact this will have on the whole Leeds rate

Obesity
Across all categories Leeds is very slightly below the regional and national averages at reception.1 in 5 children in Reception in Leeds have a weight which is above what is considered healthy. This equates to around 1389 children. By Year 6 almost 1 in 3 children in Leeds are either overweight or obese. This equates to around 2505 children. Levels of

obese children have almost doubled from Reception to Year 6. This is more or less in line with the picture at a national and regional level.
Levels of overweight children are slightly higher than in Reception. Levels of obesity are higher in Reception in deprived areas of the city. Though this difference is small it is statistically significant. By Year 6 rates are higher across all measurements for children living in deprived areas of the city. Again the difference is small but statistically significant.

Physical Activity

Locally Leeds has already exceeded the National Indicator target to increase the percentage of school children who spend a minimum of two hours a week on high-quality PE and school sport within and beyond the curriculum to 85 per cent by 2008. Leeds achieved 86% in 2007and is likely to achieve 90% by end of 2008
In England only half of children regularly travel to school on foot, even though many children live within 1 mile of primary school and 2 miles of secondary school. In 2007, 28% of pupils who live in Leeds travelled to school by car compared to 56% nationally. Leeds has a lower than average cycling modal split percentage 0.41% compared to a 4% national average although we are in-line with the core cities average.. When pupils were asked to give a preference as to their preferred journey mode, nearly a quarter of pupils (23%) stated a desire to cycle to school
The ECM survey also covered nutrition, smoking, alcohol, drug use, and sexual health
- *Nutrition*. The results suggest that only a third of younger children (32%) are eating the recommended 5 portions of fruit and vegetables a day, and that the trend in older age groups is for this proportion to diminish (12% in Year 11). Conversely, the trend towards eating large quantities of high calorie, high sugar snack appears to increase in the older age groups, with nearly 40% of Year 11 students consuming 3 or more portions of snacks each day.
-Smoking. 12 % of Year 9 pupils and 22% of Year 11 pupils report regular smoking (note - It is difficult to draw a direct comparison with national data, since the wording of questions and methods of data collection vary.) A recent national survey carried out for the NHS Information Centre “Drug Use, Smoking and Drinking Among Young People in England in 2007” reported that the proportion of regular smokers was 15% among 15 year olds, hence suggesting that levels may potentially be somewhat higher in Leeds
- *Alcohol.* National data from “Drug Use, Smoking and Drinking Among Young People in England 2007” (NHS Information Centre) reports that 46% of 11 to 15 year olds have never drunk alcohol (an improvement from 39% in 2003). The results of the Leeds ECM Survey suggests that 50% of Year 5 pupils have never drunk alcohol, but that this proportion falls to 6% in Year 11. Although the results are not directly comparable, this could imply that the levels of drinking are somewhat higher in Leeds than the national findings. The ECM results indicate that over a third (36%) of Year 11 pupils are drinking regularly (at least once a week). A small but worrying percentage of children and young people report drinking on a daily basis from a very young age (1% in Year 5).
- Drug Use. The Leeds ECM Survey enquired whether young people had ever used illegal drugs or glues, gases and solvents as drugs. The self-reported levels of drug use in the survey suggest that the proportion rises from 11% in Year 9 to over a quarter of young people (28%) in Year 11. The National Survey “Drug Use, Smoking and Drinking Among Young People in England 2007” found that 25% of young people aged 11-15 years said they had tried drugs at least once. Recognising that the survey cover slightly different age groups, it seems likely that the level in Leeds may be similar to the national level.
- Sexual Health. The Survey enquired whether young people had ever had sexual intercourse. The responses indicated that proportion who replied positively increased from 20% in Year 9 to 47% in Year 11. In Year 9, slightly more girls than boys (52.7% girls: 47.3% boys) had had sexual intercourse, but by Year 11 this was approximately equal. Pupils were asked what forms of protection they had used on the last occasion when they had sexual intercourse. The table shows three quarters of Year 9 pupils, but only half of Year 11 pupils,

used a condom. A worrying 15% of Year 9 pupils and 20% of Year 11 pupils did not use any form of protection at all.

Other areas covered within Be Healthy include:
-Immunisation
The data shows that overall uptake rates for DTP have fluctuated, but in recent years have remained below the target level of 95% required to achieve 'herd immunity' (the level of immunity in a population which would prevent the spread of an epidemic), dropping to around 92% coverage in 2007. However, uptake levels for MMR are considerably lower, reaching around 80% in 2006 and 2007, which reflects some improvement over the previous years.

- Vulnerable children – including looked after children, gypsy and traveller children and asylum seeker children
-Local statistics suggest that Leeds had 1281 looked after children and young people in 2007/8, as well as 83 unaccompanied asylum seeking children. 251 of these looked after children (excluding asylum seekers) were from black and minority ethnic groups. This is a proportion of nearly 20%, which is an over-representation compared to the ethnicity of the child population of Leeds (14%).Leeds appears to be achieving lower levels of coverage of health needs assessments and dental check-ups than the region or England as a whole, and considerably poorer levels of immunisation coverage. It also suggests a slightly higher level of substance misuse problems in the looked after population, although this may reflect better recognition and response to problems, since Leeds also reports that 96% of these young people received an intervention for their substance misuse problem during the year, which is amongst the best practice in the country, and better than the performance for England as a whole (62%).
-The Gypsy and Traveller population has a higher proportion of children and young people than the Leeds population in general (44% of the Gypsy and Traveller population is under 17 years, compared to 20% for Leeds as a whole). The proportion of people aged over 60 in the Gypsy and Traveller population is dramatically lower than for Leeds in general, reflecting the lower life expectancy of this population group. The census report highlights that average life expectancy for Leeds in general is 78 years, but for Gypsies and Travellers is 50 years.
- Statistics for children in the Asylum system have to be obtained from various sources including the City Council & CART. In July 2008, of 2146 individuals who were seeking asylum, 493 were under 18 years old and a dependant of an adult claimant

