



SCRUTINY BOARD (ADULT SOCIAL CARE)

**Meeting to be held in Civic Hall, Leeds on
Wednesday, 11th March, 2009 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

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A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</p> <p>To consider any appeals in accordance with Procedure Rule 25* of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded).</p> <p>(* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Chief Democratic Services Officer at least 24 hours before the meeting).</p>	
2			<p>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</p> <p>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.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If so, to formally pass the following resolution:-</p> <p>RESOLVED – That the press and public be excluded from the meeting during consideration of the following parts of the agenda designated as containing exempt information on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information, as follows:-</p>	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<p>LATE ITEMS</p> <p>To identify items which have been admitted to the agenda by the Chair for consideration.</p> <p>(The special circumstances shall be specified in the minutes.)</p>	
4			<p>DECLARATIONS OF INTEREST</p> <p>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.</p>	
5			<p>APOLOGIES FOR ABSENCE</p> <p>To receive any apologies for absence.</p>	
6			<p>MINUTES OF THE PREVIOUS MEETING</p> <p>To receive and approve the minutes of the previous meeting held on 11th February 2009.</p>	1 - 10
7			<p>JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)</p> <p>To consider a further report and appendices on the Joint Strategic Needs Assessment which have been prepared for presentation to the NHS Leeds Board and the Leeds City Council Executive Board.</p>	11 - 68
8			<p>ADULT INSPECTION PROGRESS REPORT AGAINST KEY RECOMMENDATIONS</p> <p>To consider a further report updating Members of progress against specific actions in the Adult Inspection Action Plan which were specific recommendations agreed by the Proposals Working Group.</p>	69 - 74

Item No	Ward/Equal Opportunities	Item Not Open		Page No
9			<p>INDEPENDENCE WELLBEING AND CHOICE INSPECTION ACTION PLAN: JANUARY 2009</p> <p>To consider a report by the Head of Scrutiny and Member Development updating the Board with information relating to the performance of Adult Social Services against the action plan, formulated from the findings of the Independence Wellbeing and Choice review undertaken by the Commission for Social Care Inspection (CSCI).</p>	75 - 96
10			<p>ADULT SOCIAL CARE COMMISSIONING SERVICES: UPDATE</p> <p>To consider a report by the Chief Officer, Social Care Commissioning on the progress made and future plans for delivering the Neighbourhood Networks review and re-tendering exercise and describes the Adult Social Care Commissioning intentions in relation to the Independence, Wellbeing and Choice Inspection of 2008.</p>	97 - 102
11			<p>SUSTAINABLE COMMUNITIES ACT</p> <p>To consider a report by the Head of Scrutiny and Member Development providing background information on the Sustainable Communities Act and its implications for Leeds.</p>	103 - 106
12			<p>DIGNITY IN CARE DRAFT STATEMENT</p> <p>To consider the content of the final draft Dignity in Care Statement for approval, together with the circulation and publication of the statement.</p>	107 - 132

Item No	Ward/Equal Opportunities	Item Not Open		Page No
13			<p>WORK PROGRAMME</p> <p>To receive and consider the attached report of the Head of Scrutiny and Member Development, which incorporates the minutes of the Executive Board meeting held on 13th February 2009 and an extract from the Council's Forward Plan of Key Decisions for the period 1st March 2009 to 30th June 2009.</p>	133 - 162
14			<p>DATES AND TIMES OF FUTURE MEETINGS</p> <p>Wednesday, 8th April 2009 Wednesday, 6th May 2009 (Additional Meeting)</p> <p>All at 10.00 a.m. (Pre-Meeting at 9.30 a.m.)</p>	

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Agenda Item 6

SCRUTINY BOARD (ADULT SOCIAL CARE)

WEDNESDAY, 11TH FEBRUARY, 2009

PRESENT: Councillor J Chapman in the Chair

Councillors S Andrew, S Armitage,
P Ewens, Mrs R Feldman, C Fox,
T Hanley, A Hussain, T Murray and
A Taylor

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

IN ATTENDANCE : Councillor A Blackburn – Member of (Scrutiny
Board (Health)

71 Chair's Opening Remarks

The Chair welcomed everyone to the Board meeting, especially those Members from Scrutiny Board (Health) in attendance for Item 9 – Safeguarding – Strengthening Strategic Partnerships.

72 Declarations of Interest

The following interests were declared:

Councillor Chapman declared a personal interest in Agenda Item 9 (Minute 75) – Adult Safeguarding as she has a relative who works in private industry as a homecare worker.

Ms Joy Fisher – Co-optee declared a personal interest in Agenda Item 9 (Minute 75) – Adult Safeguarding as a service user and as a Voluntary Organisation representative for Safeguarding.

Ms Sally Morgan – Co-optee declared a personal interest in Agenda Item 9 (Minute 75) – Adult Safeguarding as a service user.

73 Apologies for Absence

Apologies for absence were received on behalf of Councillor D Coupar and Councillor E Taylor.

74 Minutes - 7th January 2009

RESOLVED – That the minutes of the meeting held on 7th January 2009 be confirmed as a correct record.

75 Adult Safeguarding

The Board listened to an extensive presentation given by Officers from Adult Social Services Department on Adult Safeguarding which provided Members with a factual overview of safeguarding and to provide the context of the framework Adult Social Services works within.

The presentation gave an extensive overview of:

- Who is a vulnerable adult
- What is abuse - the types of abuse and where this happens
- Responding to safeguarding by Alerter, Management, Social Workers and Safeguarding Adults Enquiry Co-ordinators
- Responding to Safeguarding – the outcomes including criminal and non-criminal matters.
- What to do to make sure that the abused person is safe and receiving any medical attention needed.
- What to do if a crime has been committed and the basic information required.
- Terminology for abuse, protection and safeguarding.
- An example of a recent Case Study.

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

- Sandie Keene – Director of Adult Social Services
- Dennis Holmes – Chief Officer Social Care Commissioning
- Christine Clark – Safeguard Adults Co-ordinator
- Emma Mortimer – Adult Protection Co-ordinator

The following leaflets were tabled at the meeting for the information of Members:

- 'Safeguarding adults from abuse or mistreatment' – the leaflet explains what adult abuse was and told you where to go in Leeds for advice and support. Members were also informed that this leaflet was in the process of being updated with new contact telephone details.
- 'Keeping yourself safe' – an information leaflet for adults who have a learning disability in Leeds.
- 'Multi-Agency Policy, Procedure and Practice Guidelines – an information leaflet for staff/volunteers who work with vulnerable adults in Leeds.

The main areas of clarification and discussion were:

- Clarification on procedure when a criminal act had been committed, or where the abused fears repercussions.

In response, the officer informed the meeting that there were a number of considerations to be made including the wishes of the individual, mental capacity and whether a criminal act had been committed to assess the

form of action. Effective communication was important especially if action had to be taken against the wishes of that person or without their consent. Advocacy support was also offered to help and support to the complainants to help them through their ordeal.

Members felt that people need to understand that abuse can take all sorts of forms and that action needs to be taken to protect them and others who may also come into contact with the abuser.

- In the case study the abusers were volunteer workers, how would their services be withdrawn?

In response, the officer informed the meeting that the Police would be involved and arrests would be made as part of the process taken through the criminal justice system.

- There were various contact points such as Advocacy Network, Victim Support Helpline etc listed in the leaflet 'Safeguarding adults from abuse or mistreatment' how are these cases co-ordinated and does this system work well?

In response, the officer informed the meeting that Leeds Adult Social Care were the lead agency and that the other agencies had an obligation to pass on information. The process did work effectively as Leeds Adult Social Care had established a close working relationship with the other agencies across Leeds, although there was always work that could be done to make improvements on any service. One of the objectives in the action plan was aimed at improving this service.

- Members expressed their concern that the study carried out in 2004 showed that 64% of abuse cases were actually carried out in people's own homes often by members of their own family. What ways had the department encouraged people abused in their own homes to come forward?

In response, the officer informed the meeting that the leaflet 'Safeguarding Adults from Abuse or Mistreatment' had been written for the general public. The leaflet was now on general release in libraries, doctors surgeries, ALMOs, community centres, care agencies etc. Those who already receive a care service from the Council had already had these leaflets delivered by their care workers.

Members expressed their concern that some of the leaflets were quite complex for people with learning difficulties or those suffering from dementia.

In response, the officer informed the meeting that there was also a leaflet published for those people with learning difficulties.

- Clarification was sought on whether the leaflets were being put on display in banks, credit union offices or the Citizens Advice Bureau for those people who might find themselves being abused financially.

In response, the officer informed the meeting that they were currently working on a marketing campaign to reach vulnerable people using media such as BBC Radio Leeds, poster campaigns and a range of different ways to increase awareness and get the information to people. More work needs to be done on the campaign and that banks, credit union offices and the Citizens Advice Bureau could potentially be included.

- How many complaints had the Council received?

In response, the officer informed the meeting the Council received around 800 complaints, compared with last year when 500 complaints were received. It was felt that the increase in the number of complaints received were due to the increase in awareness.

- How long was it before someone was in touch with the complainant once abuse had been reported?

In response, the officer informed the meeting that there used to be no timescale but with the new safeguarding policy there was now a response within 24 hours for serious cases and 48 hours for less serious cases. For life threatening cases there was an immediate response.

Members felt it was essential that response times should always be explained to the complainant at the time of reporting their complaint.

- Does the list of 800 cases show the type of abuse i.e. physical, sexual, emotional etc?

In response, the officer informed the meeting that Leeds Safeguarding Board publish this type of information and it would be included in their annual report. Cases were listed not just in terms of type of abuse but gender, age and geographical area etc.

- Were the outcomes of cases involving criminal matters included in the annual report?

In response, the officer informed the meeting that the outcomes of criminal matters were not reported at the present time and that the system would actually be revised to include this information. The Director also informed the meeting that the department would not have the figures for those cases going through the criminal justice system for the whole year and they had just started collecting this information.

- Clarification was sought on those cases involving refugees or asylum seekers who had racial abuse or had been denied health care and support etc. How was this kind of case work being dealt with?

In response, the officer informed the meeting that cases were dealt with by the kind of abuse through different agencies but it was an issue certainly worth monitoring by the department.

Members felt that contact with the Asylum Seekers network might be a group of people to be included in their network of agencies.

Board Members thanked Officers for producing such a helpful and informative presentation.

RESOLVED - That the contents of the presentation be noted and that any outstanding issues referred to above be dealt with by those officers now identified within the minutes.

Note: Councillor P Ewens joined the meeting at 10.35 a.m. during discussions on the above item.

76 Adult Inspection Progress Report Against Key Recommendations

The Chief Officer Social Care Commissioning submitted a report and appendices as agreed at the 10th December 2008 Board meeting that an update of progress against specific actions in the Adult Inspection Action Plan be provided to this Board.

The Board resolved to undertake two areas of specific safeguarding inquiries, the first one being Strengthening Strategic Partnerships (Recommendations 3, 7, 8 and 25 as outlined in the submitted report).

Appended to the report was a copy of the Memorandum of Understanding and Supporting Annexes.

Dennis Holmes, Chief Officer Social Care Commissioning gave a brief outline of his report and, together with Sandie Keene, Director of Adult Social Services responded to Members' questions and comments.

It was reported that the Corporate Governance and Audit Committee were looking directly at the multi-agency governance arrangements to be implemented by the Director of Adult Social Services to meet national standards and to help ensure the protection of vulnerable adults.

Before questions could commence on the report Members sought clarification on the allegations expressed by a Council whistleblower interviewed by Look North television which had been broadcast on 10th February 2009. It was alleged that the vulnerable would suffer as a result of proposals by Leeds City Council to reduce the number of qualified staff and replace them with unqualified, less experienced and low paid staff resulting in fewer assessments and a degeneration in services.

A long discussion ensued and the Director of Adult Social Services informed the meeting that the Council had made a statement to Look North rejecting

the claim that the proposals would put people at risk. The Council asserted that the service would in fact be improved as there was due to be greater investment in front line support. Discussions were taking place between staff and trade unions to iron out any problems. All Members of Council were to be given an explanation and update on this issue on the 11th February 2009. Members requested that the background information including the facts and figures are reported to the next Proposals Working Group for consideration.

The Co-optees suggested that the Director's explanation should be shared with partner organisations, Leeds Involvement Group and Leeds Advocacy Support, to promote understanding within the voluntary sector and engender support to the Social Services department.

The Board returned to the report and Members asked for an update following recruitment for the Head of Safeguarding post. In response the Chief Commissioning Officer informed the meeting that candidates would normally have to give three months notice after being offered the post, however there may be scope for reducing this time via negotiation. No firm job offer would be made until the candidate had successfully been processed through the usual pre-employment checks.

The Officer also informed the meeting that a letter had gone out to all the partnership organisations asking them to nominate people for the Leeds Safeguarding Adult Partnerships Board and its Sub Groups and had achieved a 50% success rate. A reminder letter would also be sent to those organisations who had not yet responded. The first meeting of the revised Safeguarding Board was due to take place on 18th February 2009, therefore, nominations were needed before the Board meeting takes place.

Members were advised that that the minutes of the Safeguarding Board meeting to be held on 18th February 2009 were due to be submitted to the next Proposals Working Group.

Clarification was sought on the two cases identified to be used as a pilot for the serious case review process.

In response, the Officer informed the meeting that with serious case reviews there was a statutory requirement to set up an independent Sub Group of the Partnership Board to oversee serious case review function which would then be reported back to the Partnership Board with lessons learnt and recommendations for action to be taken by the partners to improve how they work together.

The Chair thanked Officers for their attendance.

RESOLVED –

- (a) That the contents of the report and appendices in relation to the Adult Inspection Adult Plan be noted.
- (b) That the involvement of Corporate Governance and Audit Committee in the overview of risk management arrangements and emerging

governance arrangements arising out of the anticipated revisions to 'No Secrets' guidance be noted.

- (c) That an update on the allegations by the whistleblower will be issued to all Members of Council by the Director of Social Services be noted.
- (d) That the Director of Social Services submit an update report to the Proposals Working Group on the facts and figures regarding the modernisations proposals.
- (e) That any outstanding issues referred to above be dealt with by those Officers now identified within the minutes.

77 Independence Wellbeing and Choice Inspection Action Plan: December 2008

It was agreed by the Board at its meeting held on 10th December 2008 that the Board's Proposals Working Group (Adult Social Care) meet on a monthly basis to monitor overall progress of Adult Social Services performance against objectives set out in the Independence Wellbeing and Choice action plan. The Head of Scrutiny and Member Development submitted a report following the meeting of the Proposals Working Group meeting held on 30th January 2009.

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

- Draft Minutes of the Proposals Working Group (ASC) held on 30th January 2009.
- Independence, Wellbeing and Choice Inspection Action Plan: Summary Report December 2009.

(Note: Members requested that the traffic light system to denote stages in the action plan should be revised to take into account people who were colour blind).

The Chair gave a short introduction and informed the meeting that the Proposals Working Group had considered all targets falling within the action plan which met the following criteria:

- (a) Completed tasks within this reporting period
- (b) Overdue tasks within this reporting period
- (c) Tasks due for completion by the next reporting period
- (d) Tasks commencing in the next reporting period

The two main areas considered by the Working Group were the risk element as there had been an increase in the number of referrals for 2008/2009 and the problems with recruitment and the length of time it was taking to get people into posts.

The Chair also welcomed Dennis Holmes, Chief Officer Social Care Commissioning who responded to Members' questions and comments.

Members expressed their concern that they were still receiving quite a few complaints from patients following hospital discharges and referrals to services provided by Adult Social Services, especially from those patients being discharged from the outer hospitals like Harrogate District Hospital. In response, the Officer informed the meeting that the department were still working on this problem. Members were advised to pass these complaints on to him to make sure they go in the right direction.

The Chair thanked the Officer for his attendance.

RESOLVED –

- (a) That the draft minutes of the Proposals Working Group and the summary and progress reports for December 2008 be noted.
- (b) That any outstanding issues referred to above be dealt with by the Officer now identified within the minutes and reported back to the Proposals Working Group.

78 Draft Health and Wellbeing Partnership Plan 2009 to 2012

The Director of Adult Social Services submitted a report and a working draft of the Health and Wellbeing Partnership Plan, prior to its presentation to the Executive Board and full Council. The new plan covers both health and wellbeing, incorporating the strategic priorities for adult social care and bringing together relevant actions from a range of separate strategies into one place.

The Chair welcomed the following attendees/Officers to the meeting who outlined the report and responded to Members' questions and comments:

- Councillor Brenda Lancaster – Chair Healthy Leeds Partnership
- John England – Deputy Director Partnerships and Organisational Effectiveness – Adult Social Care
- Christine Farrar – Director, Health Improvement and Partnerships – Leeds Initiative

Councillor Lancaster thanked the Board for the opportunity to attend today's meeting then went on to give a brief outline of the health and wellbeing plan which was being overseen by Healthy Leeds Partnership. The four aims which tie in with the national priority themes are:

- Influences on health;
- People's lifestyle;
- The services people use;
- Community development and involvement

The Board were informed that this was the 10th Anniversary of the Health Plan which the Authority first joined in 1999.

In brief, the main areas of concern were:

- Clarification on the figures quoted in the indicators and targets in the action plan.

In response, the officer informed the meeting that these were national figures.

Members informed the officer that it would be useful to have more up-to-date figures and that the figures quoted should be made clearer.

- The actions in the Plan include the increase in the number of trips made by walking and cycling in a effort to reduce the rate of obesity and raise physical activity for all. Members felt there was an element of risk due to the cycling accident statistics which were desperately high and it was felt this action should include 'subject to safety'.

In response, the officer agreed that there was an element of risk in this activity and informed the meeting that cycling safety was part of the action programme.

- Concern that the Action Plan does not seem to include providing increased physical activity for people with impairments, for example those with learning disabilities.

In response, the officer informed the meeting that the Council were working closely with NHS Leeds looking at ways to promote physical activities, particularly for those people who had difficulties with access.

The Officer informed the meeting that the final Health and Wellbeing Partnership Plan for 2009 to 2012 would be submitted to the April Council meeting and it was intended to launch the Plan in July 2009.

The Chair requested a six monthly update on the effectiveness of this Action Plan.

The Chair thanked Councillor Lancaster and Officers for their attendance.

RESOLVED -

- (a) That the contents of the report and appendices be noted.
- (b) That a six monthly update report on the effectiveness of the Action Plan be submitted to this Board.

79 Dignity in Care Statement

(This item was deferred for consideration at the 11th March 2009 meeting).

80 Scrutiny Board (Adult Social Care) - Work Programme

The Head of Scrutiny and Member Development submitted a report inviting Members to consider and approve the draft working programme for the remainder of 2008/2009.

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

- The Board's draft work programme.
- An extract from the Forward Plan of Key Decisions for the period 1st February 2009 to 31st May 2009.
- Minutes of the Executive Board meeting held on 14th January 2009.

In brief, the main points discussed were:

- Proposals Working Group meeting to be held on 25th February 2009 – Look North Whistleblower issue to be reported to the working group together with correspondence updating Members of Council on the restructure.
- An additional item to be submitted to the March meeting on the proposals within the Sustainable Communities Act. This report would also be scheduled for submission to other Scrutiny Boards during the March cycle to advise Members of what powers that Act would give Local Authorities.
- Dignity in Care Statement – Report now deferred to March 2009.
- Arrangements had now been made for an additional Board meeting to be held on 6th May 2009 at 10.00 a.m. (Pre-meeting at 9.30 a.m.)
- That both the update reports on Homecare Provision and Mental Capacity Act be rescheduled for the May 2009 meeting.
- That a Personalisation Working Group be established with the same Members who attend the Adaptations Working Group, with the addition of Councillor A Taylor. The first meeting to take place on the 16th March 2009 between 2 – 4pm followed by a further meeting either Monday, 22nd April 2009 at 10.00 a.m. or alternatively, 20th April 2009 in the afternoon. Members would be contacted and asked to specify a preference.

RESOLVED - That subject to any changes necessary as a result of today's meeting, the work programme be approved.

81 Date and Time of Next Meeting

Wednesday, 11th March 2009

Wednesday, 8th April 2009

Wednesday, 6th May 2009 (Additional Meeting)

All meetings to commence at 10.00 a.m. (Pre-meeting at 9.30 a.m.)

The Chair thanked everyone for their attendance.

(The meeting concluded at 12:20 p.m.).



Leeds
CITY COUNCIL

Originator: John England

Tel: 24 78647

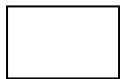
Report of the Director of Adult Social Services

Scrutiny Board Adult Social Care

Date: 11 March 2009

Subject: Joint Strategic Needs Assessment

Electoral Wards Affected:



Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1. Executive Summary

Following consultation with three Scrutiny Boards and a range of stakeholder and partnership groups, a report on implementing the initial phase of Joint Strategic Needs Assessment (JSNA) has been prepared for presentation to the NHS Leeds Board and the Leeds City Council Executive Board. The initial report covers the following issues:

- Confirms that the priorities identified in the Leeds Strategic Plan for health and well being and NHS Leeds Strategy are supported by the available evidence.
- Identifies priorities for the medium and long term, which will need to be addressed through future commissioning of services.
- Identifies areas where further work is required to understand the needs of the population group or community in greater detail
- Makes recommendations on steps to strengthen partnership working in support of strategic needs assessment.

The report to the Executive Board, seeks agreement for the publication of the report, and alerts the Executive Board to the important role that the JSNA process will play in identifying priorities for future service commissioning and resource allocation. In addition the Executive Board has been advised of the interest shown by Scrutiny Boards in the JSNA work and suggests that an overview of JSNA work will feature in future Scrutiny Board work programmes.

2. Introduction:

- 2.1 Attached to this report is the cover report prepared for Executive Board 4 March 2009 and the report of the initial stage of the JSNA work programme, titled Implementing the Leeds Joint

Strategic Needs Assessment Framework A similar report has been presented to the NHS Leeds Board, and received the Board's endorsement. The Adult Social Care Scrutiny Board, along with Health and Children Scrutiny Boards were consulted when the report was at an early draft stage, and a summary of the key points emerging from the consultation is contained in the report to the Executive Board.

3. Next Steps:

- 3.1 The purpose of the Joint Strategic Needs Assessment is to inform and influence future priorities and commissioning decisions. There should be evidence set out in future commissioning plans, which demonstrates how the JSNA has been used to shape those plans. Already, NHS Leeds, in preparing its submission for World Class Commissioning, has used the JSNA work to inform and influence the priorities they have set for the next five years. External evaluation of their preparations for World Class Commissioning sought evidence of how these connections were being made and assurance that arrangements were in place to sustain JSNA along with partners.
- 3.2 For the City Council, the JSNA, has as a minimum, to influence commissioning for children's services and adult social care, as well as the Council's role in promoting health and tackling health inequalities. The JSNA in Leeds has adopted a broad definition of health and well being and has looked extensively at factors which are significant determinants of good health, for example housing condition, and opportunities for sport and active recreation.
- 3.3 Finally, the report to the Executive Board draws attention to the steps being taken to sustain the JSNA process. Most important amongst these steps is work to develop a data depository, which can store in one place the data and information required to undertake the strategic needs analysis. The Council and NHS Leeds are working together to develop a proposal, for a shared resource, which will, in the long term, also have a degree of public access. A joint team of information and data analysts has also been established between the two agencies. Secondly, both agencies have agreed to collaborate and share information gained from public consultation and involvement, which may also include the use of a shared database. Along with data, the 'softer' qualitative information plays a key role in the analysis and identification of future needs.

4. Conclusion and Recommendation

- 4.1 The JSNA is work in progress, and a plan has been identified for the next stage of the work programme. As the JSNA has such a strategic significance for priority setting in the future it is anticipated that a number of Scrutiny Boards will want to be kept informed of the work and receive periodic reports. Future Scrutiny Board inquiries may also find it helpful to receive relevant information on the strategic needs assessment where the focus is a population group or social or health condition.
- 4.2 The Scrutiny Board is asked to note this report and offer further comments on the JSNA work.

Background Documents referred to in this report

Executive Board Report – 4 March 2009

Implementing the Leeds Joint Strategic Needs Assessment Framework



Implementing the Leeds Joint Strategic Needs Assessment Framework

Document Status DRAFT

Document Author		Date	18 th February 2009
Status	Final Draft	Current Version	3.7
First Issued	13 October 2008	Issued Version	

Working in partnership through the Leeds Initiative ¹

Acknowledgements

We would like to express our thanks to the many colleagues in NHS Leeds; Leeds City Council and the voluntary sector who assisted the core programme team, operational group and project groups in the preparation and process for the development of the Leeds JSNA by sharing their information, collecting and obtaining data and contributing their expertise.

In particular our thanks go to Allison Beal Programme Manager, Charles Cross, Mark Edmonds and Tony Long (Department of Health); The members of the Programme Board and other colleagues of the Operational Group who steered the process throughout; John England , Jane Stagemen, Jacky Pruckner, Mike Simpkin, Simon Hodgeson, Stuart Cameron Strickland, John Maynard (Leeds City Council); Jill Copeland, Sharon Yellin, Lucy Jackson , Janice Burberry, Alastair Cartwright, Alison Straughan, Nichola Stephens, Paul Sandon, Richard Dixon, Chris Cooper, Brian Smith and Frank Wood (NHS Leeds).