7.3 Enjoy and achieve

This section details education achievement and attendance, play, exclusions and preventing offending. Overall this is a positive picture of how Leeds is improving
Primary - The expected level of achievement at KS2 is level 4. Outcomes have risen by 1% across all subjects in Leeds. This rise has been mirrored nationally and Leeds remains in line with national attainment except in science where Leeds remains 1 percentage point below the national figure. Leeds is in line with outcomes in comparative authorities for English, but 1 percentage point below for maths and 2 percentage points below for science. After a drop in attendance in primary schools in 2005/06, attendance rose in 2006/07. Attendance in Leeds primary schools is now at it's highest level and remains higher than national levels of attendance.
Secondary -Results for achievement at Key Stage 4 show that GCSE results in Leeds are at an all time high, with the percentage of pupils achieving 5 or more A*-C grades at 55.9%. This is 3.5 percentage points higher than the 2006 figure. Although Leeds' performance is still below the levels reached nationally and by comparative authorities, there is a clear indication of above average improvement. The gap between the Leeds and national figure has closed from 5 percentage points in 2005 to 4 percentage points in 2007.

Unlike in primary schools, attendance in Leeds secondary schools is below national and comparative authorities.

Over 70% of both primary and secondary pupils who responded to the Every Child Matters survey had visited a local play area or park in the last four weeks. Participation in the majority of activities is higher for primary than secondary age pupils, particularly swimming, sports clubs and after school or breakfast clubs.

Preventing offending **-L**eeds YOS has successfully reduced the number of new first time entrants into the criminal justice system by 11.8% from 2005/06 to 2006/07.
Exclusions From School -65 pupils were permanently excluded from maintained Leeds schools in 2006/07. The number of permanent exclusions in Leeds schools has fallen significantly in recent years. There has been a 61% reduction since 2003/04. This pattern of reducing exclusions is not matched nationally, where the percentage of pupils permanently excluded has not reduced significantly.

7.4 Achieving Economic wellbeing

Children and poverty -The data shows that 1/5th of all children in the city live in families where no-one is in work. In the "deprived area" over 40% of children live in workless households – double the city average
Information on young people Not in Education Employment or Training after Year 11(NEET) in 2006, was 8.2%, the same as in 2005..NEET for year 11 leavers is higher for young people resident in deprived areas, with the percentage NEET almost double the Leeds average for pupils eligible for free school meals. Pupils with Special Education Needs and Looked After Children also have higher levels of NEET after leaving school. Overall, pupils BME heritage had lower levels of NEET than the Leeds average in 2006. However, some ethnic groups have higher levels of NEET, particularly Traveller groups and Black Caribbean heritage.
For young people Aged 16-18 NEET the percentage fell from 10.4% in 2005/06 to 9.1% in 2006/07, this is lower than in statistical neighbours, but higher than national levels of NEET for this age group. In July 2006/07, 17% of 16-19 year old pupils with LDD were NEET in Leeds, compared to 19% in West Yorkshire

7.5. Consultation

Following the Joint Area Review a number of themes have been identified through engagement processes which impact on the health and wellbeing of children and young people. The main themes are: access to services for adolescent mental health and emotional wellbeing; child poverty; impact of domestic violence; substance misuse

8. Older people

The latest information from the Office for National Statistics shows that there are currently 110,700 people in Leeds who are aged 65+. This number is predicted to rise by almost 40% to 153,600 in 2031
Pension Credit provides financial help for people aged 60 and over whose income is below a certain level. The data shows that there are just over 34,500 pension credit claimants in the city (27.2% of the post-working age population) Even though the outer areas have higher proportions of older residents the Pension Credit claim rates in all five outer areas are lower than their inner area counterparts
At the time of the 2001 Census there were over 70,000 pensioner households (defined as females aged 60+ and males aged 65+) in Leeds of which just over 43,000 were older people living alone. The Census data shows that almost 24,000 people in Leeds aged 65

and over were living in households without central heating ;that there were just over 41,300 pensioner households without transport (59% of all pensioner households). Of the 43,312 pensioner households that were living alone just over three-quarters (32,956 households) were living alone without transport. At the time of the 2001 Census there were over 70,000 pensioner households (defined as females aged 60+ and males aged 65+) in Leeds of which just over 43,000 were older people living alone. The POPPI system has produced projections for the numbers of older people living alone by applying percentages from the 2004 General Household Survey to local population these are detailed in the pack

9. Adult social care

During 2007/08 there were 9101 people aged 18 or over who received a completed assessment. Of these, 7366 were elderly (aged 65 and over) and 1735 were adults aged 18-64. In around 70% of cases it was determined that the person was eligible to receive services either directly provided or else commissioned by the department through another agency.
There was significant variation in the number of people assessed based on which ward they were living in, with numbers varying between 89 in Headingley and 374 in Middleton Park
There was some variation between the various areas in reaching the target completion time. In most areas of Leeds around 78% of assessments were completed within 28 days. However, in the south this figure rose to 86%.

9.1 Service Provision.

At 31/3/08 there were 15,756 people aged 18 or over who were in receipt of services provided through the adult social care process. Of these 10,983 were elderly people aged 65 and over and the remainder (4,773) were adults aged 18-64.
Looking separately at elderly care users and those aged 18-64 there is a significant difference between where they are located. Of elderly community based service users around 23% are living in on of the 10% most deprived areas (which it should be remembered, comprise around 20% of the areas in Leeds). For people aged 18-64 the proportion is far higher, with around 30% of service users located in one of the 10% most deprived areas. This suggests a clear correlation between deprivation and need for those aged 18-64.

9.2 Speed of Service Provision

One of the key measurements by which adult social care departments are judged is the speed with which services, having been agreed upon, are subsequently provided. National Indicator NI 133 measures the percentage of new elderly (age 65+) service users receiving services within 28 days of the decision being made to provide such services. During 2007/08 85.3% of new elderly service users received their services within the required 28 days. This is deemed to be 'good' by the Commission for Social Care Inspection, to whom this information is reported. At ward level there were significant differences in the overall number of elderly people receiving services following assessment, varying from a low of 43 in Headingley up to 238 in Middleton Park. Insofar as the timeliness of service provision was concerned variation between wards was significantly greater than at an area level. In Gipton and Harehills 96.5% of people received their services within the designated 28 days compared to 77.0% in Rothwell. As with the direct payment figures these variations suggest that in order to improve performance the authority should be targeting particular areas.
Looking at service provision times by deprivation of the areas in which the person was living the best performance was in the 20% most deprived areas. This perhaps reflects that people living in such areas are often deemed to have the greatest level of need and are therefore responded to more quickly.

9.3 Carers

During the year 2007/08 2,984 carers of people aged 18 or over were offered some form of assessment or review. Of these, 2,300 went on to be offered a service to support them in their caring activities. In 1,005 instances this service took the form of providing a respite placement for the person being cared for, in order to give the carer a break from looking after them.

If one examines the numbers of carers offered a service as a percentage of the number of people living in an area who were in receipt of community based services then this varies from 21% & 19% in the south and west respectively, down to 16% in the north east and north west, suggesting that perhaps carers services should in future be slightly more targeted towards these areas.

Looking at carers receiving services split by deprivation it can be seen that of those carers who were offered a service 401 (17%) were caring for people living in areas deemed to be in the 10% most deprived areas of the country. This compares to the fact that among service users around 25% were living in such areas, suggesting that the authority ought perhaps to concentrate future efforts on encouraging carers for people living in such areas.

This section also details information on direct payments and people supported to live at home

10. Patient and Public Views

As part of the JSNA qualitative data was also analysed .Themes from Health have predominantly come from patient surveys and public perception surveys.

Key issues included: Commissioning of primary care services (in particular more NHS Dentistry and GP out of hours);the top conditions that people say are important are – Heart related diseases, Arthritis, Asthma and depression; people highlight the need for recruitment of more clinical staff (GPs and Nurses);the most important services for people are – Heart failure clinics and Child health services;the results from this years patient survey the PCT scored quite low on (In the last 12 months, have you been asked by someone at your GP practice/health centre about how much alcohol you drink).

Themes identified through the new Local Involvement Network Preparatory Group were existing priorities developed by the previous Patient and Public Involvement Forums.

Further work in future years will be necessary to secure the LINk's contribution in information the themes for the JSNA process.

The Previous PCT PPI Forum priorities were: access to out of hours and urgent healthcare. Patient Medication Reviews for Elderly Patients ;Oral Health; access to primary care services for deaf and hard of hearing people.

Four other themes have now been identified as current issues.

- Quality in maternity services particularly following the healthcare commission survey for 2007/08
- Discharge from hospital is an ongoing issue for many people, in particular, lack of care packages being in place and lack of communication between organisations
- Accessible information for people with literacy problems
- Access to services and information for vulnerable groups and BME communities

10.1 Voluntary, Community and Faith Sector

Some emerging themes coming from the VCFS have been developed by a sub group of the Leeds Voice Health Forum.

This has been based on the current collated research done across Leeds highlighting a few key areas. This will be developed to give a more comprehensive picture.

- Accessible information on health came out strongly as important to a number of groups including ensuring information is in formats that are easy to read, in appropriate languages and readily available.
- Mental health and support for people and communities suffering from emotional distress was highlighted in a number of areas.
- The quality and attitude of health service staff was highlighted including the need for services to be culturally 'competent'.
- Transport to and from health services was seen as a big issue.

10.2 Leeds Strategic Plan

Finally the themes developed from consultation on the Leeds Strategic Plan focussing on health and wellbeing were taken into account. These were broad ranging and covered all areas of the city and communities of interest.
The top priorities following the outcome of the consultation were:

- Priority 27 – Reduce obesity and raise physical activity for all
- Priority 29 – Promote emotional well-being for all
- Priority 32 – Increase the proportion of vulnerable adults helped to live at home.

It was identified that further work needs to be identified to support a couple of key areas which were not highlighted in the plan's priorities.

- The need for more priorities that promote healthy lifestyles
- The need for more recognition and support for people with mental health issues

11. Emerging questions and themes/analysis

The data pack paints a picture of Leeds as one of two cities with part of the city moving up in terms of economic; social ; and health outcomes whilst a core part (the size of a small town|) experiencing the opposite outcomes. This area (known in the pack as 'deprived Leeds) experiencing outcomes as bad if not worse than those areas identified by the Department of Health as most 'deprived' within England.
Many of the issues addressed in the pack are problems of lifestyle, behaviour, education economic and social circumstances. The emerging themes coming from the scoring exercise demonstrated this.
Influences on health and well being - poverty/low income; housing; education and unemployment- also the economic wellbeing of children
Conditions of ill health – circulatory disease; cancer;
Lifestyle issues - healthy life; alcohol, obesity
One of the key issues is the impact of the changing population which is described in the pack, and also the intra Leeds issues of deprivation, vulnerable groups and broader community well being.