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1. Foreword

Health and Social Care in Leeds faces considerable challenges over coming years as the city continues to grow.

With a predicted increase in the population, a rise in the number of older people and an increasingly diverse community, so there will be changing and expanding demands placed upon the health and social care system.

It is essential that we are able to respond to meet these challenges whilst ensuring the highest possible standards of service provision are maintained.

To assist, we must understand the type of care and the level of need we need to cater for both now and in the future. Such information is crucial in making decisions around commissioning and shaping future health and social care services.

The new requirement to prepare a Joint Strategic Needs Assessment (JSNA) for Leeds is seen as an important step in helping us to make these difficult commissioning decisions, and is a process that is fully supported by the City Council and NHS Leeds.

Both organisations have been working closely together with partners (including voluntary and community agencies) to 'pool' wide ranging information and data that provides a comprehensive picture of the health and wellbeing needs across Leeds and the issues that we will need to tackle over coming years.

Leeds has a good reputation for joint working, and the Leeds Initiative partnership has set out a challenging "Vision for Leeds". Health and wellbeing is an important part of that work and the JSNA helps provide clarity around the direction we should be taking if we are to fulfil the ambitions set for the city.

This process is not a one-off, and we will continue to work closely together to ensure this valuable work is embedded into the way we do business.

Ultimately, we hope that the findings of the Joint Strategic Needs Assessment will stimulate and guide both our organisations and our partners to work together to improve the health, well-being and independence of the community of Leeds.

We would be pleased to hear your views on either the approach we have taken to JSNA in Leeds or to this document.

Dr Ian Cameron
Director of Public Health
NHS Leeds

Sandie Keene
Director of Adult Social Services
Leeds City Council

Rosemary Archer
Director of Children's Services
Leeds City Council

2. Executive Summary

JSNA - What is it?

Leeds City Council and NHS Leeds have a new statutory duty to produce a Joint Strategic Needs Assessment (JSNA) that identifies the currently unmet and future health, social care and wellbeing needs of the local population.

The legislation intends that the JSNA will inform the plans, targets, priorities and actions necessary in reducing identified inequalities and achieving the desired health and wellbeing outcomes for Leeds.

Core to JSNA is a data pack that provides a comprehensive profile of Leeds across a number of areas crucial to the health and wellbeing of the population:

- Demography
- Socio-economic and environmental factors
- Lifestyle (particularly 'healthy living') issues
- Ill health
- Health and Social care service provision

To complement the analysis we have drawn upon a richness of 'softer' information provided by the public, patients, service users and carers.

What have we learnt?

So what has the first JSNA process told us? It has confirmed that the priorities identified in the Leeds Strategic Plan (2008-11) and NHS Leeds's Strategy are the right priorities to be tackled at the present time. They include:

- Narrowing the gap in 'all age all cause' mortality between the average for Leeds and for people living in the more deprived areas of the city
- Addressing the increasing incidence of circulatory diseases and strokes
- Tackling obesity and raising levels of activity across all ages, but particularly the young
- Improving sexual health and reducing rates of teenage conception
- Improving mental health and emotional wellbeing
- Improving the quality and responsiveness of services that provide care and support for people
- Improving the safeguarding of children and adults

However, the analysis has also raised the need for further work in new areas, for example:

- Responding to the needs of an ageing population who are living much longer
- Ensuring that tomorrow's children and young people are healthier – unhealthy children of today will become the unhealthy adults of tomorrow
- Tackling the present Infant mortality rates which are significantly higher than the national rate. The rate in some areas demonstrates particular issues in some communities

- A need to counteract potential widening inequalities between neighbourhoods
- A continuing focus on specific health and wellbeing challenges around obesity, alcohol, drug taking and smoking.

The full data pack can be found on the websites for NHS Leeds and Leeds Initiative (www.leeds.nhs.uk; www.leedsinitiative.org) A more detailed summary of the data is included within this report

How are we going to respond? - sustaining the JSNA process

The Commissioners from both organisations identified a number of areas for future enhancement, which are included as part of the JSNA Action Plan (attached as Appendix C):

- Greater disaggregation by localities and communities of interest, linked to an ability to benchmark data across those areas
- More developed information on cost analysis and value for money
- An integration of wider social indicators with the health data
- Enhanced information on projections and trajectories to better inform longer term commissioning decisions
- 'Up to date information for commissioning to be refreshed on an ongoing basis and providing relevant information, when it is needed, which could be readily accessed by city partners

Further work is planned with Commissioners to refine thinking about useful additional data and plan for a 'refresh' of information to ensure that the JSNA information adds maximum value to future commissioning decisions.

Next steps

This first JSNA required and benefited from close working across Leeds City Council and NHS Leeds with partners. Looking ahead it is clear that this process must be more fully embedded into the existing partnership governance arrangements and better aligned with emerging planning and commissioning cycles.

Some of the key actions over the year ahead will be to:

- Embed the governance of and responsibility for JSNA into wider partnership arrangements
- Extend locality profiling to enable data to be used to build a comprehensive picture across specific local areas of Leeds
- Populate data gaps where identified, including specifically strengthening the evidence base across all equalities strands and the specific population groups set out in the previous section
- Develop and implement a shared data repository approach to ensure information is maintained and accessible

- Ensure all future qualitative information is integral to the arrangements and, like the core dataset, is readily accessible, by developing central database arrangements
- Develop longer term projections for a wider range of communities of interest, localities and city wide targets
- Develop a partnership with higher education to address identified needs in relation to further research and predictive modelling and analytical techniques
- Explore how the JSNA can be extended to support all strategic outcomes in the eight themes of the Leeds Strategic Plan 2008-11

3. Introduction

Joint Strategic Needs Assessment is a process by which the local authority and primary care trust understand the currently unmet and future health, social care and well being needs of the local population.

Understanding the current position, trends and projections will support future planning, commissioning and delivery of services. The JSNA is not a strategy or commissioning plan but should be used to inform their development, together with other commissioning intentions, the Local Area Agreement (LAA) and the Sustainable Communities Strategy (in Leeds described as the Vision for Leeds 2004-2020).

The duty to undertake a Joint Strategic Needs Assessment is set out in Section 116 of the Local Government and Public Involvement in Health Act (2007). This annual duty commenced in April 2008.

Leeds has a strong reputation for joint working, and both NHS Leeds and the City Council view the new requirements as enhancing the needs assessment work that has already been undertaken.

Core to the new arrangements has been the collation of a range of data required under JSNA, providing comprehensive information on health and wellbeing in Leeds.

A separate compendium is available that contains the complete dataset. This document, Leeds' first JSNA report, summarises the information drawing out the key characteristics for Leeds and poses a number of important questions around future priorities for the city.

This report also sets out how the JSNA arrangements will be embedded and aligned with planning and commissioning arrangements, how increasingly the data will be used to profile specific localities across Leeds, and finally how the process will extend beyond the current JSNA focus on health and wellbeing, supporting the work of all the main partner activity across Leeds, under the umbrella of the *Leeds Initiative*. This is the city's strategic partnership group that, under the leadership of the city council, brings together the public, private, community and voluntary stakeholders of Leeds.

But that is for the future. The aims of the first JSNA in Leeds have been to:

- Describe the JSNA process within Leeds;
- Provide a profile of health and well being for Leeds;
- Draw out some of the key themes emerging from the data and how these align with existing priorities;
- Set out a how the JSNA should become more integrated into a sustainable process that is aligned to the commissioning and planning frameworks within the city; and
- Include a clear plan of action for the short, medium and longer term.

4. The JSNA Process

Context

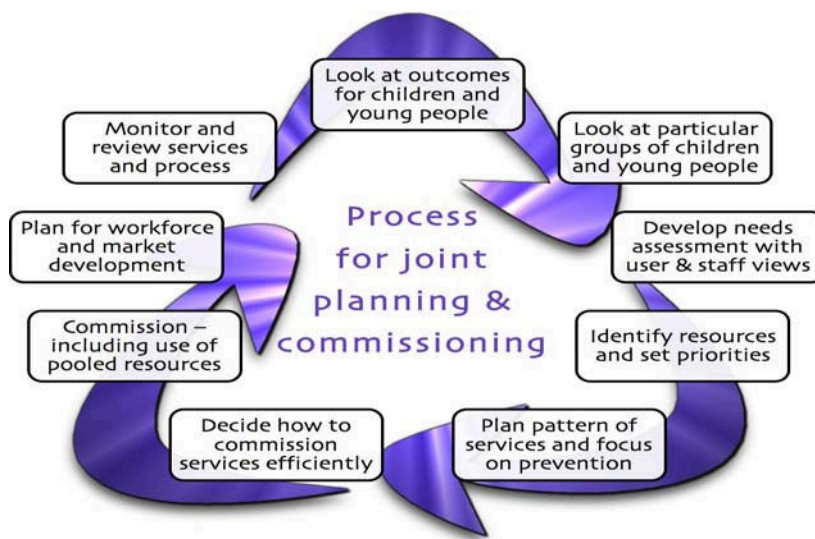
The new statutory requirement for a Joint Strategic Needs Assessment (JSNA) was first introduced in the Department of Health's *Commissioning framework for health and well-being*, published in March 2007. The JSNA is expected to “describe the future health, care and well-being needs of local populations and the strategic direction of service delivery to help meet those needs”.

At the heart of the JSNA process is the need to gather data that covers a range of areas crucial to understanding the health and wellbeing of the local population [Appendix A to this document sets out the core Dataset required under JSNA, where the specific data is held and can be accessed].

Analysis of the information highlights areas of current and future needs of the population and will help the relevant health and social care organisations to reflect on existing priorities and how both the commissioning and delivery of services might need to change to meet these wider health and wellbeing ambitions.

Commissioning as a way of working encourages public sector organisations to develop a more structured approach to identifying needs, setting and reviewing priorities and deciding the best way to meet and allocate resources.

The Diagram below depicts a nine step cycle of joint planning and commissioning. This is a universal process, developed for children and young people, but which is understood by health, education and social care sectors – an important first step in creating a common language and understanding of commissioning as a dynamic process.



The cycle depicts commissioning as a continuous process designed to drive improvement. While the JSNA supports the whole commissioning cycle, it has a key role to play in four particular elements: strategic needs assessment; planning and service design, deciding how to deliver and with whom, reviewing and monitoring outcomes.

The JSNA Process in Leeds

The identified benefits for JSNA in Leeds

NHS Leeds and the City Council recognise clear benefits of co-developing the JSNA that will build upon joint working already underway in Leeds. Those benefits include:

- Improved partnership working
- Greater engagement by organisations representing the public in the JSNA process
- More effective processes for data collection and analysis
- Improved planning and decision making
- Agreed joint commissioning priorities for Leeds
- Agreed approaches for tackling inequalities

The focus on the health and wellbeing needs of the population builds on analysis already undertaken to inform the needs assessment in other statutory plans. Most notable are the recently published Children and Young Persons Plan, the Joint Strategic Assessment – Safer Leeds, the 2008 Annual Report of the Director of Public Health Report and Measuring the Gap: Tackling Health Inequalities (Healthy Leeds/Yorkshire Public Health Observatory) report which contains extensive assessments of need.

Fundamental to delivery of this first JSNA process has been partnership working, achieved through the leadership of the Director of Adult Social Services (Leeds City Council), the Director of Public Health (NHS Leeds) and the Director of Children's Services (Leeds City Council).

This joint team has guided the development of Leeds first JSNA supported by specific work streams that:

- Collected the core data set required under JSNA and led the analysis that identified the emerging themes
- Examined how the process could be embedded and the planning and commissioning cycles across the City Council and NHS Leeds better aligned for the future
- Engaged stakeholders as part of the process building upon important work conducted for the Vision for Leeds, the Leeds Strategic Plan and its Local Area Agreement.

Building Upon Current Health and Wellbeing Priorities

Although the duty to prepare a JSNA is new, there is a strong history of partnership working across the city's main stakeholder organisations. The Leeds Initiative is the city's strategic partnership group, founded in 1990, which brings together key

Working in partnership through the Leeds Initiative 10

stakeholders in the public, private, community and voluntary sectors and sets out a long-term vision and a set of priorities for the development of the city.

The ‘*Vision for Leeds*’ recognises that health and wellbeing inequalities exist and propose a challenging agenda to ‘narrow the gap’. The articulation of these ambitions is embodied in the Leeds Local Area Agreement (LAA), a three year agreement (2008-2011) between central government and the local area (Leeds City Council and the partnership) that sets out priority areas for improvement, and is underpinned with a range of clear targets and milestones [see the text box below].

The strategic plans and commissioning arrangements for NHS Leeds and Leeds City Council therefore reflect both the priorities agreed across the partnership and nationally with Government as well as other local service specific priorities. This work will increasingly be refreshed and informed by JSNA.

The Leeds City LAA Health and Wellbeing Priorities:

1. Reduce premature mortality in the most deprived areas
2. Reduce the number of people who smoke
3. Reduce the rate of increase in obesity and raise physical activity for all
4. Reduce teenage conception and improve sexual health
5. Improve the assessment and care management of children, families and vulnerable adults
6. Improve psychological, mental health, and learning disability services for those who need them
7. Increase the number of vulnerable people helped to live at home
8. Increase the proportion of people in receipt of community services enjoying choice and control over their daily lives
9. Improve safeguarding arrangements for vulnerable children and adults through better information, recognition and response to risk

Public and Stakeholder Engagement in JSNA

It is essential that a wide range of stakeholders, including communities, are involved in JSNA. In Leeds, public and stakeholder engagement has been in four main areas:

1. **Utilising existing mechanisms** was important to this first JSNA as both NHS Leeds and Leeds City Council engage regularly with communities, and have a richness of information from which to draw. For the first time an overview of all the related consultation and engagement activity taking place across the city has been produced which summarises the key messages from public, patient, service user and carer feedback. The key sources for this information include :
 - Development of the Leeds Strategic Plan and Local Area Agreement (LAA), which was published in July 2008 and followed extensive consultation with stakeholders
 - Leeds City Council development and use of a quarterly citizens panel

- Development of numerous voluntary sector forums and involvement projects including Leeds Voice Health Forum, Volition, Leeds Involvement Project, Voluntary Action Leeds, Healthy Living Networks/Centres
- Various patient and service user groups linked to specific work streams within health and local authority services
- Community and patient surveys including the annual NHS Leeds patient survey, GPAQ GP practice patient surveys, the residents and place surveys undertaken by LCC and the annual public perception survey undertaken by NHS Yorkshire and Humber.

Additionally, elected members of the City Council were invited to contribute to JSNA. The report and particularly the findings were discussed with members of three scrutiny boards, whose views have shaped its development and the setting of consequent priorities.

2. A well attended JSNA Stakeholder Event in April 2008 included many colleagues from across the City Council, NHS Leeds, Leeds Voice Health Forum, Leeds LINK Preparatory Group and LCC Children's services unit working in partnership to explore methods of collating qualitative information and developing sustainable processes for working in the future.

The event highlighted a number of population groups where it was felt that health and social care organisations needed to continue to strengthen available data as a means of better understanding need. These included:-

- Asylum Seekers and newly arrived communities
- Black and Minority Ethnic Groups
- People with Learning Disabilities
- People with problems associated with Mental Health
- Offenders and Prisoners
- People with Physical disabilities
- Vulnerable Children and Older People

Subsequent workshops have built further upon the views shared at that initial event and built these into the JSNA process and outcomes. Community representatives have been engaged in workshops and the Leeds LINK preparatory group nominated representatives to join the stakeholder work stream. For voluntary sector engagement, Leeds Voice health forum established a working sub group to support the process and nominated representatives also attended the main working group to feed any relevant issues into the process.

3.. **A Survey of Commissioners** was conducted from across Health and the City Council to better understand their views of JSNA, the gaps in information that may exist and how they will use the data to inform future commissioning decisions.

There were a number of positives, with Commissioners believing that JSNA

- Was an important starting point, providing robust citywide information to support commissioning
- Particularly helpful in identifying service development gaps
- Provided useful consolidated information regarding health outcomes for particular groups and diseases
- Would enable practice based commissioning consortia and other locality based structures to better understand the detailed needs of their local population

The Commissioners also identified a number of areas for future enhancement that have formed an important part of the JSNA Action Plan (attached as Appendix C). In summary this has included:

- Greater disaggregation by localities and communities of interest, linked to an ability to benchmark data across those areas
- More developed information on cost analysis and value for money
- An integration of wider social indicators with the health data
- Enhanced information on projections and trajectories to better inform longer term commissioning decisions
- 'Up to date information– to be refreshed on an ongoing basis and providing relevant information, when it is needed, which could be readily accessed by city partners

Further work is planned with Commissioners to refine thinking about useful additional data and plan for a 'refresh' of information to ensure that the JSNA information adds maximum value to future commissioning decisions.

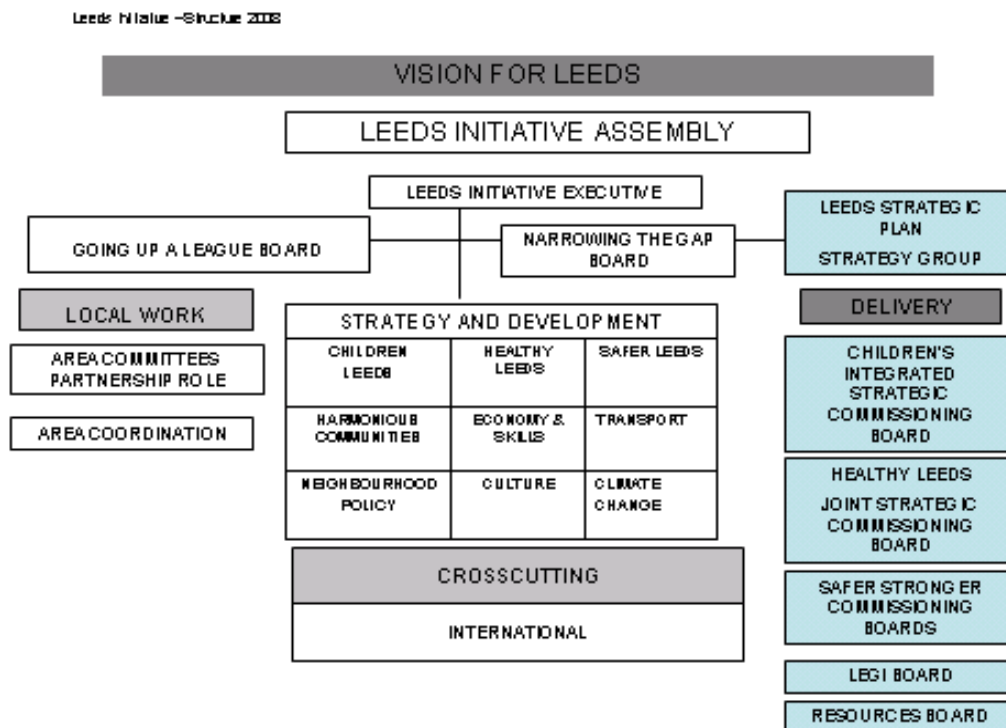
4. How the JSNA will inform commissioning in Leeds

Who are the commissioners in Leeds?

The different stages of commissioning in Leeds take place through a number of related forums. These include arrangements at individual statutory organisations (including Practice Based Commissioners), at strategic, operational, locality and individual levels, and through joint partnership bodies, including the Healthy Leeds Joint Strategic Commissioning Board, Children Leeds Integrated Strategic Commissioning Board and the Safer Leeds Commissioning Board.

The JSNA for Leeds supports these teams to develop more effective systems for data collection and analysis, improve their planning and decision making processes and agree joint commissioning priorities for the city. Diagram 2 summarises the partnership governance arrangements in the city:

Diagram 2 – Leeds Initiative: Partnership Governance



5. A Profile of Leeds

The summary below is based on the more detailed information and analysis within the Leeds JSNA data pack available on both NHS Leeds and Leeds Initiative Websites

Context

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.

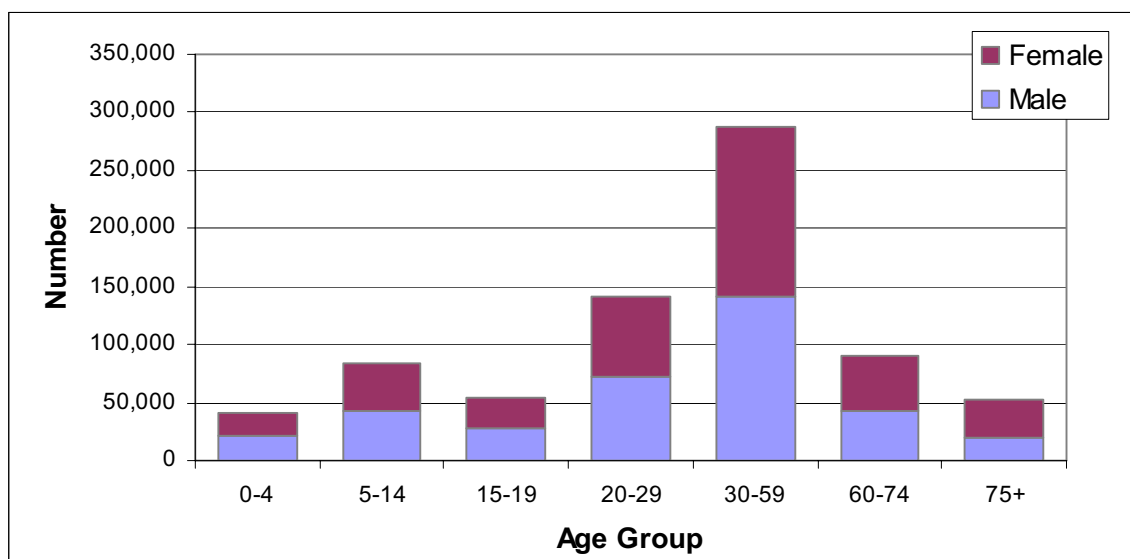
Despite the success of the city as a whole there are still unacceptably wide gaps between those areas that are wealthy and thriving and those that suffer high levels of multiple deprivation, which the city and its partners are committed to tackling through the "narrowing the gap" agenda.

Demography

The latest available data (2006) estimates the population of Leeds to be 750,200, an increase of 4.9% since 2001.

The table below sets out the age profile for Leeds. Approximately 80% of the population are under 60 years of age with 24% aged below 20 years of age. Nearly 15% of people are over the age of retirement, which is slightly below both national and local averages.

Table 4 : Population by Age Group and Gender



Leeds has a significantly higher proportion of 15-29 year olds (26% compared to a national average approaching 20%), including a significant student population with more than 60,000 students studying in the two universities in the city. This contributes to Leeds having a particularly *transient population* with students, many of whom will live and study in the area during term time, moving away during the holiday periods.

Leeds is a culturally diverse population. In mid 2006 ONS estimated that 15.1% of the total resident population comprised people from *Black and Minority Ethnic Communities* (including the Irish and other white populations). The 2006 BME population for England was estimated at 15.8%.

Socio-Economic Context

Deprivation

The Government produced Indices of Deprivation provide a detailed analysis of the range and extent of deprivation across England.

Although Leeds as a whole is ranked as 85th most deprived area (on one of the district measures), 95 out of the 476 small areas in the city that are used to calculate these statistics are ranked in the most deprived 10% in England. The majority of these are located in the inner city and just fewer than 150,000 people (20% of the resident population) live in these areas. A quarter (25%) of all children in the city live in these most deprived areas together with 18% of the city's older people.

Employment Rate

Leeds has seen sustained job growth over the last 20 years and latest figures (2006-2007) show the overall employment rate in the city to be 75.3%, which is above the current England average.

This is expected to rise further over the coming ten years with in excess of 21,000 jobs being created within finance and business services and the public service sector, accounting for approximately 45% of the city's total net employment growth. However the rapid recession of late 2008 could have a significant impact on these predictions.

Worklessness

Despite this growth and the ongoing programme of city-wide regeneration not all people currently enjoy the relative prosperity, with almost 65,000 people of working age not in employment and claiming some kind of benefit. The estimated 'real' level of unemployment in Leeds in 2007 was 29,500, a rate of 6.4%

At 28.7% the claimant rate in the Leeds “deprived area*” is more than double the rate for the city, whilst across the city 6.5% of the working age population are claiming Incapacity Benefit, rising to 12.4%, nearly twice the city average in the “deprived area”.

[* footnote: In the report ‘Measuring the Gap: Tackling Health Inequalities’ the ‘deprived area’ was defined as the 100 Super Output Areas ranked in the most deprived 10% nationally on the 2004 Index of Multiple Deprivation.]

Earnings

In 2007 gross average hourly earnings for full-time workers in Leeds were £10.84. This was below the England average of £11.58 but above the Yorkshire and The Humber regional average of £10.53 [See table 5 below]. Although the rate for men is higher than that for women, the gender pay gap in Leeds was smaller than both the national and regional rates, and has fallen since 2002.

Table 5 : Average earnings for full-time workers

	Hourly (£)	Weekly (£)	Annual (£)
	Median	Median	Median
England	11.58	462.60	24,428
Yorkshire & The Humber	10.53	425.00	22,369
Leeds	10.84	429.20	22,591

Local Authority administered benefits

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. By contrast in the “deprived area” the benefit take-up rate is 44% almost double the average for the city.