12. Commissioning impact and improved outcomes

The data pack details the underlying scale of the problem but would need to be considered in line with effective interventions, and cost effectiveness intelligence.
The data could lead to two approaches for joint commissioning across the city. Both of which would form part of the new joint commissioning structures.
The first would be within the realm of the priority groups, children and older peoples commissioning groups where joint priorities of those most in need can be agreed and the effective interventions can be identified.
The second is based on a neighbourhood approach to intelligent commissioning. The PCT and LCC have already agreed a focus on the 10% worst SOAs within Leeds. This provides the ideal opportunity to agree neighbourhood plans for meeting the identified needs. A range of the data can be compiled at a neighbourhood level (as per the example with the data

pack). From this data a joint approach to key deliverables and outcomes within each of these neighbourhoods can be agreed.

This page is intentionally left blank

Leeds CITY COUNCIL

Originator: Steven Courtney

Tel: 247 4707

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Adult Social Care)

Date: 12 November 2008

Subject: Scrutiny Board (Adult Social Care) – Work Programme

Electoral Wards Affected:	**Specific Implications For:**
	Equality and Diversity ☐
	Community Cohesion ☐
	Narrowing the Gap ☐

1.0 INTRODUCTION

1.1 Attached at Appendix 1 is the current work programme for the Scrutiny Board (Adult Social Care).

1.2 Also attached for Members consideration is an extract from the Forward Plan of Key Decisions for the period 1 November 2008 to 28 February 2009 (Appendix 2) and the Executive Board minutes from the meeting held on 8 October 2008 (Appendix 3). The Board's attention is particularly draft to minute 95 *'Putting People First: Vision and Commitment to the Transformation of Adult Social Care '* requesting the Scrutiny Board to monitor progress of the personalisation agenda.

2.0 WORK PROGRAMME MATTERS

2.1 The current work programme (Appendix 1) provides an indicative schedule of items/ issues to be considered at future meetings of the Board. It also provides an outline of other activity being undertaken on behalf of the Board outside of the formal meetings cycle.

2.2 At its meeting in September 2008, the Board established a working group to undertake an inquiry into adaptations. The terms of reference were considered at the previous Board meeting on 15 October 2008.

2.3 The first meeting of the adaptations working group took place on 6 October 2008 and a further meeting was held on 4 November 2008. A verbal update on the discussions and outcomes to date will be presented at the meeting.

3.0 RECOMMENDATIONS

3.1 From the content of this report, its associated appendices and discussion at the meeting, Members are asked to:

3.1.1 Note the general progress reported at the meeting; and,

3.1.2 Receive and make any changes to the attached Work Programme.

3.1.3 Agree an updated work programme.

4.0 BACKGROUND PAPERS

None.

Scrutiny Board (Adult Social Care)
Work Programme 2008/09

Item	Description	Notes	Type of item
Meeting date – 12 November 2008			
Joint Strategic Needs Assessment (JSNA) - update	To consider an update in the development of a joint assessment that identifies the future needs of the populous of Leeds and any identified service changes/ reconfigurations	Also likely to be reported to the Health Scrutiny Board. Need to consider the timing, potential role and activity of the Board and that of the Health Scrutiny Board.	B
The Mental Capacity Act	To consider the impact, implications and proposed response to legislative changes regarding the Mental Capacity Act.	Lead Officer – Dennis Holmes. Timing of the report TBC.	B
Dignity in Care	To consider the Board's draft statement.	Principal Scrutiny Adviser to draft	
Meeting date – 24 November 2008 (TBC)			
Income Generation for Community Care Services	To provide the Board with the results of the consultation undertaken regarding Income Generation for Community Care services and any subsequent decisions.	Ann Hill to draft report	DP

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

Scrutiny Board (Adult Social Care)
Work Programme 2008/09

Item	Description	Notes	Type of item
Meeting date – 10 December 2008			
Adult Social Services- Annual Review Report (2007/08)	To consider the outcome of the annual review undertaken by the Commission for Social Care Inspection (CSCI) for 2007/08	Report scheduled for Executive Board meeting on 3 December 2008. Representative from CSCI invited to present outcomes.	PM
Independence, Well-being and Choice – inspection report	To consider the outcome of the inspection and associated action plan.	Report scheduled for Executive Board meeting on 3 December 2008. Lead inspector invited to present outcomes.	PM
Commissioning in Adult Social Care	To consider an update report on commissioning within Adult Social Services.	Further update from September 2008 Lead Officer – Dennis Holmes	PM
Inquiry into Adaptations – update	To consider a progress report from the working group and details of future planned activity.	Principal Scrutiny Adviser to draft	RP

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

Scrutiny Board (Adult Social Care)
Work Programme 2008/09

Item	Description	Notes	Type of item
Meeting date – 7 January 2009			
Performance Management	Quarter 2 information for 2008/09 (July-Sept)	All Scrutiny Boards receive performance information on a quarterly basis	PM
Dignity in Care	To receive an update on the current work and developments across the City following the report received in July 2008.	6-monthly report requested in July 2008.	B
Inquiry into Adaptations – Draft Final Report	To consider the draft final report in relation to the scrutiny inquiry into adaptations.		RP
Personalisation	To consider a scoping report on the personalisation agenda to help identify any specific aspects which the Board may wish to consider in more detail.		
Meeting date – 11 February 2009			
Independence, Well-being and Choice – action plan update	To consider progress against the action plan arising from the inspection report	To be confirmed.	PM

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

Scrutiny Board (Adult Social Care)
Work Programme 2008/09

Item	Description	Notes	Type of item
Health and Wellbeing Plan	To consider and comment on the draft plan, prior to it being considered by the Executive Board.	Added to the Budget and Policy Framework on 22/5/08(CG&A on 14/5/08) Scheduled to be considered by the Executive Board on 1st April 2009 and Council on 22nd April 2009	DP
Recommendation Tracking	This item track progress with previous Scrutiny recommendations on a quarterly basis		MSR
Meeting date – 11 March 2009			
Commissioning in Adult Social Care	To consider an update report on commissioning within Adult Social Services.	Further update from September 2008 Lead Officer – Dennis Holmes	PM
Performance Management	Quarter 3 information for 2008/09 (Oct-Dec)	All Scrutiny Boards receive performance information on a quarterly basis	PM
Meeting date – 8 April 2009			
Homecare provision	Performance report on homecare provision across the City, including independent sector providers.	Further update from October 2008 Lead Officer – Dennis Holmes	PM