Housing and Living Arrangements

The latest available data (2007) shows there to be just under 322,500 households in Leeds of which 77% are privately owned (either by owner occupiers or for private renting), 18.5% are local authority owned and 4.5% are owned by other Registered Social Landlords. This is an increase of 21,500 households since 2001.

There is a clear link between high standards of accommodation and improved health outcomes and improving homes to decent standards remains a priority for action. By March 2008 77% of local authority owned homes complied with the Decent Homes Standard, and the target is to bring all council owned stock up to the decency standard by the end of 2010/11.

Similarly the City Council undertook a “Private Sector House Conditions Survey”, which estimated that there were 247,850 private sector dwellings in Leeds (either owner occupied or privately rented), of which 67% could be classified as decent.

6. Ill Health

Introduction

All Age All cause Mortality (AAACM) is an overarching measure for a number of the mortality data sets within the JSNA data pack. This work is also supported by the national inequalities target which aims that by 2010:

- the average life expectancy at birth in England will be increased to 78.6 years for men and to 82.5 years for women
- there will be a reduction in health inequalities as measured by infant mortality and life expectancy at birth

The current position is set out below, but in summary the AAACM rate for Leeds is around the national average, and in line with national trends, is continuing to fall.

However the trajectory for narrowing the gap between Leeds overall and deprived Leeds is of significant concern. The deprived areas of Leeds have mortality rates significantly higher than Leeds, Yorkshire and Humber spearheads and the national average.

Ill Health : key facts and figures

The data sets have highlighted a number of important characteristics in respect of ill health:-

Life Expectancy

People in Leeds on average can expect to live until the age of 79. Men generally live less long than women and the gap on 2004-6 figures was 4 years. But the biggest difference is correlated to deprivation. There is a life expectancy gap of 10 years between the ward with the highest life expectancy (Adel and Wharfedale) and the lowest (City and Hunslet);

All Age All Cause Mortality

In the 1990s the all age, all cause mortality rate for Leeds as a whole tended to be around the national average and below the regional average. Since 2000 all three rates have tended to fall but the national mortality rate has fallen faster than the rate in Leeds. During this period the mortality rates in the deprived parts of Leeds have remained significantly higher than in comparable areas with little improvement in comparison to the Leeds and national averages.

Circulatory Disease Mortality

Within Leeds the mortality rate under 75 years from circulatory diseases ranged from 50 per 100,000 in Adel and Wharfedale to 224 per 100,000 in City and Hunslet electoral wards.

Mortality rates under 75 years in the deprived areas of Leeds from circulatory diseases were consistently and significantly higher than the Leeds, Yorkshire and Humber Spearhead and national averages between 2001 and 2005.

Cancer Mortality

Mortality rates under 75 years from cancer in the deprived areas of Leeds were consistently and significantly higher than the Leeds, Yorkshire and Humber Spearhead and national averages. Although there was an initial 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 2005-2007, with all the other inner areas also showing rises.

Chronic Obstructive Pulmonary Disease (COPD) Mortality and Prevalence

For men, COPD is the fourth highest cause of death and hospital admission in Leeds. For women it is the fifth highest. 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. The recorded prevalence of COPD in Leeds is 1.6% (QOF data 2005/6) compared to the national rate of 1.4% for England. However the prevalence rate in "Leeds deprived" is 2.2%

Stroke Mortality

Mortality from stroke has continued to fall in the majority of Leeds areas since 2003. Highest rates are in the inner North East area, but there are also high rates within the outer East.

Limiting Long Term Illness (LLTL)

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 that people with an LLTL are concentrated in particular geographic areas of the city

Main 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.

Similarly, CHD was the most common cause of death in women in 2006, followed by cerebrovascular disease, though this is not reflected in the figures for hospital admissions.

7. Healthy lifestyles

Introduction

Encouraging healthy lifestyles is important to improving the overall health and wellbeing of the Leeds population. One key stream of work to reduce health inequalities is around behavioural change, encouraging people to stop smoking, drink responsibly, eat better and exercise regularly.

The data sets have highlighted a number of important characteristics in respect of health and well being in Leeds:-

Healthy Lifestyles : The key facts and figures

Smoking

The link between deprivation and smoking is clearly seen across Leeds. 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 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.

Alcohol Admissions

Alcohol consumption in Leeds is of particular concern with an estimated 155,000 adults drinking above the 'safe drinking' guidelines, and an estimated 25,000 thought to be dependent. In 2004 the number of deaths linked to Alcohol across the Yorks and Humber region rose by more than 46%, the largest rise in the country. Alcohol related death rates are 45% higher in high deprivation areas.

The annual cost of alcohol misuse in Leeds is estimated to be at £275 million, of which £23 million is health related.

Obesity

In 2005, 22.1% of men and 24.3% of women were obese and almost two-thirds of all adults overweight.

In 2003 it was estimated that nearly a quarter of males in Yorkshire and Humber (24.6%) were obese and that the region had the highest obesity prevalence among young adult males (aged 16-24).

Physical activity

The Citizens Panel Sports Provision Survey 2000 found 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.

However by contrast, a major national participation survey commissioned by Sport England in October 2005 showed 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% and below the England average of 21%.

8. Children and Young People

Introduction

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

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

The current position in Leeds is set out below:

The key facts and figures

Staying Safe

The focus here is information in respect of Looked After Children. The numbers of looked after children in Leeds are significantly higher than statistical neighbours and are increasing.

At September 2007 Leeds had 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.

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 JSNA data 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).

- 3 year rolling rates showed a rising infant mortality rate for Leeds. Though this has levelled off in the most recent year, it remains in contrast to the national downward trend.

Teenage Conceptions

- The Leeds national target is to reduce the rate by 55% from 1998 baseline. The Leeds latest rate figure (2006) is 50.7 per 1000 females aged 15-17 which is 0.4% above the 1998 baseline. This is considerably higher than the national rate, is not a reduction and at present achievement of the 2010 target rate of 22.7 per 1000 females aged 15-17, represents a significant challenge.

Obesity

- Across all categories Leeds is very slightly below the regional and national averages at reception. However 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 which is broadly 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 and is on target to achieve 90% by end of 2008

The Every Child Matters survey also covered nutrition, smoking, alcohol, drug use, and sexual health. The main findings suggest:-

- *Nutrition.* Only a third of younger children 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).
- *Smoking.* 12 % of Year 9 pupils and 22% of Year 11 pupils report regular smoking
- *Alcohol.* 46% of 50% of Year 5 pupils have never drunk alcohol, but that this proportion falls to 6% in Year 11. Survey 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 survey suggest that the proportion of pupils indicating that they have used illegal drugs rises from 11% in Year 9 to over a quarter of young people (28%) in Year 11
- *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.

Enjoy and achieve

This area 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 its 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.

Achieving Economic wellbeing

- **Children and poverty** -The data shows that 1/5th of all children in the city live in families where no-one are in work. In the “deprived area” over 40% of children live in workless households – double the city average
- **Young people Not in Education Employment or Training** after Year 11 (NEET) in 2006, was 8.2%. 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.

9. Adults and Older People

Introduction

The 2001 Census reported that Leeds had a population of 715,400 but the Office of National Statistics (ONS) estimates that the mid 2007 Leeds population was around 761,124 of whom 449,400 were of working age and 128,500 were of pensionable age (<60M <65F). There were just under 110,000 people aged 65 or over.

A significant proportion of adults require support and services from Adult Social Care and other services. In addition a large number of community based organisations are funded by Adult Social Care to provide preventive services for people with lower level needs.

Trends show that the requirements for social care services are growing as people live longer. It is predicted that the number of people aged 65 and over will rise by almost 40% to 153,600 in 2031. Whilst people are healthier and living longer generally, the incidence of physical disability and mental health problems increase significantly with age. Dementia is a condition that particularly affects older people with prevalence rising from 5% of those aged 65 to 75 to 20% of those aged over 80. In Leeds this equates to approximately 6,000 older people.

Demographic and other changes (such as shorter stays in hospital) are also having an impact on other groups who require Adult Social Services including people with learning disabilities. It is estimated that by 2011 there will be an 8% increase in the numbers requiring services. A further impact is the increased requirement to provide support for unpaid carers. In Leeds 14.4% of women and 10.7% of men are carers.

One response has been to promote independent living. Supporting people in their own homes is both a preference expressed by people and an economic response to reducing the costs of supporting people in residential or nursing homes and in hospital.

The Key Facts and Figures

Health and Emotional Wellbeing

- In 2007 the level of fuel poverty in Leeds was estimated as being 30% of private sector households, 22% of which are deemed vulnerable.
- At the time of the 2001 Census there were over 70,000 pensioner households (<60M <65F) in Leeds of which just over 43,000 were older people living alone. The national POPPI system projects that the number of people aged 65 or over living alone will have increased by 24% in 2025 (30% for people aged 75 and over).
- People aged 65 and over make up around 16% of the Leeds population but occupy almost two thirds of general and acute beds. National policy aims to prevent unnecessary hospital admissions particularly for older people.
- Admissions for conditions such as dementia and falls can be reduced by preventative interventions. The Leeds POPP Programme succeeded in reducing

hospital admissions for older people with dementia by 77.5% where dementia was the primary diagnosis and 15% where dementia was a subsidiary diagnosis).

Quality of Life

- In 2008/9 Leeds invested just under £12.5 million in community based services to support people with lower level needs. During 2008 Adult Social Care provided a service to around nearly 16,000 people of whom about 30% were of working age. Of the total, around 16% were receiving residential care.
- There are approximately 2,500 people with learning disabilities in Leeds who receive statutorily funded accommodation and support services arranged by the Council.
- There are approximately 52,800 carers of working age in Leeds. Of these, 66% are combining caring with paid employment.
- During the past year 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.
- There is a variation between different parts of the city in the support offered to carers. The number 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 varies from 21% & 19% in the South and West respectively, down to 16% in the North East and North West.
- Although around 25% of service users live in the parts of Leeds deemed to be in the 10% most deprived areas of the country, fewer people identify themselves as carers (8.94% compared to 9.85% for Leeds as a whole). And of the carers who were offered a service, only 401 (17%) lived in these areas.

Making a Positive Contribution

- Research by the University of Leeds found that volunteering primarily by older people generated the equivalent of £6,000,000 worth of services.
- Leeds Involvement Project supports representatives from across a range of groups to contribute to the development of health and social care services. They report being in touch with 419 service users and carers. These include a wide range of people from BME and disability groups.

Choice and Control

- During 2007/08 there were 9101 people aged 18 or over who received a completed social care assessment. Of these, 7366 were 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 commissioned by Adult Social Care through another agency.
- 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%.

- 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. During last year 85.3% of new elderly service users received their services within the required 28 days. This is rated 'good' by the regulatory body, the Commission for Social Care Inspection.
- Waiting times for service provision in the most deprived areas showed the shortest waiting time.
- There is a National requirement for Adult Social Care to move towards personalised services. 803 people across service user groups are currently provided with direct payments in Leeds. A target has set that by 2001 it will provide 30% of all services through self directed support.

Equality Issues

- In 2006 ONS estimated that 118,200 (93%) Leeds pensioners were White British, 2,600 White Irish, and 1,700 Other White. The number of pensioners in other ethnic classifications included 1200 Indian, 800 Pakistani, 200 Bangladeshi and 1300 Black Caribbean elders.
- Work by the University of Leeds suggests that by 2030 the BME population in Leeds will increase by 55% and this will include significantly higher proportions of people from BME groups in older age groups.
- ONS estimated that in 2006 there were 53,400 people aged 75 or over of whom 20,200 were men and 33,200 were women.

Economic Wellbeing

- Pension Credit provides financial help for people aged 60 and over whose income is below a certain level. 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.
- The 2001 Census shows that almost 24,000 people in Leeds aged 65 and over were living in households without central heating and 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.

Personal Dignity and Respect

- 99% of all older people receiving an assessment from Leeds Adult Social Care received a copy of their care plan.
- Leeds received 645 safeguarding referrals in 2007/08. There has been an increase in referrals and it is envisaged that these will increase further as there is a heightened awareness of the need to safeguard vulnerable people from abuse. This will become an even greater priority with an increase in self directed care.

10. Desired Outcomes: The key issues for Leeds Now

Introduction

This chapter considers the data and how it impacts upon the current priorities set out in the Leeds Strategic Plan. In summary it re-affirms that the current focus for both Leeds City Council and NHS Leeds is the right one and continues to be where the resources of both organisations need to be directed. The following chapter considers those emerging areas of concern around which future commissioning and resourcing decisions will need to be made in the medium to longer term.

The process of analysis

The data produced for the JSNA paints a picture of Leeds as one of two cities, with diverse health and well being needs. Overall Leeds is recognised as one of Britain's most successful cities outside London, but despite this success there are wide gaps between those areas that are wealthy and thriving and those that suffer high levels of multiple deprivation.

Analysis of the JSNA data has been undertaken in three ways. These have been independent but have come up with similar answers and a broad consensus on the emerging questions for Leeds:

1. A scoring tool was applied to a wide range of topics in the data pack

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?
- Is 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?

2. Analysis conducted by the **York Health Economics Consortium** which focused upon the JSNA data pack making suggestions for embedding the process and improving priority setting.

3. **A separate control exercise** was conducted to analyse the dataset, draw out the key issues emerging and consider alignment with existing priorities.

The issues emerging – Questions for Leeds

The work of York University has helped inform the future direction for the JSNA process set out in section 12. The scoring and control exercise has however confirmed a number of common issues for Leeds:-

Theme 1: Changes in population

Key issues emerging

- Impact of increase in life expectancy
- Particular increase in the number of older people

- Changing age profile of BME communities
- Impact of migrant workers

Theme 2: City-wide variation in need. III health areas include

Key issues emerging

- Circulatory Disease Mortality
- Rise in cancer mortality
- The rising rate of Chronic Obstructive Pulmonary Disease
- Patterns of rising incidence of Stroke Mortality
- Infant Mortality

Theme 3: Healthy Lifestyles

Key issues emerging

- Rise in alcohol related deaths and healthcare costs
- Smoking – wide variation across Leeds
- Obesity – particularly 16-24 year olds and younger children
- Drugs - > use particularly among younger children
- Physical inactivity

Theme 4: Children and Young People

Key issues emerging

- Projected rise in Looked After Children
- High rates of infant mortality
- Higher NEET among school pupils with SEN and Looked After Children
- Teenage Conception

Theme 5: Adults and Older People

Key issues emerging

- The increase in numbers of people over 75, general increase in older people and catering for their needs (health care, housing and independent living)
- Linked to above a rise in cases of dementia is noted and although data is currently weak in this area, this is expected to become an increasing issue for city commissioners

11. Implications for Future Commissioning

Introduction

The Leeds Joint Strategic Needs Assessment (JSNA)

Leeds City Council and NHS Leeds have a new statutory duty to produce a Joint Strategic Needs Assessment that identifies the currently unmet and future health, social care and wellbeing needs of the local population.

The first Leeds JSNA was carried out during 2008 and confirms that the priorities identified in the Leeds Strategic Plan are the right priorities to be tackled at the present time.

However, the JSNA has also raised the need for further work in new areas, for example:

- **An Ageing Population:** As in most areas of the country, Leeds has a growing proportion of older people who are living longer than previous generations. The pattern of needs is therefore changing.
- **Infant Mortality:** Improvement in Infant Mortality rates is positive for Leeds as a whole, but there are some communities of Leeds with higher levels of risk.
- **Children's Health:** We need to ensure that children and young people are healthier – unhealthy children of today will become the unhealthy adults of tomorrow!
- **Neighbourhood Needs:** Existing inequalities and differences in health experience between neighbourhoods may widen without specific measures to counteract this.
- **Specific Challenges:** We need a continuing focus on specific health and wellbeing challenges, particularly obesity, alcohol, drug taking and smoking.

From the broad range of themes identified there are four main areas with a number of particular issues for commissioners to take into account in future:

- Responding effectively to demographic change
- Responding effectively to specific health and wellbeing challenges
- Targeted work to improve health and well being outcomes for specific groups.
- Counteracting widening inequalities between neighbourhoods

Responding effectively to demographic change

- **An ageing population.** People will expect the quality and availability of services to increase in line with demand. However as people age and live longer, there

will be an increase in life-limiting conditions such as stroke, diabetes and dementia, particularly in areas of disadvantage. At the same time there are already difficulties in recruiting people into personal care roles as the proportionately of younger adults in the population falls. There will also be more older people from minority ethnic communities. Part of the solution will be investment in services which help people keep fitter for longer; services which provide early support; and social and environmental interventions which promote and prolong the possibility of independent living but we need to develop wider discussion and engagement around this issue.

- **Children and Young People** Unhealthy children of today will become the unhealthy adults of tomorrow. The importance of ensuring the effectiveness of programmes that tackle childhood obesity, emotional wellbeing, teenage conception and sexual health cannot be under estimated, both from an individual and a population perspective. The health of children in disadvantaged neighbourhoods and the projected increase in the proportion of children from new or minority ethnic communities highlight the need for more targeted action. One focus will be on reducing infant mortality as the data shows that in some communities the rates are within the lowest nationally, in contrast with the overall rate for Leeds, which compares favourably with the national rate.

Specific health and wellbeing challenges which require an effective response

- **Obesity** – Overweight and obesity have been shown to be associated with significant risks to health and a large decrease in life expectancy. The National Health Survey for England has found that in 2007 41% of men and 32% of women were overweight with a further 24% of both men and women being classed as obese (compared with 13% of men and 16% of women in 1993). Obesity among women is more common at lower income levels. The same is true for men but less pronounced. Yorkshire and Humber has the highest standardised rate for overweight and obesity (measured by Body Mass Index) of any English region and the issue has been identified by *Yorkshire Futures* as being the main threat to public health in the future.
- **Alcohol** – National surveys show that adults in all age groups except the oldest tend to be drinking above the recommended limit and the consumption is more than twice above the recommended limit for younger age groups. The latest alcohol profile for Leeds (2008) estimate hazardous and harmful drinking in Leeds to be significantly higher than the national average, with alcohol related admissions to hospital higher in Leeds than the average across England and increasing. With the estimated cost of alcohol misuse in Leeds to be £275m, this represents a significant challenge for those responsible for commissioning and delivering programmes and services. The city's Alcohol Strategy is showing some results, requiring a focus on high impact preventative action, perhaps combined with increased use of available regulatory powers.
- **Drugs** - Existing data does not give a clear message on trends. The number of young people using drugs, whilst a concern, is in line with the national rate, but the proportion of drug users aged 15-64 is higher than the national average. Around one third are unknown to treatment and 84% of drug users in treatment in Leeds use heroin, a higher proportion than nationally. There are signs of a

changing pattern of use: younger drug users are choosing cocaine rather than opiates. Commissioners of statutory services also need to address the significant social impact of drugs usage.

- **Smoking** – Although trends are going in the right direction there will continue to be a sizeable proportion of smokers, with the highest rates (46%) being found in inner east, inner south and inner west Leeds. The take up of smoking amongst young people and particularly amongst women appears to remain a problem pointing to the need to continue with current smoking cessation programmes with more funding from mainstream sources.

Targeted work to improve health and wellbeing outcomes for specific groups

Whilst there are important health and well being issues for all sectors of the population, the JSNA process, particularly through stakeholder events, has highlighted the need to develop better data, analysis and understanding of the health and well being needs of particular groups including:

- People with a learning disability
- Gypsy and travellers
- People with dementia
- Asylum seekers and newly arrived communities
- Looked after children and young people

Some of this work is already under way and will be used to inform commissioning plans.

Counteracting widening inequalities between neighbourhoods

- The national Index of Deprivation is the main source for ranking areas of Leeds in relation to each other and to other parts of the country and for identifying those which fall into the most deprived 10% nationally. As we target improvements on these areas, it is hoped that they will improve both absolutely and relatively to elsewhere. Already we have seen a few areas move out of the most deprived group while others are included. However any such marginal improvement is likely to leave a smaller number of areas which remain deprived and become relatively more disadvantaged, both generally and in relation to health.
- It is also possible that this acceleration of difference will include a fragmentation of community and an accelerated development of particular needs concentrated in what may be quite small neighbourhoods within those areas. These needs will include health dimensions (direct and indirect). As city leaders, the City Council will (with its partners) wish to direct commissioning priorities to manage any increase in potential fragmentation across neighbourhoods and communities.
- To meet changing patterns of need (particularly in relation to the effects of economic downturn) it is likely that NHS Leeds, as a partner, would have to consider whether and how it could use its commissioning process in meeting

wider social, economic and infrastructural challenges which impact on health inequalities and affect the overall health and wellbeing of the whole Leeds population.

12. Next Steps – A Sustainable Framework for Leeds

This first JSNA required and benefited from close working across Leeds City Council and NHS Leeds. Looking ahead it is clear that this process must be more fully embedded into the existing partnership governance arrangements and better aligned with emerging planning and commissioning cycles. Proposals to achieve this are set out below and in a summary action plan in Appendix C.

Setting a Vision for JSNA

1. Supporting city ambitions

Leeds considers the JSNA process to be the beginning of a journey that will in time be fully embedded into supporting the work of wider stakeholder organisations through the Leeds Initiative. The Vision for Leeds is based on the principles of sustainable development – *“making sure everyone has a better quality of life now and for generations to come”*.

The JSNA process has provided a vehicle for assimilating core data necessary to support the assessment of health and social care needs across the Leeds area.

It is our clear intention to extend this approach to other themed areas set out in the *Vision for Leeds* and related Strategic Plans and Agreements.

The eight themes for Leeds set out in Vision for Leeds 2004-2020:-

1. Cultural Life
2. Enterprise and the economy
3. Environment city
4. Harmonious communities
- 5. Health and Wellbeing**
6. Learning
7. A modern transport system
8. Thriving places

Much information already exists, and in some areas local agreements exist to maintain and share particular datasets. We will extend this approach and create a core process that sets out clearly what information is held and how it can be accessed to prepare reports on a range of factors and influences that decision makers and commissioners need to be able to utilise to determine priorities and shape service delivery.

Critical to this will be the need to supplement 'hard data' with the qualitative information that is sourced from the range of forums and networks that Leeds is able to draw on. The information from this will be better collated and held centrally.

Ultimately it is the intention that a web-based on-line database be available in the city which will enable a broad range of self-sufficient partner users to inform all aspects of the commissioning cycle as and when they tackle them.

2. Locality Profiling

One important aspect of JSNA has been to demonstrate how harnessing data, information and technology can build a profile not just of Leeds as a whole but also of defined localities.

An 'anonymous locality' example of this has been included as part of the JSNA process to depict the type of information that could be provided for particular areas of Leeds. This is also available on NHS Leeds and Leeds Initiative websites.

NHS Leeds and the City Council have used this process as a means of expanding the concept of locality planning. We have sought to use a full range of available data, beyond the core data required of the Leeds JSNA to build a profile of a particular area.

The ability to define the boundaries of a locality and use hard data to build a picture of the locality is an incredibly powerful tool which enables a range of organisations to pinpoint areas of particular need and to target resources accordingly.

Work is already underway to develop and expand the concept of an enhanced area profiling system at the neighbourhood (Middle Super Output Area) level, through a "Neighbourhood Index". It will provide the Council, its partners and potentially area committee leads, with robust information about each locality, and seek to measure the impact of interventions in a local area relative to others.

The development of such an index would represent phase 1 of a programme to improve area profiling capabilities. The index will be based on selected and weighted data categories but in the longer term the vision is for the Index to draw from a corporate data warehouse that will contain an expanded range of data which can be accessed to supplement the Index, but that can also be used to profile different sets of boundaries (e.g. wards).

3. Future Commissioning Arrangements

This first JSNA has confirmed the rationale for the priorities set in the Leeds Strategic Plan and the NHS Leeds' Strategic Plan. The targets and trajectories in the Leeds Strategic Plan and the NHS Leeds Strategic plan are to be refreshed annually and this 'refresh' will draw where appropriate on the issues raised by the analysis of the 2008-09 JSNA data. The JSNA will also be one of the evidence bases used to inform the review and refresh of the Vision for Leeds 2004-20.

Actions to strengthen (and streamline) the influence of commissioners in guiding data requirements, analysis and future predictions include :considering what forums might best enable Strategic Commissioners and Information leads to meet for this purpose;

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guide data requirements, analysis and future predictions; exploration of the implications of developing a more comprehensive shared data repository; development of a joint information group and development of the Neighbourhood Index (Locality profiles) and commissioning more in-depth needs assessment. Details are in Appendix C.

4. Stakeholder Engagement and Consultation

It is apparent from the consultation that has taken place to inform the Vision for Leeds, the Strategic Plan, Local Area Agreement and now the JSNA that there is a wealth of information from which to draw using the range of networks and consultative mechanisms in place.

An important issue identified for JSNA has been how to collate the qualitative information collected by various stakeholders to ensure that it sits alongside the core dataset so that it can be accessed and used by commissioners, area based representatives and other decision makers.

One future answer is to build a citywide central database of the results from consultation and engagement. One immediate option is to use the City Council 'Talking Point' system which is accessed through the City Council's website and could be made readily available for consultations undertaken by NHS Leeds and potentially by other partners.

This work will be explored by a new joint consultation and engagement group that will meet quarterly and include representatives from a range of organisations including:-

- Leeds City Council
- NHS Leeds
- Children Leeds
- Leeds Teaching Hospitals Trust
- Leeds Partnership Foundation Trust
- Leeds Voice Health Forum
- Leeds Local Involvement Network (LINK)
- Leeds Initiative

5. Governance and ownership of JSNA

Section 4 described the existing partnership governance arrangements and we intend that future work on Leeds JSNA be integrated into those arrangements, fully supporting and informing their work.

Strategic Context

The Department of Health set the JSNA as one of the core demonstrators of World Class Commissioning capability in its World Class Commissioning programme. NHS Leeds will be required to demonstrate its increasing levels of competence against a range of attributes, including the interrelationship between future Local Area Agreements and JSNAs for Leeds.

Although World Class Commissioning originated as a health concept it is now also advocated by the Department of Children and Families. It is anticipated that over time commissioning partners in the city will move towards a shared set of commissioning competencies.

A first step on this journey is Leeds City Council's commitment to 'A One Council Approach'. This is establishing a common commissioning framework for the way the Council commissions goods, works and services but has sufficient flexibility to recognise that 'one size does not fill all'. This common commissioning framework provides greater clarity to work on a partnership basis in the city with other partners and providers.

Within the partnership context, JSNA will be delivered under the remit of the Healthy Leeds Joint Strategic Commissioning Board for which responsibility is set out in the constitution of that Board. See diagram 6 below

Diagram 5 – Healthy Leeds Partnership



6. Next Steps

Effective use of the JSNA requires the needs assessment to become embedded within the planning and commissioning arrangements of both Leeds City Council and NHS Leeds.

Appendix C sets out some of the key actions that we propose to take over the short, medium and longer term. These are underpinned by a robust action plan.

Some of the key actions over the year ahead will be to:

- Embed the governance of and responsibility for JSNA into wider partnership arrangements

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- Extend locality profiling to enable data to be used to build a comprehensive picture across specific local areas of Leeds
- Populate data gaps where identified, including specifically strengthening the evidence base across all equalities strands and the specific population groups set out in the section 11.
- Develop and implement a shared data repository approach to ensure information is maintained and accessible
- Ensure that the capacity to incorporate qualitative information is integral to the arrangements and enable information like the core dataset, to be readily accessible, through a new form of central database.
- Develop longer term projections for a wider range of communities of interest, localities and city wide targets
- Develop a partnership with higher education to address identified needs in relation to further research and predictive modelling and analytical techniques
- Explore how the JSNA can be extended to support all strategic outcomes in the eight themes of the Leeds Strategic Plan 2008-11

Appendix A Core Datasets (nationally defined)

The information provided in this report has been produced jointly by NHS Leeds and Leeds City Council to support the development of the Joint Strategic Needs Assessment for the city.

It forms a small part of a much wider and more detailed data pack that reflects requirements set out in the minimum core dataset.

The table overleaf sets out the data that was nationally defined and is included in the data pack. The non shaded areas set out those indicators not included in the data pack with reasons why.

Data has been included for the following domain areas:-

- Demography
- Social and Environment
- Lifestyle / Risk Factors
- Ill Health
- Health and Social Care Services

Additional relevant information has also been included within the pack, over and above the core datasets.

For general information about the data or to access the complete data pack, the relevant websites have been included:-

www.leeds.nhs.uk; www.leedsinitiative.org

Domain: Demography

Sub-Domain	Indicator	Commentary
Population Numbers	Estimated and projected population by age band and gender	
Births	Current births	
Ethnicity	Estimated population by ethnic group	
Disability	Estimated number of disabled people, overall and by impairment group	Currently only includes LLTI (Limiting Long Term Illness)
Religion	Estimated population by religious group	
Migrant population	Estimated population by migrant status	
Local Area	Number of households	
	Breakdown of area into constituent communities / neighbourhoods	
	Deprivation Band	
	ONS classification	
	Social marketing categories	
	Urban / rural classification	

Domain: Social and Environmental Context

Sub-Domain	Indicator	Commentary
Poverty	Proportion of children in poverty (NI 116)	Proxy: Children in out of work families
Living Arrangements		
Housing	Housing Tenure	
	Overcrowding	
	Adults with learning disabilities in settled accommodation (NI 145 and Vital Sign VSC05)	New indicator – data not currently
	Adults in contact with secondary mental health services in settled accommodation (NI 149 and Vital Sign VSC06)	as above
	Living Alone (Older People)	
	Central heating (Older People)	
Transport	Access to car or van	
Economic		
Employment	Overall Employment Rate (NI 151)	
	Working Age people on out of work benefits (NI 152)	
	Working Age people on out of work benefits in the worst performing neighbourhoods (NI 153)	
	Adults with learning disabilities in employment (NI 146 and Vital Sign VSC07)	New indicator – data not currently available
	Adults in contact with secondary mental health services in employment (NI 150 and Vital Sign VSC08)	as above
	Unemployment Rate	
	Claimant count	
Other	Average Incomes	
Environment – Isolation	Access to Services	
Voice – Satisfaction	Satisfaction of people over 65 with home and	New indicator. Data to

	neighbourhood (NI 138)	be derived from Place Survey
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Domain: Lifestyle / Risk Factors

Sub-Domain	Indicator	Commentary
Behaviour		
Smoking	Modelled and / or recorded smoking prevalence	
	Quit rates (NI 123 and Vital Sign VSB05)	
Eating habits	Modelled and / or recorded eating behaviour	
	Prevalence of breast-feeding at 6-8 weeks from birth (NI 53 and Vital Sign VSB11)	
Alcohol	Alcohol harm related hospital admission rates (NI 39 and Vital Sign VSC26)	
	Modelled and / or recorded drinking behaviour	
Physical Activity	Participation in sport and active recreation	
Teenage Pregnancy	Under 18 conceptions (NI 112 and Vital Sign VSB08)	Available in The Sexual health Needs Assessment Data Pack
	Under 16 conceptions	Available in The Sexual health Needs Assessment Data Pack
Other		
Hypertension	Modelled and / or recorded hypertension	
Obesity	Modelled and / or recorded obesity (adult)	
	Obesity among primary school age children in Reception Year (NI 55 and Vital Sign VSB09)	
	Obesity among primary school age children in Year 6 (NI 55 and Vital Sign VSB09)	

Domain: Burden of Ill-Health

Sub-Domain	Indicator	
Misc.		
All Causes	All age all cause mortality (NI 20 and Vital Sign VSB01)	
	Infant Mortality	
	Life Expectancy	
	Main Causes of Death	
	Hospital Admissions – top 10 causes	
	Self reported measure of overall health and wellbeing (NI 119)	New national indicator
	Healthy Life Expectancy at age 65 ~(NI 137 and Vital Sign VSC25)	
Causes considered amenable to healthcare	Mortality rate from causes considered amenable to healthcare (Vital Sign VSC30)	
Due to smoking	Deaths attributable to smoking	
Diabetes - General	Modelled and recorded prevalence	Available in Measuring the Gap Report
	Estimated excess deaths among people with diabetes	
Circulatory		

General	Mortality rate from all circulatory diseases under 75 (NI 121 and Vital Sign VSB02)	
CHD	Mortality	
	Modelled v. recorded prevalence	
	Hospital admission rate for MI (proxy for incidence)	
	Admissions for cardiac revascularisation	Available in Measuring the Gap Report
Stroke	Mortality	
	Hospital admission rate for stroke (proxy for incidence)	Available in Measuring the Gap Report
Cancer	General: Mortality rate from all cancers under age 75 (NI 122 and Vital Sign VSB03)	
	By Site: Cancer Registrations	Available by web link
COPD	COPD Mortality	
	COPD Modelled v. recorded prevalence	Available in Measuring the Gap Report
Infectious		
TB	TB notifications	
STIs and HIV	KC60.GUM STI data, particularly gonorrhoea	Available in The Sexual health Needs Assessment Data Pack
	New diagnoses of HIV / AIDs	Available in The Sexual health Needs Assessment Data Pack
	Late diagnoses of HIV / AIDs	Available in The Sexual health Needs Assessment Data Pack
	Uptake of Chlamydia screening in under 25s (NI 113 and Vital Sign VSB13)	Available in The Sexual health Needs Assessment Data Pack
Dental Health	% dmft in 5 year olds	
Mental Health		
Dementia	Prevalence of dementia	Currently Dementia Admissions
Suicide	Suicide and injury of undetermined intent mortality rate (Vital Sign VSB04)	
Mental Illness	Mental illness needs indices and prevalence rates	To be included within the planned Mental Health needs Assessment
Trauma		
Falls	Hospital admissions for fractured proximal femur (proxy for incidence)	
Road Accidents	People killed or seriously injured on roads	
	Children killed or seriously injured on roads (NI 48)	
Injuries	Hospital admissions caused by unintentional and deliberate injuries to children and young people (NI 70 and Vital Signs VSC29)	
Musculoskeletal:	Admissions for hip and knee replacement	

Arthritis		
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Domain: Services

Sub-Domain	Indicator	Commentary
Social Care: Numbers	Physical disability, frailty and sensory impairment 1. Number of clients 2. Number receiving services in the community	
	Learning Disability 1. Number of clients 2. Number receiving services in the community	
	Mental Health 1. Number of clients 2. Number receiving services in the community	
	Substance Misuse 1. Number of clients 2. Number receiving services in the community	
	Vulnerable People 1. Number of clients 2. Number receiving services in the community	
Social Care: Standards of Service	Timeliness of social care assessment (NI 132 and Vital Sign VSC12) and packages (NI 133 and Vital Sign VSC13)	
	People supported to live independently through social services (NI 136 and Vital Sign VSC03)	
	Carers receiving needs assessment or review and a specific carer's service, or advice and information (NI 135)	
	Adults and older people receiving direct payments and / or individual budgets per 100,00 population aged 18 and over (Vital Sign VSC17, NI 130)	
Health Services		
Maternity	Early access for women to maternity services (NI 126 Vital Sign VSB06)	Available within the Children's Report
Dental Health	Number of people accessing NHS dentistry (Vital Sign VSB18)	
Preventative Screening	Uptake rates for flu jab	
	Proportion of children who complete immunisation by recommended ages (Vital Sign VSB10)	
Preventative Screening	Proportion of women aged 47-49 and 71-73 offered screening for breast cancer (Vital Sign VSA09)	
Sexual health	Offer an appointment at a GUM service within 48 hours	
	Long acting reversible contraception methods	
	Access to NHS funded abortions before 10 weeks gestation	
Mental Health	Proportion of people with depression and / or anxiety disorders who are offered psychological therapies (Vital	To be included within the planned Mental

	Sign VSC02)	Health needs Assessment
Long-term conditions	Proportion of people with long-term conditions supported to be independent and in control of their condition (NI 124 Vital Sign VSC11)	
Voice		
User perspective on social care	The extent to which older people receive the support they need to live independently at home (NI 139)	
	User reported measure of respect and dignity in their treatment (NI 128 Vital Sign VSC32)	
	Self reported experience of social care users (NI 127)	
User perspective on health care	National Patients Survey Programme findings for local institutions	
	Parental experience of services for disabled children (NI 54 Vital Sign VSC33)	
	Patient experience of access to primary care (Vital Sign VSA06)	
	User reported measure of respect and dignity in their treatment (NI 128 and Vital Sign VSC32)	

Additional Information supplied in the Data Pack

<p>General</p> <ul style="list-style-type: none"> • Major regeneration activities • Incapacity Benefit claimants • Take up of local authority administered benefit • Financial Exclusion and Over-Indebtedness • Fuel Poverty • Air Quality • Climate Change • Street Cleanliness • Crime, Disorder and Drugs Misuse Associated Harms • Housing Needs 	<p>Children</p> <ul style="list-style-type: none"> • Looked After Children • Low Birth-weight • Lifestyle Choices (Nutrition, Teeth Brushing, Smoking, Alcohol, Drug Use and Sexual Health) • Disabled Children (Pupils with SEN) • Emotional Health (CAMHS data) • Educational Attainment, Attendance and Exclusions • NEET
<p>Older People</p> <ul style="list-style-type: none"> • Pension Credit • Projected Needs 	

Appendix B Locality Profiling

The range of data now available through the JSNA process can increasingly be used to establish a profile for particular geographies. This provides the opportunity to begin to explore issues of inequality and will also facilitate area based analysis should this be required:

- City wide
- Area Committee
- Middle Super Output Area
- Electoral ward
- Practice Based Commissioning Consortia
- Leeds “deprived” area

These data files are currently held by the NHS LEEDS and work is underway to identify how these can be shared and accessed more effectively in future. In the interim NHS Leeds has published a variety of datasets and interactive maps which can be found on their website.

As an example of utilising available data a Locality Profile has been produced and is also available on the websites

Appendix C Action Planning

The report has recognised that this first JSNA represents the beginning of a journey.

Whilst the work undertaken is robust and will support commissioning decisions, there are a number of areas for improvement that both NHS Leeds and City Council wish to make in the short, medium and longer term.

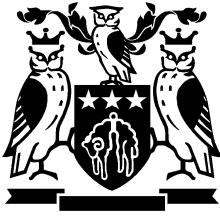
The key actions identified have been summarised within table C overleaf. A more detailed, supporting Action Plan setting out specific activities, milestones and accountability for delivery has also been developed and will provide the basis for tracking progress.

Appendix C 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	<ul style="list-style-type: none"> Put in place effective structures and governance arrangements to maintain oversight of the JSNA process 		
Joint Planning and Commissioning	<ul style="list-style-type: none"> 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 NHS Leeds 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 	<ul style="list-style-type: none"> 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 	<p style="text-align: center;">↑</p> <p style="text-align: center;">↑</p> <p style="text-align: center;">↑</p> <p style="text-align: center;">↑</p>

	<p>modelling and analytical techniques</p> <ul style="list-style-type: none"> • Explore how the JSNA can be extended to support all strategic outcomes in the eight themes of the Leeds Strategic Plan 2008-11 • 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 			<ul style="list-style-type: none"> • 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
Data Gathering and Analysis		<ul style="list-style-type: none"> • Produce 'Vitality index' for localities • Complete detailed programme needs assessments for: mental health; older people and alcohol • Start forecasting work 		
Stakeholder Engagement	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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 		-

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Report of the Director of Adult Social Services & the Director of Children's Services.

Executive Board

Date: 4 March 2009

Subject: Leeds Joint Strategic Needs Assessment

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Eligible for Call In

Not Eligible for Call In
(Details contained in the report)

EXECUTIVE SUMMARY

1. The final report of Implementing the Leeds Joint Strategic Needs Assessment Framework 2008/09 is attached. The attached summary report covers the background, process, consultation and key issues for Leeds City Council and NHS Leeds to address. In section 11 of the report it describes the issues and priorities for service commissioning over the next three to five years and in section 12 sets out proposals to strengthen strategic needs assessment between the City Council and NHS Leeds. The report has been received favourably by the Healthy Leeds Partnership Strategic Commissioning Board, three scrutiny committees, the Voice Health Forum and the Narrowing the Gap Executive. It has also been presented to the NHS Leeds Board for its approval. The related data pack on other background documents will be supplied on disc format as well as on the web, and forms the basis of an expanding resource that will inform service commissioning across NHS Leeds and the City Council.

1.0 Purpose Of This Report

- 1.1 This cover report introduces the Joint Strategic Needs Assessment report and the data pack and other qualitative information that has been used to arrive at our present findings. The Executive Board is asked to approve the action plan contained in the main report and agree to the publication of the document.

2.0 Background Information

- 2.1 Leeds City Council and NHS Leeds 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 clarified 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.

The work programme in Leeds was agreed by Leeds City Council and NHS Leeds 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 has now finished.

The legislation intends that the JSNA will inform the plans, targets, priorities and actions necessary in reducing identified inequalities and achieving the desired health and wellbeing outcomes for Leeds.

Core to JSNA is a data pack that provides a comprehensive profile of Leeds across a number of areas crucial to the health and wellbeing of the population:

- Demography
- Socio-economic and environmental factors
- Lifestyle (particularly 'healthy living') issues
- Ill health
- Health and Social care service provision

To complement the analysis we have drawn upon a richness of 'softer' information provided by the public, patients, service users and carers.

3.0 Main Issues

3.1 What have we learnt?

The first JSNA has confirmed that the priorities identified in the Leeds Strategic Plan (2008-11) and NHS Leeds's Strategy are the right priorities to be tackled at the present time. They include:

- Narrowing the gap in 'all age all cause' mortality between the average for Leeds and for people living in the more deprived areas of the city;
- Addressing the increasing incidence of circulatory diseases and strokes;
- Tackling obesity and raising levels of activity across all ages, but particularly the young;

- Improving sexual health and reducing rates of teenage conception;
- Improving mental health and emotional wellbeing;
- Improving the quality and responsiveness of services that provide care and support for people;
- Improving the safeguarding of children and adults that will represent significant longer term challenges for the city.

However, in line with the overall purpose of the JSNA the analysis has identified areas that will become significant longer-term challenges for the city – each will require citywide action. The critical challenges are:

- To respond to the needs of an increased ageing population who is living much longer;
- To ensure that tomorrow's children and young people are healthier – unhealthy children of today will become the unhealthy adults of tomorrow;
- To reduce present infant mortality rates which is significantly higher than the national rate;
- To counteract potential widening of inequalities between neighbourhoods;
- To increase the focus on found specific health and wellbeing challenges around obesity, alcohol, drug taking and smoking.

The full data pack can be found on the websites for NHS Leeds and Leeds City Council. A more detailed summary of the data is included in the JSNA Report.

3.2 **How are we going to respond? - sustaining the JSNA process**

The Project teams from both organisations identified a number of areas for future enhancement, which are included as part of the JSNA Action Plan:

- Greater disaggregation by localities and communities of interest, linked to an ability to benchmark data across those areas;
- More developed information on cost analysis and value for money;
- An integration of wider social indicators with the health data;
- Enhanced information on projections and trajectories to better inform longer term commissioning decisions;
- Up to date information for commissioning purposes – to be refreshed on an ongoing basis and providing relevant information, when it is needed, which could be readily accessed by city partners.

Further work is planned with service commissioners to refine thinking about useful additional data and plan for the 'refresh' of information during 2009, to ensure that the JSNA information adds maximum value to future commissioning decisions.

3.3 **Next steps**

The JSNA required and benefited from close working across Leeds City Council and NHS Leeds and other stakeholders. Looking ahead it is clear that this process must be more fully embedded into the existing partnership governance arrangements and better aligned with emerging planning and commissioning cycles.

Some of the key actions over the year ahead will be to:

- Embed the governance of and responsibility for JSNA into wider partnership arrangements, under Healthy Leeds and Children Leeds;

- Extend locality profiling to enable data to be used to build a comprehensive picture across specific local areas of Leeds;
- Populate data gaps where identified, including specifically strengthening the evidence base across all equalities strands and as necessary commission an equality impact assessment;
- Develop and implement a shared data repository approach to ensure information is maintained and accessible;
- Ensure all future qualitative information is integral to the arrangements and, like the core dataset, is readily accessible by utilising a central database arrangement for the city;
- Develop longer term projections for a wider range of communities of interest, localities and city wide targets;
- Develop a partnership with higher education to address identified needs in relation to further research, predictive modelling and analytical techniques;
- Explore how the JSNA can be extended to support all strategic outcomes in the eight themes of the Leeds Strategic Plan 2008 -11.

3.4 Consultation on the findings of the JSNA

Prior to the final publication of the Leeds JSNA, the draft report has been considered by The Joint Strategic Commissioning Board; Adult Social Care Scrutiny Board; Children’s Scrutiny Board; Health Scrutiny Board, Narrowing the Gap Board Leeds and the Voice Health Forum. During this consultation the following general points were raised:

- A welcome for the priorities that have been identified thus far – overall participants felt that these were the right priorities;
- More attention to tackling health inequalities and meeting need tailored to local needs, particularly within the context of the city’s ambition of ‘narrowing the gap’;
- Support for the broad scope adopted for the JSNA, and more emphasis to be given to understanding the impact that social and economic conditions can have for health and well being;
- The emphasis placed on children and young people was welcomed; however attention was drawn to wider determinants of health for this age group, particularly those children and young people who experience poverty.

4.0 Implications For Council Policy And Governance

- 4.1 The legislation and associated guidance anticipates that the JSNA will be a locally determined process which will shape and influence commissioning priorities and decisions for health and social care. Guidance encourages the wider application and influence of the JSNA, particularly for those services which have a direct or indirect impact for health and wellbeing, for example supported housing, physical activity and recreation and information and advice.
- 4.2 As such the JSNA is an important process, which will need to be fully documented, that will shape and influence the policy framework and resource allocation for both Leeds City Council and NHS Leeds. Already, NHS Leeds has been required to demonstrate how they have used the JSNA to inform their World Class Commissioning Plans for the next five years.
- 4.3 Whilst the JSNA must be undertaken through the local partnership arrangements, it remains an advisory process. Individual organisations retain their respective constitutional and governance arrangements with regard to the priorities and recommendations, which emerge from the process.

5.0 Legal And Resource Implications

- 5.1 There is a statutory responsibility to have a JSNA process in place in each local authority area. Named statutory officers (The Director of Adult Social Services, The Director of Children's Services and the Director of Public Health) are held accountable within the legislation for ensuring that the local JSNA process is meeting the minimum legislative requirements and is produced in partnership.
- 5.2 The proposals for strengthen partnership working at the strategic level, which are summarised in this report in paragraph 3.3 may have resource implications. Consequently the partner organisations have committed to prepare a full business case which will examine options and opportunities to utilise existing and approved future investment.

6.0 Conclusions

- 6.1 The initial phase of the JSNA has brought together a significant amount of data, patient and service user experience and best practice. The analysis of this information has demonstrated that health and well-being priorities identified within the Leeds Strategic Plan can be confirmed, and longer-term priorities have emerged, for further detailed analysis. The JSNA process will emerge as a key component of the City Council's strategic planning capacity and will strengthen partnership working in this regard, in the years to come.

7.0 Recommendations.

- 7.1 The Executive Board is asked to:
- Asked to endorse the findings of the first phase of the Leeds Joint Strategic Needs Assessment and approve for publication the report Implementing the Leeds JSNA;
 - Request the Director of Adult Social Services and the Director of Children's Services to produce further reports on at least an annual basis, to report the results of future JSNA work;
 - Request that all Directors, and in particular the Directors of Adult Social Services and Children's Services ensure that all future commissioning plans and service plans reflect the health and well being priorities identified through the Leeds JSNA process.
 - Note the interest already shown by the three relevant Scrutiny Boards, and to ask those Boards to keep an oversight of JSNA work within their work programmes.

Background documents referred to in this report:

Guidance on Joint Strategic Needs Assessment; Department of Health December 2007
Director of Public Health Annual Reports Leeds Primary Care Trust / NHS Leeds
Measuring the Gap – Tackling Health Inequalities Healthy Leeds April 2008
Children Services Plans & Strategies; Children Leeds
JSNA Datapack - prepared to support the Leeds JSNA; October 2008

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Report of the Chief Officer Social Care Commissioning
Board: Adult Social Care Scrutiny Board
Date: 11th March 2009
Subject: Adult Inspection Progress Report Against Key Recommendations

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Executive Summary

This report includes a summary of progress to date against specific recommendations following the Inspection of social care services and the resulting action plan. This follows from the request made by this Board in December 2008 and refined in the subsequent proposals working group. In accordance with those recommendations this report specifically addresses progress in relation to recommendations 2, 6 and 11.

The report shows that there has been progress in strengthening arrangements to ensure that vulnerable adults are effectively safeguarded across Leeds. A number of immediate measures have been put in place to strengthen frontline processes in particular management responsibilities to monitor and quality assure practice relating to safeguarding work.

Multi-agency partnership arrangements have also been strengthened and a number of sub-groups have been convened by the Safeguarding Adult Partnership Board with delegated responsibility for the specific areas of work including Performance, Audit and Quality Assurance. This group will oversee and report on arrangements across organisations to assure practice against agreed procedures and standards.

Initial work has started to ensure that reviews are undertaken on time and to an agreed quality. A team of operational experts will review existing procedures and standards. A baseline of current activity levels and an analysis of performance has been undertaken, This will provide a basis for generating an action plan with operational staff to improve levels of reviewing activity.

1.0 Purpose Of This Report

1.1) In December 2008 Scrutiny Board agreed that an update of progress against specific actions in the Adult Inspection Action Plan would be provided to this Board. This is the second report against specific recommendations agreed by the Proposals working group.

2.0 Background Information

2.1) The Adult Inspection Action Plan was agreed by the Commission for Social Care Inspection (CSCI) and by Executive Board in December 2008.

2.2) This is the second report to Scrutiny Board against specific recommendations. It includes an update on progress against the following recommendations relating to Safeguarding arrangements in Leeds:

Recommendation 2: The Council should strengthen frontline quality assurance arrangements to ensure that minimum standards of practice and recording are implemented routinely in responding to adults safeguarding alerts.

Recommendation 6: The Adult Safeguarding Board should prioritise the development of a quality assurance sub-group.

Recommendation 11: The Council should ensure that Departmental standards in relation to the timeliness and quality of reviews are met.