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

Scrutiny Board (Adult Social Care)
Work Programme 2008/09

Item	Description	Notes	Type of item
Inquiry into Adaptations – Initial response to recommendations	To consider the initial response to the scrutiny inquiry report and recommendations into adaptations.	Need to determine the process and timing for undertaking this inquiry.	RP
Annual Report	To agree the Board's contribution to the annual scrutiny report		

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

Scrutiny Board (Adult Social Care)
Work Programme 2008/09

Working Groups			
Working group	**Membership**	**Progress update**	**Dates**
Adaptations working group	*Cllr. Judith Chapman* *Cllr. Debra Coupar* *Cllr. Stuart Andrew* *Cllr. Suzi Armitage* *Cllr. Hussain* *Joy Fisher (co-optee)* *Sally Morgan (co-optee)*	*To be confirmed*	*6 October 2008* *4 November 2008*
Proposals working group	*Cllr. Judith Chapman* *Cllr. Debra Coupar* *Cllr. Penny Ewens* *Cllr. Suzi Armitage* *Cllr. Clive Fox* *Joy Fisher (co-optee)* *Sally Morgan (co-optee)*	*To be confirmed*	*To be confirmed*
Older People's Housing working group	*Cllr. Judith Chapman* *Cllr. Debra Coupar*	*This scrutiny inquiry is being led by he Scrutiny Board (Environment and Neighbourhoods). The Scrutiny Board (Adult Social Care) nominated 2 members as representatives to serve on the working group.*	*To be confirmed*

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

Scrutiny Board (Adult Social Care)
Work Programme 2008/09

Unscheduled / Potential Items		
Item	**Description**	**Notes**
Annual complaints report	To consider the annual report and any emerging issues.	Need to consider any implications of the changed arrangements. Report published on published on 20 August 2008
Safeguarding Vulnerable Adults	TBC	Lead Officer – Dennis Holmes. Need to consider the potential role and activity of the Board. Draft Terms of Reference needed.
Continuing Care Implementation	To consider the local impact and future activity associated with implementing the national framework for continuing NHS care, further to the report presented to the Executive Board in October 2007.	Lead Officer – Dennis Holmes. Need to consider format and timing of any report.
Valuing People Now	To consider progress against the implications outlined in the report presented to the Executive Board in February 2008, alongside any future proposed actions.	Lead Officer - Paul Broughton. Need to consider format and timing of any report. Executive Board scheduled to receive an update in January 2009.

Key:			
RFS	Request for scrutiny	MSR	Monitoring scrutiny recommendations
PM	Performance management	B	Briefings (Including potential areas for scrutiny)
RP	Review of existing policy	SC	Statutory consultation
DP	Development of new policy	CI	Call in

This page is intentionally left blank

APPENDIX 2

LEEDS CITY COUNCIL

FORWARD PLAN OF KEY DECISIONS

For the period 1 November 2008 to 28 February 2009

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer (To whom representations should be made)
Request to enter into a Service Level Agreement with Adult Social Care for the Provision of Supporting People Services for People with Learning Disabilities Approval to enter into Supporting People Service Level Agreement with Leeds City Council, Adult Social Care Directorate for a period of 3 + 1 years.	Director of Environment and Neighbourhoods	3/11/08	N/A	Report and Options Appraisal for the Delegated Decision Panel	Director of Environment and Neighbourhoods
Request to enter into a Service Level Agreement with Adult Social Care for the Provision of Supporting People Services for People with Learning Disabilities Approval to enter into Supporting People Service Level Agreement with Leeds City Council, Adult Social Care Directorate for a period of 18+6 months.	Director of Environment and Neighbourhoods	3/11/08	N/A	Report and Options Appraisal for the Delegated Decision Panel	Director of Environment and Neighbourhoods

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer (To whom representations should be made)
Transforming Social Care In response to the government agenda "Transforming Social Care" (DoH LA Circular (DH) (2008)1) there will need to be a variety of changes to staffing arrangements predominantly within Adult Social Care. At this stage it is not determined what these are but as action plans are progressed it is expected that there will be a range of changes to resourcing to ensure achievement of targets. There will be a series of reports as this is developed.	Director of Adult Social Services, Director of Resources	3/11/08	As a minimum the Executive Board member, Staff and Trade Unions. However a consultation plan will be developed to ensure all stakeholders are consulted and informed appropriately.	Local Government Circular LAC (DH) (2008)	Director of Adult Social Services, Director of Resources

Key Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be Considered by Decision Maker	Lead Officer (To whom representations should be made)
Adult Social Care's Older People's Day Service-service improvement plan Approval of proposal that day services will no longer be provided at these centres: Richmond Hill, The Willows, Farfield and Pendas Way. Approval of related reinvestment plan detailing how resources released will be reinvested in older people's services.	Executive Board (Portfolio: Adult Health and Social Care)	5/11/08	Permission was given by Executive Board in July 2008 to undertake consultation with service users and carers directly affected and this has been concluded.	The document to be issued to the decision maker with the agenda for the meeting	Director of Adult Social Services
Reprovision of Windlesford Green (a hostel for adults with learning disabilities in Woodlesford) To update Members on revisions to the scheme for a new supported living development for people with learning disabilities at Windlesford Green, and to obtain approval to proceed with the revised scheme.	Executive Board (Portfolio: Adult Health and Social Care)	3/12/08	Consultation has taken place with service users, parents & carers, staff, local residents and Ward Members.	The report to be issued to the decision maker with the agenda for the meeting	Director of Adult Social Services

NOTES

Key decisions are those executive decisions:

- which result in the authority incurring expenditure or making savings over £250,000 per annum, or
- are likely to have a significant effect on communities living or working in an area comprising two or more wards

Executive Board Portfolios	Executive Member
Central and Corporate	Councillor Richard Brett
Development and Regeneration	Councillor Andrew Carter
Environmental Services	Councillor Steve Smith
Neighbourhoods and Housing	Councillor John Leslie Carter
Leisure	Councillor John Procter
Children's Services	Councillor Stewart Golton
Learning	Councillor Richard Harker
Adult Health and Social Care	Councillor Peter Harrand
Leader of the Labour Group	Councillor Keith Wakefield
Leader of the Morley Borough Independent Group	Councillor Robert Finnigan
Advisory Member	Councillor Judith Blake

In cases where Key Decisions to be taken by the Executive Board are not included in the Plan, 5 days notice of the intention to take such decisions will be given by way of the agenda for the Executive Board meeting.

EXECUTIVE BOARD

WEDNESDAY, 8TH OCTOBER, 2008

PRESENT: Councillor R Brett in the Chair

Councillors J L Carter, R Finnigan, S Golton, R Harker, P Harrand, J Procter, S Smith, K Wakefield and J Blake

Councillor J Blake – Non-voting advisory member

84 Exclusion of the Public

RESOLVED – That the public be excluded from the meeting during consideration of the following parts of the agenda designated exempt 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) Appendix A to the report referred to in minute 95 under the terms of Access to Information Procedure Rule 10.4 (4) and (5) and on the grounds that the public interest in maintaining the exemption outweighs the public interest in disclosing the information because disclosure would seriously prejudice the Council's position in negotiations and litigation in relation to current and future legal proceedings in the employment tribunal. This could result in significant cost liability to the Council which would have to be met from the public purse.

(b) Appendix 1 to the report referred to in minute 104 under the terms of Access to Information Procedure Rule 10.4 (3) and on the grounds that the public interest in maintaining the exemption outweighs the public interest in disclosing the information because publication could prejudice the City Council's financial interests in relation to negotiations currently underway with private sector investors and Yorkshire Forward.

85 Minutes

RESOLVED – That the minutes of the meeting held on 2nd September be approved.

CHILDREN'S SERVICES

86 Managing Pupil Numbers at the new Swallow Hill Community College from 2009/10

The Chief Executive of Education Leeds submitted a report on proposals for managing pupil numbers at the new Swallow Hill Community College when it opens in September 2009 including the proposed provision of an annex on the Wortley School site.

RESOLVED –
(a) That the strategy proposed to accommodate the additional pupil numbers be approved.
(b) That the expenditure from the education capital programme for the capital costs for establishment of the annex be supported.

(Under the provisions of Council Procedure Rule 16.5, Councillor Wakefield required it to be recorded that he abstained from voting on this matter).

87 Sharp Lane Primary School - Creation of New Entrance and Provision of Remodelling Works

The Chief Executive of Education Leeds submitted a report on proposals to create a new entrance and undertake associated remodelling works at Sharp Lane Primary School and to incur the necessary expenditure.

(a) That the design proposals in respect of the scheme to create a new entrance and undertake associated remodelling works at Sharp Lane Primary School be approved.
(b) That the injection of a Section 106 funding contribution, in the sum of £2,866,204, into the approved Capital Programme be approved
(c) That expenditure of £902,200 be authorised in respect of this scheme.

88 Report on the September 2008 Admission Round for Community and Controlled Schools

The Chief Executive of Education Leeds submitted a report providing statistical information on the September 2008 admission round for community and controlled schools.

RESOLVED – That the report be noted.

89 The National Challenge and Structural Change to Secondary Provision in Leeds

The Chief Executive of Education Leeds submitted a report on the context and proposals for the next phase in developing secondary school provision in Leeds with specific reference to the National Challenge response.

RESOLVED – That a review of provision in East and North East Leeds be commenced by consulting with schools, ward members, young people and communities and an options paper be brought to this Board later this year.

(Under the provisions of Council Procedure Rule 16.5 Councillor Wakefield required it to be recorded that he abstained from voting on this matter).

LEISURE

90 Deputation to Council - Friends of Woodhouse Moor Regarding the Provision of Park Wardens on Woodhouse Moor

The Director of City Development submitted a report responding to issues raised in the deputation by the Friends of Woodhouse Moor to Council in July, on proposed future capital investment, the current revenue situation and

measures taken in respect of anti-social behaviour and barbecues on Woodhouse Moor.

(a) That approval be given for the development of a fully funded bid to the Heritage Lottery Fund Parks For People Programme to be brought back to this Board for approval prior to submission.

(b) That the work of the Woodhouse Moor Multi-Agency Forum approach to tackle anti-social behaviour in the park be noted.

(c) That the proposal to consult on the potential for a barbecue area in the park be noted.

91 Garforth Library - Big Lottery Grant

The Director of City Development submitted a report on a proposal to develop a new Library and One Stop Centre for Garforth and the surrounding area following a successful bid to the Big Lottery Fund.

RESOLVED – That a fully funded injection of £1,334,900 into the 2008/11 Capital Programme be approved and that authority be given for expenditure of £1,434,900 on this scheme.

92 The Government Offer in respect of Free Swimming for those 60 years and over and the 16 years and under

The Director of City Development submitted a report on the response to the Government's offer of free swimming for the over 60s and on proposals in respect of the offer in respect of under 16s.