3. Main Issues

3.1) Recommendation 2.

3.1.1) An independent expert in the field of adult safeguarding, Dr Margaret Flynn, was employed to undertake an analysis of a sample of case files where the case reason included safeguarding work, with the aim of establishing a snapshot of current practice. As part of her work with Adult Social Care, Dr Flynn was also asked to develop processes that will be used in the future to independently monitor and quality assure frontline practice in relation to all aspects of safeguarding activity.

3.1.2) Dr Margaret Flynn is a specialist in the field of Adult Safeguarding. She is the independent chair of Lancashire Safeguarding Adults Strategic Partnership Board and was an Advisory Group Member for the DH Consultation on the Review of 'No Secrets' Guidance. She is a Senior Lecturer and Principal Research Fellow at Sheffield Hallam University and has undertaken a wide range of research and consultancy work in the field of Adult Safeguarding. Dr Flynn chaired the serious case review undertaken in Cornwall following the death of Stephen Hoskin in 2007.

3.1.3) A review of a sample of files was undertaken during November and an interim report produced. Follow up work is currently being undertaken in order to produce the final report. Margaret has been asked to produce a final summary report based on the overall assessment of the file audit at the conclusion of her work in April.

3.1.4) The work to establish an independent quality assurance process for monitoring frontline practice in safeguarding has started. An overarching framework was taken to the Departmental Management Team and agreed on January 22nd.

3.1.5) Dr Flynn has now met with key personnel including the Chair of the Safeguarding Partnership Board and the Safeguarding Adult Enquiry Coordinators to establish the quality

assurance methodology. This includes the further development of practice standards which build upon the newly revised procedures and managerial requirements. This work is due to be completed by the end of March 2009.

3.1.6) To ensure the work undertaken by Dr Flynn is taken forward and embedded, a new post of Senior Quality Assurance Officer (Safeguarding and Risk), is currently being recruited to. Interviews were held on the 17th February and a recommendation to appoint was made. This person will be responsible for further developing and implementing the processes currently under construction. The methodology employed will focus upon ensuring that vulnerable adults are safeguarded and that any risk factors are identified and addressed. It will provide the basis for a comprehensive quality assurance system based upon independent file auditing and casework follow-up, this will be employed by the Senior Quality Assurance Officer as they take up their post in March or April.

3.1.7) The above work is being complemented by a strengthening of arrangements at the frontline. All fieldwork teams have been involved in a training session which clarifies roles and responsibilities in relation to safeguarding practice. A checklist for use by managers has been developed in consultation with staff and the Adult Safeguarding Unit. The checklist acts as an aide memoire, ensuring that key requirements of the safeguarding procedures and standards are met. The checklist is to be completed by managers for all safeguarding cases. This will provide information which will contribute towards file auditing activity and ongoing monitoring.

3.1.8) An important finding of the Adult Inspection was the need to ensure that supervision of Adult Safeguarding work was evidenced by managers who are required to record their oversight of work in case files. The above work has provided an immediate response to ensure that manager's responsibilities are being met. In addition a revised approach to supervision has been developed and consulted on widely. This will be rolled out to staff commencing in April.

3.1.9) A team of service delivery managers will work with the Adult Safeguarding Coordinator to establish a quality circle and a process for peer review of safeguarding cases files. An initial task will be to review current practice and scope out requirements.

3.1.10) Finally, the recruitment process continues to employ three independent chairs of safeguarding conferences, whilst these posts will operate to assure practice in safeguarding across the partnership, their work and feedback on the interventions of adult social care staff will provide an essential compliment to that described above.

3.1.11) Once in place a programme of assurance work will be put into place for the coming year alongside the timetabling of the production of reports for the Director of Adult Social Services.

3.2) Recommendation 6.

3.2.1) The structure of the Safeguarding Partnership board has been strengthened and a Memorandum of Understanding (MOU) has been agreed which specifies the roles and responsibilities of all member organisations, including Adult Social Care in relation to Adult Safeguarding activity and governance across Leeds. The work of the Corporate Governance and Audit Committee in respect of this work is covered at section 4.

3.2.2) The Audit and Quality Assurance Sub-group will report to the main Partnership Board. The group will be responsible for ensuring effective information and quality assurance systems are in place to enable effective monitoring and management of safeguarding work

across agencies. This includes having in place regular reporting of quality and performance to the Partnership Board

3.2.3) The Terms of Reference for the Performance and Quality Assurance subgroup has been agreed as part of the Memorandum of Understanding. The first task will be to undertake an audit of current monitoring and reporting within agencies. This will be used to produce an analysis of the current shortfalls leading on to a specification of the requirements needed to establish a comprehensive and coordinated approach to assuring safeguarding practice across the city.

3.2.4) Full members of the Safeguarding partnership board have been invited to nominate one of their agency leads to chair the Performance, Audit and Quality Assurance sub-group which will have met for the first time by the next partnership board meeting in April 2009.

3.3) Recommendation 11.

3.3.1) A team of service delivery managers has been identified to undertake work which will improve both the timeliness and quality of reviews. An initial task is to review the current documentation and standards in relation to reviews.

3.3.2) Initial baseline data has been produced which includes a gap analysis of reviewing activity. This was discussed by the Departmental Management Team on 18th February with a series of actions agreed aimed at making immediate improvements in performance with regard to improving overall timeliness of reviews in the current financial year. This includes the targeted deployment of the Adult Reviewing Team on those areas of service identified in the gap analysis as being under-represented, this particularly includes people whose sole service is meals provision or day-care.

3.3.3) An independent survey of people who have recently had reviews will be undertaken in March 2009. This will include a random sample of service users from across service user groups and fieldwork teams across the city. Data will provide some baseline information regarding the experience for service users of the review process, practice and enable service user input into how the process can be improved.

4. Implications For Council Policy And Governance

4.1) On the 20th January 2009 a report was presented to the Audit and Governance Committee of the Council at their request. The report highlighted issues of governance raised in the Independence, Wellbeing and Choice Inspection specifically in relation to the operation of the Leeds Safeguarding Adults Partnership Board. Following discussion of the content of the report the committee determined that:

- (a) That the contents of the report, the Independence Wellbeing and Choice Inspection Report and the associated Action Plan be noted;
- (b) That further reports be submitted to the Committee regarding progress in addressing concerns expressed in the inspection report relating to the safeguarding arrangements and risk management; and
- (c) That the Committee be advised of any amendments to the 'No Secrets' guidance which have governance implications.

4.2) On the 30th January 2009 two reports were requested by the Corporate Audit and Governance Committee of the Council, firstly in relation to the multi-agency arrangements that have been put into place to adequately safeguard adults in the City. Secondly, to

provide assurance with regard to risk management arrangements operating within adult social care with a particular emphasis on describing how strategic risks identified within adult social care are translated into operational controls. These two reports will be considered at the 18th March meeting of the Committee.

5. Legal And Resource Implications

5.1) Legal implications in relation to the governance of the partnership are considered above. There are believed to be no further resource implications, the work of Dr Flynn and the recruitment to new posts within adult social care and the wider partnership, are budgeted for in the current financial year.

6 Conclusions

6.1) This report provides an update to Scrutiny Board of progress which has been made against recommendations relating to Adult Safeguarding arrangements in Leeds as outlined in the Adult Inspection Action Plan.

7. Recommendations

7.1) Members are asked to note the contents of this report in relation to the specific recommendations 2, 6, & 11 drawn from the Adult Independence, Wellbeing and Choice action plan.

7.2) Members are asked to note the continuing overview of the Corporate Audit and Governance Committee in the overview of governance and risk management arrangements within adult social care.

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Originator: Sandra Newbould

Tel: 247 4792

Report of the Head of Scrutiny and Member Development

Adult Social Care

Date: 3rd March 2009

Subject: Independence Wellbeing and Choice Inspection Action Plan: January 2009

Electoral Wards Affected:

Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 BACKGROUND

- 1.1 The purpose of this report is to update the Adult Social Care Scrutiny Board with information relating to the performance of Adult Social Services against the action plan, formulated from the findings of the Independence Wellbeing and Choice review undertaken by CSCI.
- 1.2 On the 3rd of December the Executive Board received the Independence, Wellbeing and Choice report. Associated with the reports is an action plan defining targets for improvement by Adult Social Services in order to resolve the problems raised by the inspector. In response the Executive Board resolved that the report and associated plan be referred to Scrutiny Board (Adult Social Care) for their oversight of performance against the targets set out in the action plan.
- 1.3 This matter was brought to the Adult Social Care Scrutiny Board on the 10th of December 2008 for discussion. The board recommending that the Proposals Working Group (ASC) meet on a monthly basis to monitor overall progress of Adult Social Services performance against the objectives set out in the action plan and report directly to the Scrutiny Board. The Independence Wellbeing and Choice summary and progress reports were brought before the Proposals Working Group on the 25th of February 2009.
- 1.4 Members of the Health Scrutiny Board were contacted and advised that one representative was invited to sit on the Proposals Working Group. The representative attending on the 25th of February 2009 was Cllr Ann Blackburn.

- 1.5 Draft minutes from the Proposals Working Group 25th February 2009 are attached as appendix 1.
- 1.6 The Independence Wellbeing and Choice Summary Report January 2009 is attached as appendix 2.
- 1.7 The Independence Wellbeing and Choice Progress Report January 2009 is attached as appendix 3.

2.0 RECOMMENDATIONS

- 2.1 The Adult Social Care Scrutiny Board is asked to note the draft minutes from the Proposals Working Group and the summary and progress reports for January 2009.
- 2.2 In addition, the Adult Social Care Scrutiny Board is specifically asked to:
 - 2.2.1 Consider the outcome of the January 2009 summary and progress report, commenting on any specific aspects included.
 - 2.2.2 Determine if there are any specific / further areas that require additional scrutiny by the Proposals Working Group.

3.0 BACKGROUND PAPERS

None.

Scrutiny Board (Adult Social Care) Proposals Working Group

25th February 2009, 10:15pm
Committee Room 5, Civic Hall, Leeds

MINUTES

ATTENDANCE

Members:

Cllr. Judith Chapman (JC) (Chair)
Cllr. Suzi Armitage (SA)
Cllr. Clive Fox (CF)
Joy Fisher (JF) (co-opted member)
Sally Morgan (SM) (co-opted member)

Officers:

Dennis Holmes (DH), Chief Commissioning Officer
Paul Broughton (PB), Interim Chief Officer, Learning Disabilities
Sandra Newbould (SN) Principal Scrutiny Adviser

Interests Declared – Cllr Clive Fox , Member of the Roseville Management Board

NO.	ITEM	ACTION
1	<p>Attendance / Introductions / Apologies</p> <p>The above attendance was noted. Apologies were received from Cllr. Debra Coupar and Cllr. Penny Ewens</p>	
2	<p>Minutes of the Previous Meeting</p> <p>Received and Approved</p>	
3	<p>Adult Social Care Safeguarding Posts – HR Process</p> <p>At the January meeting the group was advised that there had been some inevitable delays in the recruitment process. The working group requested a briefing note detailing the timeline for recruitment of the posts since it began to identify if there has been any unnecessary delay that could have been avoided. This report was presented to the working group who were satisfied with the content.</p> <p>A progress update was provided for the overdue tasks specified in the December reporting period (1.8, 1.9 and 2.6).</p> <ul style="list-style-type: none"> • 10 senior practitioners – Interviews took place 11th Feb 2009. • 3 Independent Safeguarding and Risk Managers – Final interviews taking place 26th February 2009. 	
4	<p>Independence Wellbeing and Choice Inspection Action Plan: January 2009</p> <p>Overdue actions in this reporting period</p>	

	<p>2.6 Establish performance and quality assurance sub-group - JC expressed her disappointment that this action still red. The group was advised that progress will be made in the near future and that this area should have moved to amber before the next working group meeting.</p> <p>Other Actions</p> <p>1.5 – A supervision checklists have been rolled out to fieldwork staff. Casework audits however have not yet been undertaken.</p> <p>1.7 – Safeguarding cases have been reviewed however the final Audit Report will not be available until April and this is why the status has moved to amber.</p> <p>9.1 – The target dates set for this action point reflect Government deadlines.</p> <p>The group was reminded that the CSCI inspector is due to return to review progress on the 19th of March 2009.</p> <p>The group advised that they agreed with the principle that actions should not move to green unless it is completed, however concern was expressed that many of the targets are on amber status with no indication of whether matters are progressing or falling further behind. JC suggested a arrow indicator (↑↓) which would then indicate the direction of progress.</p> <p>DH advised that this could be difficult as many of the aims do not have a statistical basis but would endeavour to incorporate some type of indication. PB added that all actions with an amber status are in progress.</p> <p>When asked if all front line staff have now received Safeguarding training DH advised the group that this is an ongoing process.</p> <p>JF sought clarification on how a safeguarding concern is determined, and was advised that front line managers would make a determination based on established facts and regular reviews.</p>	DH
5	<p>Safeguarding Board – Draft Minutes</p> <p>Members of the group expressed their whole hearted disappointment that neither Leeds Teaching Hospital Trust or Leeds Partnership Foundation Trust had (nominated attendee or sub) had been present for the first meeting of the Safeguarding Adult Partnership Board. JC will be formally writing a letter to the Chair of the SAPB expressing the working groups disappointment formally.</p> <p>The group were advised that the attendance records of the SAPB would be reported in the annual report.</p> <p>The group asked how the Children’s safeguarding processes are to be utilised (1.11) and were advised that the suitability of the processes are to be considered first as statutory duties and powers are very different and it may be the case that the procedures are easily adaptable for Adults.</p> <p>CF asked how poor performance within the partnership would be tackled and was advised that this would be clarified in the memorandum of understanding.</p> <p>The group enquired about the progress of the two serious case reviews. DH advised that this process is a good opportunity to learn away from the</p>	SN

	<p>incident. The number of cases to be reviewed in the future may depend on how effective the organisations are when working together. Any organisation can made a referral for a serious case review, which once undertaken, learning would be reported back to the Safeguarding Board for dissemination.</p> <p>Referring to 6.1 the group asked about the ‘other’ category and was advised that it is not always clear how the referral was generated, but it does not indicate that it was an anonymous referral.</p> <p>The group asked if 97 referrals are typical in a month and was reminded that there has been an increase in the number of safeguarding referrals during this year compared to 2008/9, which may be due to a recent publicity campaign. This has created additional pressures on staffing resources however once new recruits are in place the required level of infrastructure support to the Safeguarding Board, quality assurance monitoring and frontline staff can be provided. Safeguarding awareness is being raised via marketing, public information and training. SM suggested that as the Dignity in Care campaign has been such a success maybe that model should be adopted for Safeguarding.</p>	
<p>6</p>	<p>Staffing Review and Look North Report.</p> <p>PB advised the working group of the major change across accommodated based services and day services. Currently support is essentially provided in large segregated buildings and this model is outdated and does to support national expectations.</p> <p>The current hierarchical staffing structure, incorporating 12 different grades, has not been reviewed for over 25 years. The proposal is to implement a two tier staffing structure at level 1 (support worker) and 2 (support leader) with an emphasis on flexible working within areas opposed to buildings based. The service is reflecting on where it needs to be in 5 years in order to meet the requirements of personalised services.</p> <p>A list of individual services were stated in the report. The working group asked if all of the services mentioned was due to close and were advised no ,not at this time. The group added that it is important that all elected members are informed of future plans for residential and day care centres to ensure accurate communication to residents and prevent inaccurate rumours from manifesting. The group requested that 6 monthly update reports on the Learning Disability Services supported living and fulfilling lives review be brought to the ASC Scrutiny Board.</p> <p>The working group was assured that nothing would close until an alternative service is in place and there will be support throughout the transition. There will be an element of dual running but to minimise financial pressure the review will done in stages across the City. At this point the group again stressed the point of advising ward members of the implications.</p> <p>SA asked what other authorities have done where there has been no day centre provision and was advised that individuals have been supported via social networks and functions i.e. coffee mornings and events in community centres.</p> <p>JF stated that there had been rumours about the closure of Roseville. The</p>	<p>PB/SN</p>

	<p>group was advised by CF that the Doors Service is certainly under review due to the end of decency funding and the procurement power of the ALMO's to seek services elsewhere. JC added that as a Lead Member for Env and Neighbourhoods she had been advised that staff would be re-deployed. S.A requested an update to know exactly what is happening.</p> <p>(As this Doors function within Roseville does not fall within the remit of ASC Scrutiny Board Neil Evans will be contacted and requested to provide a general Councillor update.)</p>	SN
7	<p>Future meetings dates</p> <p>The following future meeting dates were agreed. The review of the Independence Wellbeing and Choice action plan to be scheduled onto the agenda for the meetings detailed below. All meetings to start at 10:15am.</p> <ul style="list-style-type: none"> ➤ 25 March 2009 – Committee Room 5 ➤ 30 April 2009 – Committee Room 4 <p>Specific agenda items to be confirmed.</p>	SN

DRAFT

Independence, Wellbeing and Choice Inspection Action Plan: Summary Report January 2009

This Period

Completed Actions this Reporting Period (Green)

- 1.3 (a) Head of Safeguarding jointly appointed
- 3.2 (a) Safeguarding Protocol agreed.
- 14.4 (a) Service level agreement is in place for directly provided homecare

Overdue Actions this Reporting Period (Red)

- 2.6 Establish performance & quality assurance sub- group.

Next Period

Actions due for completion by the next Reporting Period

- 20.1 Agree arrangements for future governance of JSNA process & publish initial findings

Actions commencing in the next Reporting Period

- 23.1 Business priorities are cascaded and included in effective team plan

Overview

All activities due to commence during the period are reported as having commenced.

- Recommendations have been made to key positions and more will be made in February.- There has been a focus upon striving to make appointments - increasing capacity to support the challenging agenda set out by the plan.

- The Partnership arrangements and their governance arrangements have been strengthened significantly.
- Measures to strengthen frontline processes, notably training and supervision have been put in place.

- Work has commenced on developing processes and tools to quality assure activity in the priority areas and across the partnership.
- Work to personalise services is on track. A range of events to train staff are in progress. Work to extend self directed care is in train.

Risks

Whilst the recruitment to key posts who will take forward this plan have been undertaken in a timely manner, in reality a proportion of the successful applicants are unlikely be able to take up their roles before April 09. This may delay the anticipated step change in performance and outcomes, it may become necessary to review the timelines for the delivery of these changes in the light of this.

Amendments to the Action Plan

1.7	Instead of Margaret Flynn (External Expert) , Stuart Cameron Strickland is the Lead Officer
3.1	Dennis Holmes also included as a Lead Officer
1.9 (b)	Andrew Watson is named Lead Officer

Guidance on RAG Reporting

Action completed and success criteria met.	Either the action is not on track for completion and/or there are significant risk to completion time and/or meeting the success criteria.
Action on track but not completed.	Not due to commence

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Independence, Wellbeing & Choice Inspection Action Plan

JANUARY PROGRESS REPORT

	Aim/Outcome	Action	Last month RAG	This month RAG	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? ie, task complete, measures in place.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Report of Progress	Report on any Risks
Recommendation 1: The Council should urgently ensure that concerns are investigated, strategy meetings and protection plans devised and implemented where necessary													
1.1	Multi-Agency arrangements for Safeguarding meet national standards and protect vulnerable adults.	Meeting of Director of Adult Social Services, Chair of Safeguarding Board, Partner Executive Directors and Chief Officers to secure the commitment to the rapid development of local multi-agency safeguarding	G	G	Yr 1 Qtr 3	Sep-08	Nov-08	Nov-08	All statutory agencies formally committed via written Memorandum of Understanding (MOU) which is signed by all partners	Dennis Holmes, Chief Officer (Social Care Commissioning)	Director of Adult Social Services	Completed (DH)	
1.2	Multi-Agency arrangements for Safeguarding meet national standards and protect vulnerable adults.	The TOR of the Adult Safeguarding Partnership Board are re-written and agreed to reflect current national best practice requirements in safeguarding vulnerable adult arrangements across Leeds.	G	G	Yr 1 Qtr 3	Sep-08	Nov-08	Nov-08	Safeguarding Partnership Board and sub group structure is established with new TOR. These provide the governance to ensure and monitor that all relevant agencies and staff are equipped to safeguard vulnerable adults across Leeds. Improvements to be measured by the QA sub-group. Baseline & targets to be established.	Dennis Holmes, Chief Officer (Social Care Commissioning)	Director of Adult Social Services	Completed (DH)	TOR established but QA sub-group not established.
1.3	Leadership of Adult Safeguarding Board is effective and arrangements ensure that vulnerable adults are safeguarded.	A Head of Safeguarding, appointed with partners to drive and support the boards work.	A	G	Yr 1 Qtr 3	Oct-08	Jan-09	Jan-09	Head of Adult Safeguarding is jointly appointed.	Dennis Holmes, Chief Officer (Social Care Commissioning)	Director of Adult Social Services	Interviews 28 Jan. Recommendation made to HR.(DH)	
1.4	Staff engaged with the delivery of protective action to safeguard vulnerable adults are provided with immediate advice on minimum standards of practice	Letter to all Service Delivery Managers and team managers outlining requirements in relation to current safeguarding practice to be cascaded and managed via the line management structure.	G	G	Yr 1 Qtr 3	Sep-08	Dec-08	Dec-08	All staff are aware of and understand expectations regarding the safeguarding procedures and the need for effective outcomes evidenced via audit of enquiries post Sept'08 by independent auditor.	Brian Ratner, Nyoka Fothergill, Jim Tynnor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley (Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Completed (JL & PB)	
1.5	Management action ensures that frontline management quality assurance is effective in supporting good practice	Roll out to fieldwork staff a supervision checklist as an aide memoir, including key issues for frontline managers to consider in supervision in relation to safeguarding practice.	A	A	Yr 1 Qtr 3	Dec-08	Mar-09	Jan-09	Report defines any further action required and Chief officer action with fieldwork staff to embed requirements Casework audit shows that fieldwork staff are being effectively supervised and this is evidenced in case file notes in relation to safeguarding casework	Fothergill, Jim Tynnor, Moran, Gill Chapman, Steve Bardsley (Service Delivery Managers), Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Further information has been resubmitted for consideration. Steps have been taken to correct the process. (JL & PB)	Resources for auditing and capacity to undertake them

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1.6	Frontline staff are equipped to safeguard vulnerable adults and have competencies to do so effectively.	Each social work team has undertaken a workshop training session on roles and responsibilities in relation to safeguarding.	G	G	Yr 1 Qtr 3	Oct-08	Dec-08		All fieldwork teams have attended a training session on roles & responsibilities in relation to safeguarding by the end of the year.	Graham Sephton (Deputy HR Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Team sessions have been held (GH)	
1.7	Independent audit undertaken & establishes that vulnerable people in Leeds are being effectively safeguarded	Review 20 sampled safeguarding cases by external consultant to ascertain progress in improvement of standards.	G	A	Yr 1 Qtr 3	Oct-08	Dec-08		Audit report shows improved standard of practice compared with inspection findings. Establishes a baseline of current practice.	Stuart Cameron Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)	Action on target. Interim Report completed in Dec'08. Final Audit Report will be available in April'09. (SCS)	
1.8	Fieldwork Structures are reinforced to coach, support and monitor quality of practice	Establish 10 Senior Practitioner posts with associated administrative support to coach, support, audit and assure quality of practice concentrating initially on safeguarding work in front line adult social care teams.	R	A	Yr 1 Qtr 3	Oct-08	Jan-09		Additional specialist resources are in place to support existing fieldwork in ensuring that vulnerable adults are safeguarded. Future monitoring demonstrates improved outcomes for people. Baseline measures to be established	Adult Safeguarding Board	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Lengthy recruitment procedure. Large number of staff to be recruited. Number of applications received and initial review of applications gives us confidence of successful recruitment. (JL & PB) To be reported in Feb'09 (JL & PB)	
Page 84	Independent Quality Assurance Processes are implemented and ensure timely and effective safeguarding.	Establish 3 independent specialist chairs in the city to independently manage all case conferences and strategy meetings. Establish appropriate administrative support to these posts.	R	A	Yr 1 Qtr 3	Oct-08	Jan-09		Additional specialist resources are in place to support existing fieldwork in ensuring that vulnerable adults are safeguarded. Future monitoring demonstrates improved outcomes for people. Baseline measures to be established	Emma Mortimer (Safeguarding Coordinator) Andrew Watson (Head of Support Services)	Chief Officer (Social Care Commissioning)	Interviews on 11, 12 and 26 Feb'09 (DH) Posts to be advertised in March'09	Dependent on availability of external candidates for interviews
Recommendation 2: The Council should strengthen frontline quality assurance arrangements to ensure that minimum standards of practice and recording are implemented routinely in responding to adult safeguarding alerts. Recommendation 6: The Adult Safeguarding Board should prioritise the development of the Quality Assurance sub-group.													
2.1	Expectations about the quality of practice reflect those of service users and stakeholders. Services can be evidenced as meeting these expectations and services are committed to meeting the expectations.	Establish practice standards and competencies in relation to: - adult safeguarding practice - interagency work - information sharing with partner agencies - case management: referral, assessment, care planning and review - appraisal and supervision - hospital discharge processes and associated services - advocacy, information and support to service users and carers - direct payments and self directed care - Communicate to all staff.	A	A	Yr 1 Qtr 4	Oct-08	Jun-09		A clear basis for measuring and managing performance is established which will demonstrate best practice and outcomes for service users and carers.	Stuart Cameron Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)	On 22nd Jan, outline proposals for Leeds Adult Social Care Quality Assurance Framework agreed by Directorate Management Team as a basis for measuring performance. Drafting of practice standards and systems has commenced. Draft due for completion by mid March. Scope for involvement with external consultants has been agreed & they are currently arranging initial meetings with key officers. (SCS)	Many national standards exist to support this task but identifying gaps are challenging. Contingency arrangements for delays in establishing reference group have been made.