In presenting the report the Executive Member (Leisure) corrected information in table 1 therein with refernce to 'Leeds Share' in the right hand column by replacing "£350,000" with "£347,272" and "£143k" with "£170,714".

RESOLVED –

(a) That it be noted that officers wrote to the Development of Culture, Media and Sport by 15 September indicating acceptance of the offer for free swimming for the over 60s (Pot 1).

(b) That the Council's participation in Pot 2 to provide free swimming for the under 16s be approved and that a further report be brought back to this Board to agree allocation of government capital provided as part of the free swimming initiative.

(c) That a further report be brought to this Board in 2010/11 reviewing the free swimming scheme in light of the government funding available at that time for the continuation of such a scheme.

93 New Leaf - Financial Close Position

The Director of City Development submitted a report providing an update on the progress of the procurement through the Local Education Partnership (LEP) of the New Leaf Leisure Centres in Armley and Morley and on the financial position agreed at Financial and Contract Close, which took place on 7th August 2008.

RESOLVED – That the report be noted.

ADULT HEALTH AND SOCIAL CARE

94 Department of Health Extra Care Housing Fund Bid: 2008-2010

The Chief Officer Adult Social Care submitted a report on a proposal to redevelop Hemingway House older persons residential home in Hunslet, replacing it with 45 units of Extra Care Housing for older people, in partnership with Methodist Homes Association and the Primary Care Trust.

RESOLVED –

(a) That the proposal to develop 45 units of Extra Care Housing for older people on the site of Hemingway House, in partnership with Methodist Homes Association and the Primary Care Trust be approved.

(b) That the sale of the land at Hemingway House at less than best value to a value forgone of £225,000 be endorsed.

95 Putting People First: Vision and Commitment to the Transformation of Adult Social Care

The Director of Adult Social Services submitted a report providing an update on the work undertaken in Leeds to prepare for the personalisation agenda, since the publication of the concordat "Putting People First" In December 2007.

RESOLVED –

(a) That progress made in Leeds towards the development of a more personalised system of social care through the Self Directed Support project and other initiatives be noted.

(b) That, acknowledging the scale and scope of the transformation agenda and the challenge it presents, the approach taken in Leeds to deliver successful change be endorsed.

(c) That the direct engagement of elected members in these developments be continued by the submission of further reports to this Board, involvement in workshops, seminars, conferences and in the recently established members' forum.

(d) That the Board notes the impact Self Directed Support will have on existing service provision including directly provided services and commissioned services in Leeds and the need to accelerate the transformation of these services to meet the challenges and impact of personalisation and customer choice.

(e) That it be noted that progress and the pace of change regarding the delivery of Personalisation in Leeds will be the subject of some detailed feedback from the recent inspection of Older People's Services.

(f) That the Scrutiny Board (Health and Adult Social Care) be requested to monitor progress of the personalisation agenda.

(Under the provisions of Council Procedure Rule 16.5, Councillor Wakefield required it to be recorded that he abstained from voting on this matter).

CENTRAL AND CORPORATE

96 Pay and Grading Review (Including a response to the Deputation to Council by GMB regarding the Current Dispute on Equal Pay)

The Director of Resources submitted a report providing an update on the Pay and Grading Review and responding to the deputation from GMB to full Council on the current dispute relating to Equal Pay.

Following consideration of the appendix to this report, designated as exempt under Access to Information Procedure Rule 10.4 (4) and (5), which was considered in private at the conclusion of the meeting it was

RESOLVED –

(a) That the response to the GMB Deputation to Full Council on 2 July 2008 be noted.

(b) That the progress regarding implementation of the new Pay and Grading arrangements be noted.

97 Leeds Benefits Service Annual Report 2007/08

The Director of Resources submitted a report providing information on the performance of Leeds Benefits Service during 2007/08 and on the main issues facing the service over the forthcoming year.

RESOLVED – That the report be noted.

98 Capital Programme Update 2008 - 2012

The Director of Resources submitted a report providing an updated position on the 2008-2012 Capital Programme.

RESOLVED –

(a) That the adjustments to capital programme expenditure and resources as detailed in Appendix A to the report be approved.

(b) That the Strategic Development Fund be sub-divided into 3 investment areas as set out in section 4 of the report.

(Under the provisions of Council Procedure Rule 16.5 Councillor Wakefield required it to be recorded that he abstained from voting on this matter only in relation to those matters relating to the ALMOs programme).

99 Leeds, by Example: Developing a Corporate Social Responsibility Policy

The Deputy Chief Executive submitted a report highlighting the progress made in developing a Corporate Social Responsibility Policy for Leeds, outlining current developments and seeking agreement of a programme of work to enable the initiative to move forward.

RESOLVED – That the vision, definition and plans as set out in the report be approved and that ongoing and piloted schemes currently under development be noted.

100 Managed Print Service

The Head of ICT submitted a report on a proposed scheme to introduce a managed print service across the Council.

RESOLVED – That approval be given to an injection of £1,835,000 into the Capital Programme and that scheme expenditure in the same amount be authorised.

101 Progress Report on the PPP / PFI Programme in Leeds

The Deputy Chief Executive submitted a report providing an update on the Council's PPP/PFI projects and programmes.

RESOLVED –

(a) That the current status of PPP/PFI projects and programmes be noted

(b) That approval be given to the completion and entry into all necessary legal documentation in relation to the Design and Build contract for Crawshaw High School.

(Councillor J L Carter declared a personal interest in this item as a member of the West Yorkshire Police Authority).

102 Cohesion and Integration Priorities and Delivery Plan 2008-2011

The Assistant Chief Executive (Planning, Policy and Improvement) and Director of Environment and Neighbourhoods submitted a joint report on the development of the policy framework and strategic approach to cohesion in Leeds, highlighting a new definition of cohesion and integration and on the proposed cohesion and integration priorities 2008 – 2011 and delivery plan.

RESOLVED – That the report be noted and that the Cohesion and Integration Priorities 2008-2011 and the Delivery Plan attached as appendix 1 to the report be approved.

DEVELOPMENT AND REGENERATION

103 Pudsey Bus Station - Associated Highway Works

The Director of City Development submitted a report on the design and implementation of the associated highway works required to accommodate the redevelopment of Pudsey Bus Station.

(a) That approval be given to the design and implementation of associated highways works to the redevelopment of Pudsey Bus Station as set out in the submitted report and on drawing HDC/298886/C06, at a total cost of £766,750.

(b) That authority be given to incur expenditure of £615,000 works and £131,750 staff costs (£20,000 previously approved) which can be met from the Integrated Transport Scheme 99609 within the approved Capital Programme.

(c) That it be noted that a separate report will be presented to the Chief Highways Officer seeking approval for the advertising and sealing of the associated Traffic Regulation Orders.

104 Sustainable Education Travel Strategy and the Development of an Integrated School Transport Policy for Children's Services

The Director of City Development submitted a report on a proposed Sustainable Education Travel Strategy for Leeds and on the ongoing collaborative work between Education Leeds and Children and Young People's Social Care to develop and introduce a Children's Services School Transport Policy which encompasses all statutory demands.

RESOLVED –

(a) That the adoption and publication of the Leeds Sustainable Education Travel Strategy be approved.

(b) That approval be given for the development of a Children's Services School Transport Policy and to the intention to integrate this with the Leeds Sustainable Education Travel Strategy by September 2010.

105 Lands Lane and Central Square Refurbishment

The Director of City Development submitted a report on a proposal to spend a designated sum from the Council's Capital Programme in order to fund the refurbishment of Lands Lane and Central Square.

Following consideration of Appendix 1 to the report, designated as exempt under 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 scheme design as outlined in the report be approved.

(b) That release of expenditure and authority to spend in respect of this scheme be given in the terms detailed in the exempt appendix to the report.

106 Town and District Centre Regeneration Scheme - Armley Town Street

The Director of Environment and Neighbourhoods submitted a report on a proposal to spend £794,274 of Town and District Centre Regeneration Fund monies to aid the regeneration of Armley's Town Street.

RESOLVED –

(a) That the project brief and scheme design as presented be approved.

(b) That authority be given to spend £794,274 of capital expenditure from the Town and District Regeneration scheme.

107 Proposed Lloyds TSB Takeover of Halifax Bank of Scotland

The Director of City Development submitted a report on potential implications of the proposed takeover of Halifax Bank of Scotland by Lloyds TSB, and of action proposed by the City Council and its partners.

RESOLVED –

(a) That the proposed actions detailed in section 1 of the report be endorsed and that a meeting with representation from all political

groups be convened in the near future to consider the ongoing situation in this respect.

(b) That a further report be brought to the next meeting of this Board.

NEIGHBOURHOODS AND HOUSING

108 Deputation to Council - Designated Public Places Order Consultative Committee Regarding the Designated Public Places Order Proposed for Hyde Park and Woodhouse

The Director of Environment and Neighbourhoods submitted a report responding to the deputation from the Designated public Places Order Consultative Committee to Full Council on the Designated Public Places Order Proposed for Hyde Park and Woodhouse.

RESOLVED – That approval be given to the approach of creating two DPPO's covering Little London and Little Woodhouse immediately with consultation for a further DPPO to cover Woodhouse Moor and nearby residential areas and greenspaces to be started in October.

109 Environment and Neighbourhoods Lettings Policy Revision

The Director of Environment and Neighbourhoods submitted a report on a proposal to implement a revised version of the Council's lettings policy from Wednesday 22nd October 2008.

RESOLVED –

(a) That the implementation of the revised lettings policy with effect from 22nd October 2008 be approved.

(b) That the submitted report be used as the basis for a briefing document for all Members of Council.

110 Update report on the Regeneration of 'The Beverleys' Area of Beeston

The Director of Environment and Neighbourhoods submitted a report providing an update on the progress of the Beverleys acquisition and demolition scheme and on the proposed expenditure to undertake the scheme.

RESOLVED –

(a) That approval be given to the injection of additional private sector resources of £156,000 received from Beeston Group Repair Phase 2 additional to those previously accounted for within this group repair scheme.

(b) That Scheme Expenditure to the amount of £2,952,700 be authorised .

(c) That officers report back in future on the progress of the scheme.

111 Assistance to Vulnerable Households

The Director of Environment and Neighbourhoods submitted a report providing an update on the progress made in relation to the Assistance to Vulnerable Households scheme and of Regional Housing Board funding for the 2008-2011 programme.

RESOLVED –

(a) That scheme expenditure of £1,800,000 fully funded through Regional Housing Board grant for the three year 2008-2011 programme be authorised and that a report on progress of the Scheme be brought back to this Board.

112 Policing Green Paper - From the Neighbourhood to the National: Policing Our Communities Together

The Director of Environment and Neighbourhoods submitted a report commenting on the government green paper and outlining concerns with some of the key proposals.

RESOLVED – That the submitted report together with the resolution of the Local Government Association and Association of Police Authorities on the same subject be approved as the formal response of this Council to the Government's Policing Green Paper: From the Neighbourhood to the National: Policing our Communities Together and that the submission be made under cover of a letter from the Safer Leeds Partnership.

DATE OF PUBLICATION	10th October 2008
LAST DATE FOR CALL IN	17th October 2008 (5.00 pm)

(Scrutiny Support will notify Directors of any items Called In by 12.00 noon on Monday 20th October 2008).

This page is intentionally left blank