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2.2	Independent Quality Assurance Processes are developed and effective in improving performance	Specialist consultant audits practice standards to inform and establish an ASC independent quality assurance systems (See 1.7)	A	A	Yr 1 Qtr 4	Oct-08	Mar-09		A systematic approach to assuring safeguarding practice is established informed by independent expertise in safeguarding practices. Compliance with practice standards evidenced. A baseline needs to be established.	Stuart Cameron-Strickland (Head of Performance)	Chief Officer (Social Care Commissioning)	Scope for involvement of consultants has been agreed. On schedule to complete on time. (SCS)	Problems in scheduling appointment with key officers could effect the completion time.
2.4	Frontline quality assurance ensures improvements in compliance with safeguarding standards and delivery of safeguarding outcomes for vulnerable adults.	Develop processes of peer file audits against an agreed checklist by frontline practitioners and managers.	A	A	Yr 1 Qtr 3	Oct-08	Dec-09		Frontline managers undertake audits and provide quarterly report to DMT performance board. (see 2.3) Baselines for performance established and reports show improved performance.	Brian Ratner, Nyoka Folhergill, Jim Taynor, Phil Schofield, Gill Jane Moran, Steve Bardsley (Service Delivery Managers) Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Work commenced by Responsible Officers on benchmarking and quality assurance process. (JL & PB)	
2.6	Managers can evidence that care packages are creative, personalised, informed and contribute to safeguarding awareness and prevention.	Establish quality circle for managers - sharing learning.-	A	A	Yr 1 Qtr 4	Jan 09	Mar 09		Managers are able to operate to minimum standards and are developing more creative, personalised ways of interagency working. This is evidenced in QA of case work. Baseline measures to be established (see 1.7)	Brian Ratner, Nyoka Folhergill, Jim Taynor, Phil Schofield, Gill Jane Moran, Steve Bardsley (Service Delivery Managers) Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Work commenced by Responsible Officers on benchmarking and quality assurance process. (JL & PB)	
2.7	Improvements in safeguarding work and outcomes can be shown to flow from management action and governance arrangements put in place by the safeguarding partnership.	The partnership board to establish a Performance, Audit and Quality Assurance (PAQA) sub group with representation from key agencies.	R	R	Yr 1 Qtr 3	Jul-08	Dec-08		A core group with TOR defining governance and reporting arrangements is approved by the Safeguarding Partnership board.	Emma Mortimer Adult (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)	Group chair to be nominated by Adult Safeguarding Board on 18/02/09. Please refer to 1.2 (b) (DH)	
2.7	Improvements in safeguarding work and outcomes can be shown to flow from management action and governance arrangements put in place by the safeguarding partnership.	An audit of existing arrangements is undertaken by PAQA. Recommendations for improvements are made. A report of this is submitted to the board for agreement.	A	A	Yr 1 Qtr 3	Oct-08	Mar-09		Audit report completed and recommendations approved by Safeguarding Partnership board.	Emma Mortimer Adult (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)	See Recommendation 2.1 (DH)	

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Recommendation 3: The Council and its partners should agree and implement improved procedures, ensuring that these: - Set out specific and monitorable expectation on staff from all agencies. - Implements a system of compliance monitoring processes that ensure consistent practice.												
3.1	Arrangements for safeguarding vulnerable adults are effective across agencies and disciplines. Stage 1: Revise multi-agency safeguarding procedures. Stage 2: Ratify procedures through all agencies governance processes	G	G	Yr 1 Qtr 3	Oct 07	Dec-08	Dec-08	Procedures agreed by partners and agencies.	Emma Mortimer Adult (Safeguarding Coordinator), Head of Safeguarding, Chief Officer (Social Care Commissioning)	Chief Officer (Social Care Commissioning)	Procedures provided to partner for ratification and amended to include reference to the roles of new post holders.(DH)	
		A	A		Dec 08	Dec 09		Procedures ratified by all partners and agencies.			Procedures to be progressively rolled out during March/April 2009, (DH)	
3.2	Agree protocols for Joint Working with Adult Social Care across partner agencies, and with particular regard to identified vulnerability, ie, homeless unit, community safety, domestic violence leads, etc.	A	G	Yr 1 Qtr 3	Oct-08	Jan-09	Jan-09	Protocols are in place and agreed	Emma Mortimer Adult (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)	Protocols agreed with Statutory Agencies (DH)	
		A	A		Jan 09	June 09		QA of case files evidence effective use of protocols baseline and targets to be developed and agreed.			Underway (DH)	
3.3	Increase awareness and understanding of issues and arrangements regarding safeguarding vulnerable adults. Specify and implement a comprehensive communications and social marketing strategy in relation to adult safeguarding.	A	A	Yr 1 Qtr 3/ 4	Oct-08	Jun-09	Jun-09	Marketing strategy is implemented	Mike Sells (Communications Manager)	Chief Officer (Resources)	Draft Action Plan completed. New identity and logo designed	
					Jun 09	Jan 10		Surveys and quality assurance establish baseline and targets relating to outcome measures.				

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Recommendation 4: The Council and partners should progress the emerging multi-agency training strategy and link this development with the agreed set of minimum competencies from specific roles within the adult safeguarding process												
4.1	Everyone involved in safeguarding understands the partnership's vision and has the knowledge and skills to deliver effective safeguarding practice	A	A	Yr 1 Qtr 3/4	Oct-08	April 09		Establish and fund a plan which demonstrates a multi-agency commitment and reflects cross agency training requirements resulting in the effective safeguarding of adults across Leeds	Emma Mortimer (Safeguarding Coordinator), Graham Septon (Deputy Head of HR)	Chief Officer (Social Care Commissioning)	Underway (DH)	
4.2	Everyone involved in safeguarding understands the partnership's vision and has the knowledge and skills to deliver effective safeguarding practice		A	Yr 1 Qtr 4	Jan-09	Apr-09		Interagency strategy for safeguarding training established.	Chief Officer (Social Care Commissioning), Head of Adult Safeguarding, Graham Septon (Deputy Head of HR)	Chief Officer (Social Care Commissioning)	Graham Septon takes on chair of training sub group in February. New safeguarding competencies framework has been shared with partners in December. Review being conducted.	Training subgroup membership - partners do not provide nominations, as agreed.
Recommendation 5: The Council should ensure that staff are alert to potential risk factors where people live in situations of ongoing vulnerability and that appropriate contingency plans are put in place.												
<p>Standard for risk management process</p> <p>A) Differentiate risk, monitor and manage this.</p> <p>B) Establish an information protocol around risk and vulnerability.</p> <p>C) Establish agreed process and standard for contingency planning.</p>												
	Risk factors are managed consistently in accordance with policies and staff respond effectively to mitigate risks effectively in relation to safeguarding concerns	A	A	Yr 1 Qtr 4 & Yr 2 Qtr 2	Dec-08	Sep-09		All vulnerable people subject to a safeguarding enquiry are consistently assessed for risk	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability) Head of Safeguarding	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Work commenced. Progress will be included in Feb 09 Report (JL & PB)	
Recommendation 7: The Adult Safeguarding Board should agree an adult safeguarding serious case review process and mechanisms for sharing performance issues and learning with partner agencies.												
7.1	The serious care review process is effective & the partnership evidence learning and dissemination of good practice	G	G	Yr 1 Qtr 3	Jul-08 Sep 08	Dec-08 Sep 09	Agreed Sept 08	1/ The procedure is formally agreed by the board 2/ The procedure is formally adopted within all partner agencies. Future arrangements for the review of potentially serious cases & criteria are managed within the policy & practice sub-group of the Adult Safeguarding Partnership Board (see Rec 1.2)	Chief Officer (Social Care Commissioning)	Director of Adult Social Services	Work Completed (DH)	
7.2	The serious care review process is effective & the partnership evidence learning and dissemination of good practice			Yr 1 Qtr 3 & 4	Nov-08 Mar 09	Feb-09 Apr 09		A pilot of two serious case reviews will have been conducted Findings and action reported in report to the board	Emma Mortimer (Safeguarding Coordinator)	Chief Officer (Social Care Commissioning)	Likely to be completed in March'09	

Aim/Outcome	Action	Last month RAG	This month RAG	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? i.e. task complete, measures in place.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Report of Progress	Report on any Risks
Recommendation 8: The safeguarding board should strengthen its leadership role and processes for informing and reporting practice issues to elected members. Recommendation 25: The Council and its partners should strengthen governance arrangements so that elected members and relevant Chief Officers in partner organisations have a clear understanding of the performance of adult safeguarding arrangements.												
8.1	Leadership of Adult Safeguarding Board is effective in ensuring delivery of appropriate safeguarding activity & outcomes for people	G	G	Yr 1 Qtr 3	Sept 08	Oct 08	Oct 08	Accountability for safeguarding vulnerable adults in Leeds is clear, transparent and unambiguous to partners and other stakeholders	Director of Adult Social Services	Director of Adult Social Services	Completed (DH)	
8.2	Leadership of Adult Safeguarding Board is effective in ensuring delivery of appropriate safeguarding activity & outcomes for people.	G	G	Yr 1 Qtr 3	Jun-08	Nov-08	Nov 08	Revised terms of reference adopted and ratified by statutory partners	Chief Executives / Officers of safeguarding partners	Chief Officer (Social Care Commissioning)	Completed (DH)	
8.3	Performance of the board and its subgroups meets the requirements of the Good Governance Standard in Public Services adopted by the partnership	A	A	Yr 1 Qtr 3 & 4	Sep-08	May-09		Annual audits & good governance review, all sub groups have work plans and deliver them. Annual Report is produced in May accompanied by a business plan for the following year. 1/4ly Performance reports are available for examination by agency and Local Government overview and scrutiny arrangements. (see Rec 2.3). The work of the board is open to challenge by established group of service users and their carers.	Chief Executives/ Officers of safeguarding partners	Chief Officer (Social Care Commissioning)	Report to be presented to the Executive Board in July'09.	
	Performance of the board and its subgroups meets the requirements of the Good Governance Standard in Public Services adopted by the partnership	A	A	Yr 1 Qtr 4	Dec-08	May-09		Annual Report contains details of volume of activity and quality of outcomes from all partners. Performance improvement and learning points are incorporated into future action plans.	Adult Safeguarding Board	Chief Officer (Social Care Commissioning)	Please refer to recommendation 8.3	

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<p>Recommendation 9: The Council should ensure more inclusive and individualised assessments.</p> <p>Recommendation 10: The Council should promote more ambitious, outcome focused care planning.</p> <p>Recommendation 12: The Council should ensure that opportunities to promote individualised care plans utilising direct payments are always seized</p>													
9.1	Personalised services deliver greater choice and control as evidenced in delivery and feedback	Progressing action plans for whole systems transformation through Self Directed Care Programme. Progress reviewed by DMT (SU involvement at Board, Team & workshop level).	A	A	Yr 1 Qtr to Yr 3 Qtr 4	Apr-08	Mar-11		30% of services are delivered through individual budgets. Satisfaction and outcomes surveys show increased levels of choice and control including increased opportunities for self-assessment.	Jemima Sparks (Business Change Project Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Early Implementer (E1) initiated. 4 care managers commenced January 2009 and now beginning to complete SAC with customers identified for the EI. This will test all methodology developed in Phase1. Business Change manager appointed. (JS)	Quarter 3 customer survey identified only 26% said they were offered the option of DPs. Of those who answered yes 60% reported having the benefits of DPs explained and only 23% to be advised about ASIST. Although the uptake of DPs is meeting targets this raises concerns about the raising of DPs at the time of assessment and was a reduction from the 43% of customers offered DPs in Q2.
9.2	Personalised services deliver greater choice and control as evidenced in delivery and feedback	Continuing process of workshops communicating to practitioners the vision of personalisation and setting challenges for individuals around IB & DP and developing awareness.	A	A	Yr 1 Qtr 3 & 4	Oct-08	Mar-09		Frontline staff understand and apply to practice the principles of personalisation as evidenced by measures of 1 / Delivery 2 / Feedback Delivery Targets: 08/09 759 recipients 09/10 2,417 recipients Feedback baseline: 43% survey respondents report being offered DP. Targets to be agreed.	Jemima Sparks (Business Change Project Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Induction completed for 4 early implementer staff. ILP induction 3 x 4 day sessions for 48 staff (one group of 12 in March). Transforming Together conference - 58 people. LD Focus Gp for up to 50 people planned for March. OP focus for up to 50 planned for March. MH Focus gp for up to 50 people planned for March. 603 customers in receipt of DP as at 31.12.08 which exceeds target of 759.	Quarter 3 customer survey identified only 26% said they were offered the option of DPs. Of those who answered yes 60% reported having the benefits of DPs explained and only 23% to be advised about ASIST. Although the uptake of DPs is meeting targets this raises concerns about the raising of DPs at the time of assessment, a reduction from the Q2 performance of 43%. This raises concerns about embedding DPs in practice which has significant implications for implementing the vision of personalisation.

	Aim/Outcome	Action	Last month RAG	This month RAG	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? ie, task complete, measures in place.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Report of Progress	Report on any Risks
9.3	Personalised services deliver greater choice and control as evidenced in delivery and feedback	Join 'In Control' Programme.	G	G	Yr 1 Qtr 3	Oct-08	Mar-09	Oct-08	Leeds has joined the 'In Control' Programme	Jemima Sparks (Business Change Project Manager)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	Completed (JL, PB & JS)	
9.4	Almost all service users report that they have accurate accessible information and that care processes are undertaken with respect to the person, in a timely manner, the range of services met preferences and they consider they are more in control	Agree measurable standards for outcome focused assessments and care planning and communicate to staff. These include: 1/ Timeliness 2/ Choice and Control 3/ Respect for the person including who fund their own care and support	A	A	Yr 1 Qtr 4	Dec-08	Aug-09		Measurable standards for outcome focused assessment and care planning which include respect for the person and timeliness have been communicated to all staff and are being used as evidenced by measures including targets 08/09: Older people assessed in 4 weeks - 85 % Survey respondents happy with the assessment process - 90% Survey respondents report that the assessing SW is courteous and helpful - 90%. Further baselines and targets to be established in relation to quality factors and self funders.	Brian Ratner, Nyoka Fothergill, Jim Taylor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley (Service Delivery Managers)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	To be reported in Feb09 (JL & PB)	
9.5	Assessments and care plan are inclusive, individual, ambitious and outcome focused.	Ensure SAP/introduction of CAF in line with an enablement approach and personalisation is embedded in all policies, procedures, tools and methodology relating to assessments. Involve all relevant agencies to ensure an integrated assessment. (see Recommendation 19/2)	A	A	Yr 1 Qtr 4	Dec-08	Mar-10		All agencies ultimately use and contribute to SAP/CAF to result in effective outcome based assessment and care planning. Evidenced by the file audit process.	Wendy Emmerson (ESCR Programme Manager)	Deputy Director (Partnerships & Organisational Effectiveness)	Original timeframe over optimistic. March 2010 was the date identified for initial CAF/CAF demonstrator workstreams to complete. These workstreams were intended to inform a second round bid for CAF/CAF demonstrator projects delivered by March 2011. DoH only just released consultation over CAF/CAF which will inform the action plan for Leeds. Consultation workshop takes place 17th February after which the plan will be prepared. Information Strategy workshop held with ICT/ADSC DMT's. Actions underway to produce an Information Strategy.	

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Recommendation 11: The Council should ensure that departmental standards in relation to the timeliness and the quality of regular reviews are met.												
1.1.1	Standards & expectations in relation to the timeliness and the quality of regular reviews are met	A	A	Yr 1 Qtr 4	Dec-08	Mar-09		From an 07/08 baseline of 63% In Year 1: 76% of service users to receive a timely review. In Year 2: 80% of service users to receive a timely review.	Brian Rafter, Nyoka Fothergill, Jim Taylor, Phil Schofield, Jane Moran, Gill Chapman, Steve Bardsley (Service Delivery Managers).	Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	SDMs have agreed that DST related work will also be screened by IRT Team. (JL & PB)	
1.1.2	Standards & expectations in relation to the timeliness and the quality of regular reviews are met	A	A	Yr 1/2 Qtr 4/1	Dec-08	Jun-09		Quality standards established with operational staff. 75% of all reviews meet core quality standards as evidenced in file audit process.		Chief Officer (Access and Inclusion) Chief Officer (Learning Disability)	To be included in Feb09 Report (JL & PB)	
Recommendation 13: The Council should build on the wide availability of advocacy services by specifying and focusing the circumstances in which it should be used to empower people.												
	Almost all service users report that they have accurate accessible information, advice and advocacy supported when needed to make choices and exercise control.			Yr 1 Qtr 4	Jan-09	Aug-09		The following range of advocacy requirements are incorporated: - Crisis - Task or Issue - Representational Short Term or Long Term - Independent Mental Capacity Advocacy (IMCA)	Mick Ward (Head of Strategic Partnerships and Development)	Chief Officer (Social Care Commissioning)	Agreement with NHS Leeds to do joint review. Some project Officer time identified. Initial meeting with Advocacy Network to begin scoping project taken place. (MW)	Difficulty in defining scope of review. Project could identify substantial unmet need
Recommendation 14: The Council should extend the range and choice of services by reconfiguring and modernising traditional, buildings-based services												
14.4	Directly provided services have clear contractual arrangements including performance and OA measures which are monitored and reported.	A	G	Yr 1 Qtr 4	Nov-08	Apr-09	Jan-09	Service level agreements are in place for: 08/09 Homecare, 09/10 Residential Care and Daycare	Tim O'Shea (Head of Adult Commissioning)	Chief Officer (Social Care Commissioning)	Completed (TOS)	
14.5	Develop formal joint commissioning frameworks with health to extend the range of options for delivering personalised services		A	Yr 2 Qtr 1/4	Apr 09	Apr-09		Formal agreements with LPECT regarding joint commissioning frameworks. Service specifications in place for homecare and other key services	Tim O'Shea (Head of Adult Commissioning), Mark Philoit (Commissioning Manager)	Chief Officer (Social Care Commissioning)	Detailed negotiations with Commissioners from NHS Leeds underway. Detailed negotiation with Commissioners from NHS Leeds underway. Commissioning for personalisation Action Plan drafted (TOS)	Impact on NHS Model Contracts needs to be explored. Reported to Legal and Corporate Procurement Services for advice.

	Aim/Outcome	Action	Last month RAG	This month RAG	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? (ie, task complete, measures in place.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Report of Progress	Report on any Risks
Recommendation 15: The Council and partners should strengthen hospital discharge procedures by focusing on the quality of peoples experiences													
Recommendation 16: The Council and partners should strengthen hospital discharge procedures by setting out clear reciprocal responsibilities with procedures in place for ensuring compliance with those standards.													
Recommendation 17: The Council and partners should strengthen hospital discharge procedures by agreeing a process for resolving and learning from concerns about the quality of multi-disciplinary work.													
15.1	People access a range of care services that promote their independence.	<p>The remit of the existing Planned and Urgent Care Group is extended to undertake revising current protocol, procedures and practice to ensure that:</p> <ol style="list-style-type: none"> 1/ the roles of different professionals are clear. 2/ the hospital discharge process is timely, safe and ensures a consideration of dignity and respect for the individual. 3/ a process for resolving disputes is in place. 	G	G	Yr 1 Qtr 3 & 4	Oct 08	Nov 08	Nov 08	<p>Actions taken prevent unnecessary hospital admission and enable timely & safe hospital discharge which maintains dignity and respect.</p> <p>Regular reports are provided to the Leeds Joint Commissioning Board for Adults.</p>	Philip Schofield (Service Delivery Manager)	<p>Chief Officer (Access and Inclusion)</p> <p>Chief Officer (Learning Disability)</p> <p>Director of Commissioning (Leeds NHS)</p>	<p>Ongoing 2 monthly liaison meetings with health colleagues in LPT to review community interventions e.g. use of "Health Action Plans" etc. in order to prevent unnecessary admissions. (JL & PB)</p>	
15.2	People access a range of care services to promote their independence. These prevent unnecessary hospital admission and enable timely & safe hospital discharge which maintains dignity and respect.	<p>New protocol and procedure published and adopted by local hospitals including LTH, NHS Leeds and ASC.</p> <p>New protocol and procedures agreed with significant out of Leeds neighbouring hospitals.</p>	A	A	Yr 1&2 Qtr 4/1-3	Nov 08	Mar 09		<p>There is a signed protocol between ASC and health partners covering hospital discharge procedures, continuing care and disputes resolution.</p> <p>Protocol and procedure agreed by health partners and ASC and included in contractual arrangements.</p> <p>Protocol and procedure agreed by neighbouring hospitals and ASC, ie, Harrogate, Bradford, Wakefield.</p>	<p>Philip Schofield (Service Delivery Manager)</p>	<p>Chief Officer (Access and Inclusion)</p> <p>Chief Officer (Learning Disability)</p> <p>Director of Commissioning (Leeds NHS)</p>	<p>PCT have agreed editorial responsibilities for delay transfer and care protocol. On target to amend procedure by March'09 (JL & PB)</p>	
15.3	The monitoring of hospital discharge arrangements is effective and lessons are learned from concerns.	<p>Regular monitoring and reports are prepared by the Planned and Urgent Care Group and submitted to the Joint Strategic Commissioning Board (JSCB)</p>		A	Yr 1 Qtr 4	Jan-09	Apr-09		<p>Baseline for delayed discharges of 27. Establish and initiate a baseline and targets to include data and info from:</p> <ul style="list-style-type: none"> - Reviews of service users. - Complaints - User experience surveys <p>included in the reports to JSCB</p>	Philip Schofield (Service Delivery Manager)	<p>Chief Officer (Access and Inclusion)</p> <p>Chief Officer (Learning Disability)</p>	<p>Planned and Urgent Care Board agreed priority workstream as hospital discharge. Recent meeting confirmed hospital discharge as a key priority of integrated working.</p> <p>ART will monitor reviews through Customer Satisfaction Survey from March'09. NHS Leeds will also monitor their compliances. Scrutiny enquiry lodged. (JL & PB)</p>	

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Recommendation 18: The council should improve the availability of information about the range of carer's services.												
18.3	Carers confirm that they are well informed about services. They have information, which is accurate, accessible and appropriate in terms of their culture, sexuality, age, gender and religion.	A	A	Year 3 Qtr 1-2	Dec 08	Mar 09		Careers and people who use services are helped to understand how to maintain wellbeing through a range of accessible information provided in partnership. 90% of survey respondents report that information provided is adequate as an initial baseline. Adult Social Care Information, Communications & Marketing Strategy is reviewed to establish further baseline and targets.	Mike Seels (Communication Manager)	Chief Officer (Resources)	Draft Carers Communications Action Plan completed. Draft plan for website created (MS)	
19.3	Quality Assurance systems show that there is a successful focus upon early prevention and reduced need for higher level support services.			Yr 1 Qtr 4	Jan-09	Apr-09		Establish a baseline and targets for measuring use of preventative services to show a focus upon early prevention & reduced need for higher level support. To include data relating to: 1/ signposting and information given 2/ review information 3/ surveys 4/ evidence from case file audits 5/ hospital admissions & numbers entering long term residential care	Tim O'Shea (Head of Adult Commissioning), Stuart Cameron-Strickland (Head of Performance),	Chief Officer (Social Care Commissioning)	Start up meeting established with key officers (SCS)	Initial scoping work has commenced but work has not sufficiently progressed to provide a clear judgement of requirements
Recommendation 20: The Council and partners should agree a set of joint funding priorities and set out clear service development plans with associated joint management arrangements and joint funding commitments (reference recommendation 14)												
Recommendation 21: The Council should set out a clear commissioning plan for Older People's Services, including re-commissioning arrangements for existing services (where appropriate).												
20.1	The health and wellbeing needs of the people of Leeds are evidenced within the JSNA & shape commissioning priorities linked to Our Health, Our Care, Our Say, outcomes	A	A	Yr 1 Qtr 3 & 4	Dec 07	Feb-09		All commissioners have a detailed analysis of the health and wellbeing needs of whole population so that strategic commissioning can link investment to activity over time.	John England, Deputy Director (Partnerships and Organisational Development)	Deputy Director (Partnerships & Organisational Effectiveness)	JSNA will go to Executive Board on 01.03.09 (JE)	
20.2	Partnership arrangements deliver joint & single commissioning consistent with needs and available resources.	A	A	Yr 1 Qtr 3 & 4	Oct 08	Apr-09		Systems and infrastructure to support joint working in place 1/ Virtual teams established for commissioning in relation to priority groups. 2/ Commissioning intentions published. 3/ Impact on individuals measured against.	Tim O'Shea (Head of Adult Commissioning), Mick Ward (Head of Strategic Partnerships & Development), Carol Cochrane (Director of Commissioning & Priority Groups NHS Leeds)	Chief Officer (Social Care Commissioning)	Joint meetings between NHS and ASC Commissioners established. (MW) Good progress made in developing systems and infrastructure for commissioning with NHS Leeds eg a) Information sharing. b) Joint training and system development exercise. c) Development of common commissioning tools. d) Commissioning based on outcomes being developed. (TOS)	Impact on NHS Model Contracts needs to be explored. Reported to Legal and Corporate Procurement Services for advice.

	Aim/Outcome	Action	Last month RAG	This month RAG	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? ie, task complete, measures in place.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Report of Progress	Report on any Risks
20.3	Determine priorities for older peoples commissioning with partners which promote choice, control, health and wellbeing	Undertake an analysis of older peoples commissioning opportunities in consultation with older people & providers across health and social care.	A	A	Yr 1 Qtr 3 &4	Nov 08	Sep-09		Strategy and plans include an understanding of the local market, cost considerations, quality factors and link to financial plans. 1/ Publish joint commissioning prospectus. 2/ Revise and republish Older Better. 3/ Strategic commissioning developed to link joint investment to activity over time.	Tim O'Shea (Head of Adult Commissioning), Mick Ward (Head of Strategic Partnerships & Development)	Chief Officer (Social Care Commissioning)	Older Better 2009/10 workplan being updated (MW) 1. Commissioning Prospectus currently being finalised. 2. Joint approach to commissioning preventative services in development. 3. Standardised service review template in development.(TOS)	
20.5	Options which will maximise effective joint working to best meet the needs of people and deliver outcomes are identified.	Review intermediate tier, JCMT, Mental Health Teams, Hospital Discharge		A	Yr 1 Qtr 4	Jan 09	Apr-09		Systems and infrastructure to support joint working in place and enabling staff to delivery safe dignified transfers of care. Baseline and measures to be developed, to include data from, complaints, reviews, delayed transfers. Reports on progress are submitted on a quarterly basis to the Leeds Joint Commissioning Board.	Mick Ward (Head of Strategic Partnerships and Development), Tim O'Shea (Head of Adult Commissioning)	Chief Officer (Social Care Commissioning)	Initial meetings to rewrite TOC Protocol have taken place between ASC and NHS Leeds (MW) 1. Intermediate Tier strategy being finalised. 2. Joint approach to commissioning home care services in development. (TOS)	
		Review and develop joint commissioning/ market management of homecare. (Cross ref to 20.3)			Yr 1 Qtr 4	Apr 09	Oct 09						

Aim/Outcome	Action	Last month RAG	This month RAG	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? ie, task complete, measures in place.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Report of Progress	Report on any Risks
Recommendation 22: The Council should implement a system to ensure compliance with the expectations of the supervision policy.												
22.1	Explicit expectations on supervision are met. They enable compliance with standards and focus on consistency, learning and better outcomes for people who use services.	A	A	Yr 1 Qtr 3 & 4	Oct 08	Mar 09		Ensure implement policy in relation to supervision across 100% of assessment and care management staff.	John Lennon (Chief Officer Access and Inclusion)	Chief Officer (Access and Inclusion) Chief Officer (Learning Disabilities)	Wider ongoing discussion with HR, on supervision policy (JL & PB)	
22.2	Explicit expectations on supervision are met. They enable compliance with standards and focus on consistency, learning and better outcomes for people who use services.	A	A	Yr 1 Qtr 4	Oct 08	Mar 09		Revised supervision policy published. Revised supervision policy rolled out to all fieldwork staff. Baseline and targets in relation to compliance and effectiveness to be established. To include: 1/File audit process. 2/Employee survey. 3/ Investors in People reviews.	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	Consultation on draft supervision policy taking place with teams. Looking to approve final policy in February, with roll out of training and briefings to support re-launch in April. Corporate HR team engaged in review.	
Recommendation 24: The council should publish a workforce development plan which reflects the reshaped services and sets out how retraining and job redesign processes are to be utilised to deliver the skills needed to reconfigure services.												
24.1	There are sufficient appropriately skilled staff to undertake the full range of social care functions, particularly in relation to safeguarding and personalisation	A	A	Yr 1 Qtr 4 & Yr 2 Qtr 1	Nov-08	June-09		Framework launched.	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	Safeguarding competencies framework created. Gaining feedback and raising awareness through team management meetings. Personalisation competencies framework to be developed by end of February.	Need to ensure that we have clarity on sign off status for safeguarding training framework by end of Feb, prior to next inspection visit. Recent modification to safeguarding policy, and addition of new roles means that further work now required on training framework.
24.2	There are sufficient appropriately skilled staff to undertake social care functions	A	A	Yr 1 Qtr 4 & Yr 2 Qtr 1	Dec-08	May-09		Staff are equipped with the skills and knowledge required to deliver the personalisation agenda. Gaps are identified and addressed. These include requirements linked to safeguarding and the role of the independent sector within the delivery of personalised service delivery.	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	First version of the workforce development strategy will be available for consultation by end of February. Mapping to corporate, directorate and service specific needs	
				Yr 2 Qtr 3	Oct 09	Dec 09		Review in Oct 2009 in relation to plans in Recom 14				

	Aim/Outcome	Action	Last month RAG	This month RAG	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? ie, task complete, measures in place.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Report of Progress	Report on any Risks
24.3	Services are consistently provided by an appropriately skilled and knowledgeable workforce	A new process for identifying investment and measuring the quality and impact of workforce development will be introduced in the 2009/10 planning cycle. New reporting process will be introduced.	A	A	Yr 1 Qtr 4	Oct-08	Mar-09		An agreed set of performance measures for workforce development will exist and managers can evidence that staff are competent for their role and can identify and respond to areas where staff competency issues exist. Measures to be developed which include data from: 1/ Staff survey. 2/ Investors in People reviews. 3/ Occupational health data.	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	Draft performance measures and new reporting framework will be shared as part of workforce development strategy (end February)	
24.4	All will be aware of local skills standards and the support available to meet these standards	A web site will be created as a central resource for all information relating to workforce development. A clear description of what training and development is on offer to be communicated. Expected behaviours around the most important workforce development processes will also be shared, following the review of policy and process in each area.	A	A	Yr 1 Qtr 4	Nov-08	Jun-09		Web site available by end of June 2009; service users are in receipt of services from appropriately skilled staff whose competency is measured by workforce competency measures and quality of delivered is confirmed through quality assurance systems	Graham Sephton (Deputy HR Manager)	Chief Officer (Resources)	Specification for website currently being drawn up (purpose, audience, content). Meeting with IT support teams to be set up.	



Originator: Tim O'Shea

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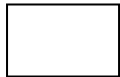
Report of the Chief Officer, Social Care Commissioning

Scrutiny Board (Adult Social Care)

Date: 11 March 2009

Subject: Adult Social Care Commissioning Services: Update

Electoral Wards Affected:



Ward Members consulted
(referred to in report)

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

Executive Summary

1. At the Adult Social Care (ASC) Scrutiny Board meeting in December 2008 it was resolved that a report would be brought to the March 2009 meeting by the Chief Officer, ASC Commissioning which provided details of the procurement timetable for the Neighbourhood Networks review process. In addition, the report was to include information on commissioning intentions in response to the recent Commission for Social Care Inspection (CSCI) inspection of ASC services with specific reference to Older People and Safeguarding. This report seeks to describe and illustrate the progress made on the Neighbourhood Networks review, which is on schedule to be completed by the due date of April 2010 (see Appendix 1). The report also provides detailed information on how the commissioning components of the Independence, Wellbeing and Choice Inspection Action Plan (see Appendix 2) are to be delivered by April 2010.

1.0 Purpose Of This Report

- 1.1 To inform Members of the Scrutiny Board (ASC) of the progress made and future plans for delivering the Neighborhood Networks review and re-tendering exercise. It furthermore describes the ASC Commissioning intentions in relation to the Independence, Wellbeing and Choice Inspection of 2008.

2.0 Background Information

- 2.1 The Neighbourhood Networks review commenced in March 2008 as a joint commissioning exercise between ASC, Supporting People and NHS Leeds, with support from the Corporate Procurement Unit. Thus far, the review has undertaken detailed research and analysis of current provision, extensive consultation with

stakeholders and is nearing the completion of the funding formula which will determine future, more equitable resource allocation across the city. A new outcome-based specification is in preparation. The tendering process will commence in April 2009 and be completed by October 2009, with new contracts commencing April 2010.

- 2.2 The Independence, Wellbeing and Choice Inspection Action Plan was agreed and commenced in October 2008. In total, ten of the recommendations related specifically to commissioning (see the Commissioning Abstract in Appendix 2). They require commissioners to procure improved information and advocacy services, move away from the provision of building-based residential and day care services, develop formal contractual relationships with directly provided services, improve quality assurance systems and develop joint commissioning systems and processes with NHS Leeds and Supporting People. This ambitious programme of transformation in Commissioning has a range of commencement and completion targets, beginning in October 2008 and concluding in April 2010. As can be seen from the updated Action Plan in Appendix 2, good progress has already been made against these targets, although there is still clearly much to do.

3.0 Neighbourhood Networks Review

- 3.1 The next phase of the review will involve winning support from all stakeholders, including the Neighbourhood Networks, for the funding formula which, once finalised, will deliver a more equitable distribution of funding resources across the city. It is intended that no area should be disadvantaged from the current position as a result of the application. This will require the negotiation of some additional funding to be included in advance of the 2010/11 budget setting round.
- 3.2 Prior to the tendering process, the service specification based on outcomes will also be agreed with stakeholders. In this way, it is anticipated that service providers will be bidding to provide a form of service which they have helped to develop and therefore subscribe to.
- 3.3 The tendering and selection process will serve to ensure and drive-up quality and provide opportunities to the Neighbourhood Networks to collaborate in providing services in their area.
- 3.4 From April 2010, contracts will be in place which will secure the future of Neighbourhood Networks in Leeds, provide a more equitable distribution of resources across the whole city, and deliver services with clear outcomes derived from Leeds' strategic and operational aspirations.

4.0 ASC Commissioning Response to the Independence, Wellbeing and Choice Inspection Report

- 4.1 The inspection recommended the commissioning of improved information and advocacy. As a result, a review will be undertaken of all information and advocacy services currently commissioned, commencing in August 2009. This will lead to the production of a new service specification and a subsequent procurement exercise to deliver new services in line with the requirements of 'Independence, Wellbeing and Choice'.

- 4.2 An external expert partner will be procured to generate an options appraisal for ASC on the modernisation of its building-based residential and day care services, reporting to the Directorate Management Team. Once this has been received, a programme plan will be devised by Commissioners later this year, in partnership with the directly provided services, to take forward the agreed options.
- 4.3 In order that directly provided services have clear service specifications, contractual requirements and quality assurance systems in line with Independence, Wellbeing and Choice, commissioners are currently devising and agreeing with providers new service level agreements. This will place directly provided services under broadly the same arrangements as externally commissioned services.
- 4.4 Formal joint commissioning arrangements are currently being developed with NHS Leeds which are anticipated to deliver benefits in terms of value for money and more appropriately aligned and integrated services, notable examples include Homecare and Nursing Care provision.
- 4.5 A range of quality assurance systems are in development to ensure an emphasis on prevention and early intervention, producing outcomes which promote independence and the avoidance of the need for higher level support services.
- 4.6 Jointly with NHS Leeds, a more rational and planned approach to investment and market management is being developed which will facilitate the personalisation, choice and control agenda. This will involve a more robust approach to commissioning planning and strategy.
- 4.7 Where joint services exist between Health and Social Care, work will be undertaken to ensure the benefits of such synergies are maximised. For example, an Intermediate Tier commissioning strategy is currently under construction.
- 4.8 All of the initiatives outlined above will contribute to the development of excellent Commissioning Services, integrated with NHS Leeds, leading to the production of high quality, outcome-based services provided in a mixed health and social care economy in Leeds.

5.0 Legal and Resource Implications

- 5.1 The programme of activity highlighted in this report presents challenges to all staff engaged within Commissioning, in Adult Social Care, the wider Council and within and among partners. The commissioning plan underway in relation to the Neighbourhood Network scheme provides a good example of how the capacity of those staff can be maximised by working collaboratively on a joint priority.
- 5.2 As we move to increasingly joint commissioning endeavours, we will ensure that good governance principles are maintained in relation to the activity under commission and that any use of pooled funds is managed by the appropriate legal instrument.
- 5.3 As has already been noted, some additional funding is likely to need to be generated to ensure that all the areas covered by the Neighbourhood Network schemes commence new contractual arrangements without experiencing detriment. Various options are being explored to ensure that the sum required can be built in to the 2010/11 budget allocation

6.0 Conclusion

- 6.1 The adequacy or otherwise of strategic commissioning of adult social care services now forms a key determinant in the overall assessment of Councils and their partners' efficacy in supporting adults in need. The activity described in this report will certainly provide a positive starting point as public services become subject to new and more integrated external assurance processes.
- 6.2 However, this report also indicates that successfully embedding a strategic commissioning approach to improving a range of outcomes for adults will take time and require the development of new skills and expertise by those engaged in its delivery.

7.0 Recommendations

- 7.1 Members of the Scrutiny Board are asked to consider and take note of the information contained in the report and its appendices.

Background Documents referred to in this report

1. Our Health, Our Care, Our Say - DoH
2. Independence, Wellbeing and Choice Inspection Report
3. Independence, Wellbeing and Choice Inspection Action Plan
4. Independence, Wellbeing and Choice - DoH
5. Performance Framework for Care Quality Commission – Feb 09

PROCUREMENT TIMETABLE – v10

PROJECT REF: 4092

Neighbourhood Networks Review

(Based upon Open procedure process for Annexe 1B service –
Unknown tendering strategy)

Task no	Activity	Responsibility	Achievement Date
	Pre Procurement Stage		
1	Project Scoping	Project team	March 2008
2	Identification of funding agreements	Project team	March 2008
3	Draft PID / Project timetable	Project Manager	April 2008
4	Promote consultation day events	Project manager	March 2008
5	Consult Stakeholders through consultation / communication events (5 or 6) held geographically in Leeds	Project team (inc Supporting people / PCT)	April/May 2008
6	Analysis of Neighbourhood Networks self assessment forms	Project leader to coordinate	End of Sept 2008
7	Baseline assessment of all funding agreements / contracts	Project team	End of Sept 2008
8	Decision if contracts or grants or combination of both	Project manager / Project Board	End of Sept 2008
9	Draft Project Brief to Project Board	Project Manager	Early October 2008
10	Seek legal advise as to TUPE applying to funding agreements	Project manager/PU	Early October 2008
11	Hold Options Appraisal workshop	Project team	24 th October 2008
12	Risk analysis	Project team	14 th November 2008
13	Decision re Service Mapping / Funding Formulae	Project team	March 2009
14	Identify Service Packaging	Project team / Project Board	End November 2008
15	Agree tendering strategy	Project team / project Board	March 2009
16	Neighbourhood network information awareness sessions	Project team	February 2009 (18 th , 19 th , 24 th , 27 th)
17	Soft Market testing	Project Team	To be decided
	Shortlisting / Tender stage		
18	** Project brief to be prepared – Incorporate into the Pre-Qualification Questionnaire (PQQ)	Project Manager	February 2009
19	** Create technical questions for PQQ	Project team	February 2009
20	** Drafting, consulting and finalising the outcome based specification	Project Manager	March 2009
21	Draft evaluation criteria	Project team	March 2009
22	Identify evaluation team	Project team	End January 2009
23	Terms & Conditions applicable to Contracts	PU Legal team	March 2009
24	Advertise (YP / SCMS / VAL etc)	Project team / PU	April 2009
25	Period for submission of applications	-----	March/April 2009

26	Period of city-wide consultations with Elected members	Project Team	March/April 2009
27	Place on Forward Plan	Project Manager	May 2009
28	Disseminate submissions for evaluation	Project team	Early May 2009
29	Evaluation of application proposals / method statements	Project team / Evaluation team	May/June 2009
30	Select organisations for awards	Project team / Evaluation team	Early July 2009
31	Project Board ratify decision for awards	Project Board	July/August 2009
	Contract award and lead in		
32	Delegated decision process for all awards – Key Decision (also to the PCT Board)	Project Manager	Early September 2009
33	Award Contracts	Adult Social Care contracts team – contracts drafted by PU legal team	September 2009
34	TUPE lead in period if TUPE was to apply	-----	October to December 2009
35	Lead-in period / mobilisation period	-----	January 2010 – March 2010
36	Start date for Contract	-----	01 April 2010
	Review of Procurement Process		May 2010

- Gateway review procedure not deemed necessary – Project Board / Adult Commissioning Board to sign off

- Timetable accounts for full potential of TUPE transfer of staff to apply

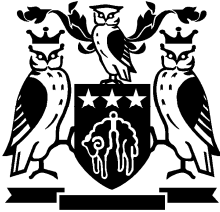
Independence, Wellbeing & Choice Inspection Action Plan

ASC List

	Aim/Outcome	Action	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? i.e. task complete, measures in place.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Last month RAG	This month RAG	Report of Progress	Report on any Risks
Recommendation 13: The Council should build on the wide availability of advocacy services by specifying and focusing the circumstances in which it should be used to empower people.													
13.2	Almost all service users report that they have accurate accessible information, advice and advocacy supported when needed to make choices and exercise control.	The authority has implemented a user led advocacy service which: - Empowers individuals - Promotes independence & safeguarding - Meets the full range of cultural & service user needs.	Year 2 Qtrs 1-4	Aug 09	Mar 10		In coordination with partners, procurement and contracting arrangements are implemented to meet the agreed Leeds model	Tim O'Shea (Head of Adult Social Care Commissioning)	Chief Officer (Social Care Commissioning)		A	Review of currently commissioned advocacy services required prior to the design of new service model for Leeds (Quarters 1-2, Year 2) (TOS)	
Recommendation 14: The Council should extend the range and choice of services by reconfiguring and modernising traditional, buildings-based services													
14.1	1/ Services are commissioned and delivered to clear standards, offer good care value and are linked to Our Health, Our Care, Our Say, outcomes & their carers are involved in development work, review & are integral to the commissioning process 2/ Minimal & specifically targeted role for LA in providing services.	Procure external expert advice to generate an options appraisal regarding steps to shift the emphasis of social care interventions away from building based services. Options generated will include: 1/ LA cease to be a direct provider of buildings based services. 2/ Minimal & specifically targeted role for LA in providing services.	Year 2 Qtr 1-2	April 09	Oct 09		The Local Authority has identified the nature of its business in relation to buildings based services. Senior managers and elected members agree options regarding the future of buildings based services which provide the basis of a work programme.	Tim O'Shea (Head of Adult Commissioning), Paul Hardy (Head of Adult Resources)	Chief Officer (Social Care Commissioning) Chief Officer (Support & Enablement)		A	Tender specification prepared. To be published in March.	
14.2	Services are commissioned and delivered to clear standards, offer good care value and are linked to Our Health, Our Care, Our Say, outcomes.	A programme plan and resources to support is put in place to take forward agreed options	Yr 2 Qtr 3-4	Oct 09	April 10		A programme of work which has been developed with the involvement of service users and their carers is agreed by senior managers and elected members. Resources and support to operationalise the programme is in place (see Rec.24 in relation to Workforce Strategy development)	Tim O'Shea (Head of Adult Commissioning), Paul Hardy (Head of Adult Resources)	Chief Officer (Social Care Commissioning) Chief Officer (Support & Enablement)				

	Aim/Outcome	Action	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? i.e. task complete, measures in place.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Last month RAG	This month RAG	Report of Progress	Report on any Risks
14.3	Service user, regulatory and other feedback confirm responsiveness, relevance, capacity to mitigate risk & promote independence, well being and quality outcomes for those who use them.	The programme of work is undertaken to deliver the new model in relation to: 1/ Residential Care 2/ Daycare 3/ Homecare	Yr 3 & 4	April 10	April 12		The new model is put in place and contributes to a wider range of personalised service options which promote independence health and wellbeing and enables people to live the life they chose whilst minimising the impact of any disability. Baseline and targets to be agreed. To include: - No's DP/IB recipients (35% of services delivered through DP/IB by March 2011) - No's helped to live at home.	Tim O'Shea (Head of Adult Commissioning), Paul Harry (Head of Adult Resources)	Chief Officer (Social Care Commissioning) Chief Officer (Support & Enablement)				
14.4	Directly provided services have clear contractual arrangements including performance and QA measures which are monitored and reported.	Extend current contract and monitoring arrangements to cover directly provided services	Yr 1 Qtr 4	Nov-08	Apr-09		Service level agreements are in place for: 08/09 Homecare, 09/10 Residential Care and Daycare	Tim O'Shea (Head of Adult Commissioning)	Chief Officer (Social Care Commissioning)	A	G	Completed (TOS)	
14.5	Develop formal joint commissioning frameworks with health to extend the range of options for delivering personalised services	Establishment of agreements and Service Specifications jointly with the PCT for - residential (including specialist and general) care, - home care, - day care	Yr 1 Qtr 4	Jan-09	Apr-09		Formal agreements with LPCT regarding joint commissioning frameworks. Service specifications in place for homecare and other key services	Tim O'Shea (Head of Adult Commissioning), Mark Phillott (Commissioning Manager)	Chief Officer (Social Care Commissioning)		A	Detailed negotiations with Commissioners from NHS Leeds underway. Detailed negotiation with Commissioners from NHS Leeds underway. Commissioning for personalisation Action Plan drafted (TOS)	Impact on NHS Model Contracts needs to be explored. Reported to Legal and Corporate Procurement Services for advice.
Recommendation 19 : The Council and partners should improve the use by staff of the wide range of preventative services in preventative support packages for particularly vulnerable people in the community.													
19.3	Quality Assurance systems show that there is a successful focus upon early prevention and reduced need for higher level support services.	Ensure that the commissioning approach to preventative services is effective via QA systems outlined in recommendation 2	Yr 1 Qtr 4	Jan-09	Apr-09		Establish a baseline and targets for measuring use of preventative services to show a focus upon early prevention & reduced need for higher level support. To include data relating to: 1/ signposting and information given 2/ review information 3/ surveys 4/ evidence from case file audits 5/ hospital admissions & numbers entering long term residential care	Tim O'Shea (Head of Adult Commissioning) Stuart Cameron-Strickland (Head of Performance),	Chief Officer (Social Care Commissioning)				

Aim/Outcome	Action	Urgency	Plan Start	Plan Finish	Actual Finish	Success Criteria: How will you know that the action has achieved its intended aim? ie, task complete, measures in place.	Lead: Who will be responsible for delivering the work?	Chief Officer: Accountable for achieving the aim	Last month RAG	This month RAG	Report of Progress	Report on any Risks
Recommendation 20: The Council and partners should agree a set of joint funding priorities and set out clear service development plans with associated joint management arrangements and joint funding commitments (reference recommendation 14)												
20.2	Partnership arrangements deliver joint & single commissioning consistent with needs and available resources.	Yr 1 Qtr 3 & 4	Oct 08	Apr-09		Systems and infrastructure to support joint working in place 1/ Virtual teams established for commissioning in relation to priority groups. 2/ Commissioning intentions published. 3/ Impact on individuals measured against.	Tim O'Shea (Head of Adult Commissioning), Mick Ward (Head of Strategic Partnerships & Development), Carol Cochrane (Director of Commissioning & Priority Groups NHS Leeds)	Chief Officer (Social Care Commissioning)	A	A	Joint meetings between NHS and ASC Commissioners established. (MW) Good progress made in developing systems and infrastructure for commissioning with NHS Leeds eg a) Information sharing. b) Joint training and system development exercise. c) Development of common commissioning tools. d) Commissioning based on outcomes being developed. (TOS)	Impact on NHS Model Contracts needs to be explored. Reported to Legal and Corporate Procurement Services for advice.
20.3	Determine priorities for older peoples commissioning with partners which promote choice, control, health and wellbeing	Yr 1 Qtr 3 & 4	Nov 08	Sep-09		Strategy and plans include an understanding of the local market, cost considerations, quality factors and link to financial plans. 1/ Publish joint commissioning prospectus. 2/ Revise and republish Older Better. Strategic commissioning developed to link joint investment to activity over time	Tim O'Shea (Head of Adult Commissioning), Mick Ward (Head of Strategic Partnerships & Development)	Chief Officer (Social Care Commissioning)	A	A	1. Commissioning Prospectus currently being finalised. 2. Joint approach to commissioning preventative services in development. 3. Standardised service review template in development.	
20.5	Options which will maximise effective joint working to best meet the needs of people and deliver outcomes are identified.	Yr 1 Qtr 4	Jan 09	Apr-09		Systems and infrastructure to support joint working in place and enabling staff to delivery safe dignified transfers of care. Baseline and measures to be developed, to include data from, complaints, reviews, progress are submitted on a quarterly basis to the Leeds Joint Commissioning Board.	Mick Ward (Head of Strategic Partnerships and Development), Tim O'Shea (Head of Adult Commissioning)	Chief Officer (Social Care Commissioning)		A	1. Intermediate Tier strategy being finalised. 2. Joint approach to commissioning home care services in development	



Leeds
CITY COUNCIL

Originator: Dylan Griffiths

Tel: 39 50401

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Adult Social Care)

Date: 11 March 2009

Subject: Sustainable Communities Act

Electoral Wards Affected:

Specific Implications For:

Equality and Diversity

Community Cohesion

Narrowing the Gap

1.0 Purpose

1.1 This report provides background information on the Sustainable Communities Act and its implications for Leeds.

2.0 Background

Proposals to promote sustainability

2.1 The Secretary of State invited local authorities to submit proposals under the Sustainable Communities Act in October 2008. The deadline for submission of proposals is **31 July 2009**. The Sustainable Communities Act provides a channel for local authorities to submit proposals to improve the sustainability of their areas, that require government action. Such action can include a change in legislation or the transfer of a function (and accompanying budget) from one organisation to another.

2.2 An example of a legislative change would be a request to change the Traffic Management Act 2004 so that the Council's Enforcement Officers can issue fixed penalty notices for offences like dangerous parking or causing an obstruction as well as offences like parking on double yellow lines where they already have the power to issue fixed penalty notices.

2.3 An example of a transfer of a function from one body to another could be a local authority taking over the running of post offices in parts of its area as Essex County Council has done. Other examples might include transferring responsibility for nature conservation and water quality from Natural England or the Environment Agency to a local authority.

- 2.4 The Act is deliberately broad in its scope and very little is ruled in or out in terms of what a local authority can propose, beyond that it must require government action and should be intended to promote sustainability and wellbeing in the area. Although sustainability is associated with the environment and green agenda, it is broader than this and measures to promote social or economic wellbeing can also be proposed under this Act.

Preparing and Considering Proposals

- 2.5 Before submitting proposals a local authority is required to establish or recognise one or more panels of representatives of local persons, consult with them and try to reach agreement with them about each proposal to be submitted. The Act does not prescribe which groups should be included in panels, how panels should be constituted or how many panels a local authority may choose to establish or recognise beyond saying that local authorities should involve groups that it considers to be 'under-represented' in civic and political activity. Guidance to the Act states that local authorities will wish to consult with parish councils in their area about proposals to be submitted.
- 2.6 Proposals may come from citizens or originate from the Council (or other body). Although the Council must consult with panels of local representatives there is no requirement for the panels to agree with the proposals to be submitted. Similarly, if the Council proposes the transfer of functions from one body to another, the Council must consult with those bodies but there is no requirement for the body whose function is being transferred from to agree to the proposal.

Submitting and Judging Proposals

- 2.7 Proposals are submitted to the Local Government Association who will act as 'Selector' and submit a shortlist of proposals to the Secretary of State who will publish her response to each proposal and work with successful authorities to develop and implement their proposals. Detailed proposals that are specific about the changes required by Government are more likely to be successful.

Local Spending Report

- 2.8 The Act also requires the Secretary of State to make arrangements to conduct a Local Spending Report. A local spending report provides information about public expenditure in relation to a particular area to help promote the sustainability of local communities by providing access to high quality information about the public funding that is spent in the area. The Department for Communities and Local Government will publish consultation on the arrangements for the local spending reports and will publish final arrangements before 23 April 2009.

3.0 Main Issues

- 3.1 The Act has generated interest among elected Members and community groups who will wish to see Leeds City Council using every opportunity to work with Government and others to improve the quality of life in its area.

- 3.2 Within Leeds there already exist extensive consultation mechanisms from Area Committees to VCFS forums and groups as well as groups covering specific sections of the population such as the BME Strategy Group. If Leeds City Council decides to submit proposals under this Act it will need to decide if its existing consultative committees, groups and forums meet the terms of the Act and what special arrangements, if any, might need to be made to consult with any 'under-represented' groups.
- 3.3 Government has indicated that joint submissions that address common issues faced by several local authorities are likely to be viewed favorably by the Selector and the Secretary of State. Leeds City Council may wish to discuss and develop proposals with other authorities in West Yorkshire or Core Cities for example and submit joint proposals to the Selector.

4.0 Recommendations

4.1 Scrutiny Board is asked to:

- note and consider this report;
- suggest any proposals to be submitted under the Sustainable Communities Act.

Background Papers

Sustainable Communities Act 2008

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Statement of the

Scrutiny Board
(Adult Social Care)

Dignity in Care

Introduction



Introduction

1. As part of our work programme discussion at the Board meeting in June 2008, we identified 'Dignity in Care' as the subject of a potential scrutiny inquiry and an area that we wanted to examine in more detail.
2. In order to assess the appropriateness of this subject area and to help start to define the scope of any future inquiry, we asked for a report that outlined Leeds' approach to help ensure the preservation of individuals' dignity across various care settings.
3. We were also keen to learn about how the Council had used the Capital Grant money awarded by the government during 2007/08 to support the work in Leeds.

Previous inquiry

4. At our meeting in July 2008, we were advised that during 2006/07, the then Scrutiny Board (Health and Adult Social Care) carried out an inquiry which examined dignity in care for older people.
5. We heard that the inquiry was undertaken between November 2006 and March 2007, with a final report and recommendations published in May 2007.
6. An initial response was received in July 2007 and is included as Appendix 1 to this report.

7. We were advised that regular progress monitoring had been undertaken between September 2007 and March 2008, at which time the proposed actions were found to have been substantively completed and monitoring was discontinued.

Dignity in Care in Leeds

8. We also received a report which set out the overall approach to dignity and provided an update on the Dignity in Care campaign in Leeds.
9. A summary of our views on the information presented is provided in the next section of this report.

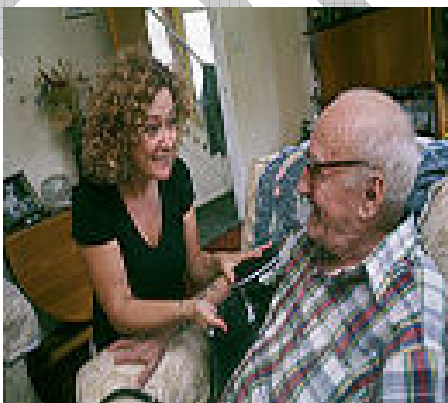
Capital Grant Funding

10. A further report detailing the process for selecting and allocating the Capital Grant money awarded to the Council by the Government for 2007/2008 was also presented at our July 2008 meeting.
11. This included a schedule setting out the care homes in which the grant has been used, alongside a number of illustrations showing some of the improvements which have been made as a result.
12. Details of our views on the information presented is provided in the next section of this report.

Comments and Recommendation

Dignity in Care Campaign in Leeds

1. We were reminded that over recent years, consultation with older people in Leeds had identified 'being treated with respect and dignity' as a priority.
2. We were advised that on 1 July 2008, Leeds had been awarded the national NHS Health and Social Care Award 2008 for its work on Dignity in Care. We heard that the award had been based on the work undertaken to raise the standards of dignity across Health and Social Care in the city through the following four approaches:
 - (a) Fostering a cultural change;
 - (b) Achieving 'top-to-bottom' organisational action;
 - (c) The development and rolling out of Dignity Audit Tools; and,
 - (d) Using dignity as an outcome measure.
3. We heard that the Scrutiny Board Inquiry into Dignity in Care across all relevant Leeds organisations, conducted in 2007, had itself been highlighted as an example of good practice. The Inquiry had ensured that organisations developed action plans to meet the scrutiny recommendations, with internal task groups established to help ensure.
4. The recommendations of the Scrutiny inquiry along with the initial response received in July 2007 is included as Appendix 1.
5. We were pleased to hear that local audit tools had been developed and were being used to drive up standards. We were also pleased to hear that a second phase of development was underway in partnership with Age Concern, that was involving groups of older people carrying out audits in care homes.
6. We heard that Dignity was increasingly being used as an outcome measure, for example in the allocation of capital grant. Performance Indicators, related to the Dignity Standards, have now been developed and are to be used within contracts with care providers.
7. We requested a further update on the Dignity in Care campaign for



Comments and Recommendation



our meeting in January 2009, at which we were informed of the comprehensive feedback sought from all sectors to measure the level of dignity and respect experienced.

Capital Grant Funding

8. We heard that the Secretary of State for Health first announced provision of a grant to enhance the physical environment in care homes for older people in December 2006.

9. Leeds City Council was awarded a grant of £1,040,000 for this purpose.

10. Overall, the process for deciding how the grant was to be allocated was not prescribed by the Government – although some allocation criteria was laid down. This included:

- Improvements should directly benefit residents – improvements of areas that are exclusively used by staff would therefore be inappropriate;
- Improvements should not be of such magnitude as to prompt a demand for increased fees;
- Care home providers should be given a degree of discretion and flexibility in making the intended improvements. However, they should maintain a clear audit trail of their decision-making

processes, which can be made available if requested.

- The grants are not intended to enable large-scale or expensive redevelopments which benefit only a small number of care homes.

- The grant should not unreasonably favour homes owned by the Authority itself

11. As part of the grant allocation process, we heard that dignity and quality of care were adopted as the basis for all the decisions about the distribution of the grant.

12. During January 2007, the Council undertook a consultation exercise with its major partners over the distribution of the Capital Grant money.

13. From the consultation, a set of local criteria were established to evaluate grant applications and in February 2007, the Council wrote to all residential and nursing care homes for older people, inviting them to submit an application for grant funding for a capital project of their choice with a **minimum** value of £5000.

14. All care homes were informed that grant funding should support improvements that would make the greatest difference to the quality of life of residents. Examples of the types of possible projects were

Comments and Recommendation



provided, alongside examples of inappropriate works.

"I have witnessed that Leeds has taken up the challenge of the Dignity in Care initiative with enthusiasm. We have Dignity Champions among front-line staff as well as managers across all services, each making a real difference.

At the same time an energetic advertising campaign, including innovative and powerful posters, encourages older people themselves to demand their right to be treated with the respect they so richly deserve.

It is with pride, as I travel about Leeds, that I see these posters displayed in libraries, GP practices and community centres"

**Susan Chesters
Chair of Leeds Older People's Forum**

15. The Council received 76 bids from independent sector care homes and 19 bids from local authority run establishments. Such was the demand for the grant, in total, the bids received were in excess of £2 million – more than double the level of funding available.
16. As such, to help ensure that the available grant would benefit as many residents in Leeds, as

possible, in some cases the total grant allocated was less than the bid – although assurances were sought about the works to be completed.

17. We heard that part of the bid evaluation criteria included an analysis of each homes latest CSCI report against the National Minimum Standards and evidence that residents had been consulted prior to the bid being finalised.
18. We were advised that, for a variety of reasons, the bids from 23 organisations were unsuccessful. The main reasons for bids being unsuccessful were that the intended improvements did not meet the locally agreed criteria and there was no evidence of consultation with residents.
19. We were provided with photographic evidence that highlighted some examples of the improvements made as a result of the grant funding. These are detailed in Appendix 2.
20. We consider that the approach and commitment employed to improving the dignity and respect experienced by citizens has resulted in proven successful outcomes. We consider the organisation and practices employed for the Dignity in Care Campaign to be an example of good practice for other major projects and initiatives.

Appendix 1



Leeds Health & Adult Care Scrutiny Board Report into Dignity in Care Formal Response to the Report from Leeds Partners – July 2007

Recommendation 1:

That health and social care agencies in Leeds continue to raise the profile of the Dignity Campaign using existing publicity materials and practice guidance.

Organisation	Existing Activity	Planned Activity	Timescale
LTHT	<ul style="list-style-type: none"> ▪ Distribution planned for Leeds Dignity in care posters and other relevant materials ▪ Distribution planned for DOH dignity in care information 	<ul style="list-style-type: none"> ▪ Distribution of Leeds Dignity in care posters and other relevant materials ▪ All Trust champions encouraged to register at DOH champions website 	<p>As soon as posters arrive</p> <p>June 2007</p>
LMHT	<ul style="list-style-type: none"> ▪ Distribution planned for Leeds Dignity in care posters and other relevant materials 	<ul style="list-style-type: none"> ▪ Information to be collated to define the role a lead Dignity staff member in each service area ▪ Establish Email network to distribute dignity information 	<p>Sept 2007</p> <p>Sept 2007</p>
Adult Social Care Services	<p>Distribution of Leeds Dignity in care posters and other relevant materials</p> <p>Front Page article on Dignity in recent edition of Council News Paper.</p>	<ul style="list-style-type: none"> ▪ The action plan to be an agenda item on all management meetings and arrangements for future distribution of materials and use of newsletters to be put in place. 	<p>Arrangements in place by October 2007</p>

Appendix 1

Organisation	Existing Activity	Planned Activity	Timescale
Leeds PCT	<ul style="list-style-type: none"> ▪ Distribution of DoH Dignity in Care cards to some Care Home and PCT staff through existing Essence of Care meetings ▪ Linking Dignity in Care Campaign and Essence of Care Privacy and Dignity work, commenced with Care Home staff 	<ul style="list-style-type: none"> ▪ Distribution of Leeds Dignity in care posters and other relevant materials and use of newsletters etc., ▪ To establish a working group for essence of Care Privacy and Dignity, Dignity in Care to be incorporated with multi disciplinary representation ▪ Identify Dignity Champions across disciplines ▪ Establish email network to distribute dignity information ▪ Link dignity work with ongoing work based on Gold Standards Framework, palliative care principles and Leeds Care of the Dying workstreams 	<p>Immediate</p> <p>Sept 2007</p> <p>Sept 2007</p> <p>Sept 2007</p> <p>Immediate</p>
Leeds Care Association		<ul style="list-style-type: none"> ▪ Distribution of Leeds Dignity in care posters and other relevant materials and use of newsletters etc., 	

Appendix 1

Recommendation 2

That statutory care providers set up internal Dignity task groups to co-ordinate dignity improvements across their organisation or incorporate the Dignity role in an existing senior group. This should be led by an appropriate Dignity Champion.

Organisation	Existing Activity	Planned Activity	Timescale
LTHT	<ul style="list-style-type: none"> • Established Dignity Workstream Group • Annual Conference for staff of all disciplines to support work as dignity champions • Clinical Educators leading work at local level • Newsletter for champions keeping them abreast of local and national initiatives • Older people and carers on Leeds city General Hospital care group, papers and work from this workstream are commented on by them there and through other older people's forums within Leeds 	<ul style="list-style-type: none"> ▪ Detailed workplan available from LTHT 	
LMHT	In March 2007 LMHT established the Older Peoples Mental Health Service Privacy & Dignity Steering Group	Quarterly meetings to continue to ensure ongoing implementation of Dignity agenda.	Dates for future meetings agreed

Appendix 1

Organisation	Existing Activity	Planned Activity	Timescale
Leeds PCT	<ul style="list-style-type: none"> Initial presentations given to staff in care homes for Dignity in Care and Essence of Care Privacy and Dignity Dignity in Care highlighted in the Essence of Care Newsletter Sharing progress at Essence of Care meetings Phil Corrigan named as Executive Director Dignity in Care lead 	<ul style="list-style-type: none"> Essence of Care Group Privacy and Dignity Group to be established, Dignity in Care to be incorporated with multidisciplinary representation. To identify Dignity Champions across disciplines <ul style="list-style-type: none"> Establish email network to distribute dignity information 	<p>Sept 2007</p> <p>Sept 2007 Sept 2007</p>
Adult Social Care Services	Chief Officer – Adults to undertake role of a Dignity Champion.	<ul style="list-style-type: none"> The Adult Management Group to incorporate this into their work and co-ordinate the Dignity in care agenda across Adult Social Care Services. 	Immediate

Appendix 1

Recommendation 3

That the Leeds Older People Champions continue to act as Dignity Champions for the city to ensure that good practice developments continue to be shared between providers.

Organisation	Existing Activity	Planned Activity	Timescale
LTHT	Mark Bradley & Sally Mansfield represent LTHT on the Older People's Champions Group	Continued commitment to the Older People's Champions Group and ensure information and practice developments are shared across agencies	immediate
LMHT	John Holmes represents LMHT on the Older People's Champions Group	Continued commitment to the Older People's Champions Group and ensure information and practice developments are shared across agencies	immediate
Leeds PCT	<ul style="list-style-type: none"> • PCT changes mean new Champions are being identified • Progress of dignity work report forwarded to the Older Peoples Champions Group • Work already completed and shared as good practice • Various methods i.e. presentations and staff newsletters, used to share good practice and raise awareness 	<ul style="list-style-type: none"> • Revised representation on the Older People's Champions Group from the PEC and the Exec Board • To identify Dignity Champions • Continue to report the dignity work, share at meetings and via email 	<p>August 2007</p> <p>Sept 2007</p> <p>Immediate</p>

Appendix 1

Organisation	Existing Activity	Planned Activity	Timescale
Adult Social Care Services	Adult Social Care Services continue to be represented on the Older People's Champions Group	Continued commitment to the Older People's Champions Group and ensure information and practice developments are shared across agencies. Others to be encouraged to become Dignity Champions. Executive Member to write to all Councillors inviting them to consider becoming a Dignity Champion.	September 2007
All NHS and LA organisations	Older People's Champions Group chaired and serviced by the Older People's Team.	Older People's Team continues supporting the Older People's Champions Group and ensures information and practice developments are shared across agencies	Immediate

Appendix 1

Recommendation 4:

That relevant local professional bodies support policy and practice development in their sectors in order to promote a culture of dignity.

Organisation	Existing Activity	Planned Activity	Timescale
LTHT	<ul style="list-style-type: none"> ▪ Have a patient information group working party- leaflet produced in several languages and given to patients informing them about the role of OT following referral ▪ Patient involvement in diet sheet production (dietetic governance committee) ▪ OT feeding assessments are undertaken on the wards at meal times where this is required. ▪ Dietetic involvement in audit of ward practice at mealtimes ▪ Protected mealtimes policy ▪ Dietetic involvement in menu planning to ensure that dietary needs (cultural, religious and medical) can be met ▪ Professional dress code ▪ Individualised treatment plans incorporate appropriate activities/interests wherever possible. ▪ A-Z Directory of Services for older people. 	<ul style="list-style-type: none"> ▪ Ascertain level of training required for staff. ▪ Programme of increasing staff awareness of relevant policies/procedures ▪ Need for appropriate private assessment/treatment facilities raised on risk register ▪ OT guidance document on Chaperoning is ongoing ▪ Increase staff awareness of relevant Privacy policies and procedures ▪ Trust Nutrition Steering group will address issues around ward practices at mealtimes – this is a multidisciplinary group and includes patients representation ▪ Raise awareness of the Liverpool Care Pathway within/as part of induction ▪ Patient satisfaction survey for Physiotherapy ▪ To complete further patient satisfaction survey within OT Older Peoples Services ▪ Implement recommendations stemming from the June Championing Change conference 	<p>Feb 2008 Started &Ongoing</p> <p>As risk assessments completed Ongoing via champions network</p> <p>Audit Aug.2007</p> <p>Ongoing March 2008</p> <p>July 07 - 08</p> <p>ongoing</p> <p>Autumn 2007</p>

Appendix 1

Organisation	Existing Activity	Planned Activity	Timescale
	<ul style="list-style-type: none"> ▪ Designated tray system used in some areas (pilot) ▪ Dignity Audit Tool for Ward areas developed ▪ Dignity Audits are now part of all CMT business plans ▪ Liverpool Care Pathway is used for End of Life Care at LTHT ▪ Equality and Diversity policy and equality schemes in place ▪ Various auxiliary aids and services available to facilitate access and improve patient experience including interpreting (BSL , Deafblind communicator guides and spoken language) 	<ul style="list-style-type: none"> ▪ Dignity applied within various General Hospital Care workstreams e.g. nutrition, privacy ▪ New procedures for Safeguarding Adults currently being consulted upon, due for implementation Autumn 2007 ▪ Audit Tool being expanded and developed to include outpatients and emergency departments ▪ Development of two single sex wards in Beckett Wing ▪ New Dress Policy to be approved by Trust Management Board ▪ Programme of ward and department level surveys which will all include dignity question ▪ National surveys carried out on a regular basis 	<p>Sept. 2007</p> <p>Paper to Trust Board Dec 2007 July 2007</p> <p>Throughout 2007/8</p> <p>annually</p>

Appendix 1

Organisation	Existing Activity	Planned Activity	Timescale
LMHT	<ul style="list-style-type: none"> ▪ Adult protection training ▪ 5 senior clinicians within Older People Directorate have undertaken 2 day APEC training ▪ 48 CTMs/CSMs and senior clinicians have attended Adult Protection Awareness Raising sessions facilitated by the Leeds Adult Protection Unit. from Feb 07 – April 07. ▪ Care home team working in care homes ▪ Person-centred care training programme commenced 	<ul style="list-style-type: none"> ▪ Awareness Raising Dignity Workshop ▪ Person-centred care training programme ▪ Develop an appropriate audit tool ▪ Apply learning from LTHT to LMHT settings ▪ To evaluate the learning from the awareness raising workshops and continue raising the profile of Safeguarding Adults within Directorate. ▪ Develop educational package to use for training care home staff ▪ Rolling out the Person Centred Approaches to Care training 	<p>Dec 2007 Dec 2007</p> <p>immediate Dec 2007</p> <p>Sep 2007 Dec 2007</p>
Adult Social Care Services	<ul style="list-style-type: none"> • Community Matrons working with Social Services care home staff on a project to promote Dignity in Care. • Quality audits of services incorporate dignity issues. 	<ul style="list-style-type: none"> ▪ Revision of Community Support service user questionnaires to incorporate Dignity Challenge factors ▪ Develop and implement a Dignity Audit Tool for care homes in conjunction with Leeds Care Association ▪ Apply learning from elsewhere to Adult Social Care Services settings ▪ Refer to local professional groups such as Occupational Therapy (OT Leeds). 	November 2007

Appendix 1

Organisation	Existing Activity	Planned Activity	Timescale
Leeds PCT	<ul style="list-style-type: none"> ▪ Equality and Diversity training available ▪ Modern Matron and Community Matrons working with care home staff on a project to promote Dignity in Care ▪ Newsletter capturing good practice for care homes with Modern Matron and Community Matron input ▪ Sharing practice development with LCA, action plan to be agreed with Care Home Staff ▪ Attended LCA conference focusing on dignity issues, sharing with colleagues ▪ Patient feedback forms measure dignity standards ▪ Essence of Care Food and Nutrition group progressing dignity work, good practice flyer being drafted 	<ul style="list-style-type: none"> ▪ Draft a newsletter capturing good practice for care Homes with Community Matron input ▪ Sharing practice development with LCA ▪ Apply learning from LTHT to PCT settings ▪ Assess potential for advancing Dignity agenda through the PCT's Quality Strategy ▪ Drafting a dignity audit tool ▪ Establish an Essence of Care Privacy and Dignity Group incorporating Dignity in Care multidisciplinary representation ▪ Continue to share good practice via meetings, newsletters, email and events ▪ Specific posts created which will incorporate dignity issues, ie Marie Curie Delivering Choice - Palliative Care Facilitator for Care Homes post, Education post, Equality and Diversity worker post and sustaining the Gold Standards Framework and Liverpool Care Pathway across the patient community journey ▪ Workshops planned for end of year for palliative care in care homes which will incorporate dignity issues for care home staff, Community Matrons, District Nursing ▪ Incorporate Dignity in Care factors into the PCT Quality Strategy 	<p>Immediate</p> <p>Immediate July 2007</p> <p>Aug 2007 Immediate</p> <p>Sept 2007</p> <p>Immediate</p> <p>Immediate</p> <p>Aug 2007</p> <p>Aug 2007</p>

Appendix 1

Organisation	Existing Activity	Planned Activity	Timescale
All NHS and LA organisations		<ul style="list-style-type: none"> ▪ Older People's and Disabled Peoples Partnership Boards to 'Dignity test' existing and future workstreams and projects ▪ Dignity in Care to be a standing item at the Older People's Board ▪ Older People's and Disabled Peoples Partnership Boards to share information with appropriate leads for adult groups in order to spread Dignity in Care across all adult groups 	<p>immediate</p> <p>immediate</p> <p>July 2007</p>
Leeds Care Association	Developed a LCA Standards Group to promote the Gold Standard Framework and Dignity in Care amongst member organisations	<ul style="list-style-type: none"> ▪ Develop and implement a Dignity Audit Tool for care homes in conjunction with Social Services ▪ Sharing practice development with LCA ▪ Apply learning from LTHT to LCA provider settings 	

Appendix 1

Recommendation 5:

That an appropriate training package is developed by the Leeds Older People's Strategic Partnership and Service Development Team, aimed at front line staff, to address and challenge attitudes to older people.

Organisation	Existing Activity	Planned Activity	Timescale
LTHT	-	To ensure that appropriate staff take up any city-wide training available	Dependent on implementation of city wide training-
LMHT	-	To ensure that appropriate staff take up any city-wide training available	-
Leeds PCT	-	To ensure that appropriate staff take up any city-wide training available	Immediate
Adult Social Care Services	-	Support the work on City wide training strategy and ensure that appropriate staff take up any city-wide training available	-
All NHS and LA organisations		Older People's Team co-ordinating/ facilitating the development of training packages in consultation with organisations' training sections	August 2007
Leeds Care Association		To promote take up of city-wide training within member organisations	

Appendix 1

Recommendation 6:

That all commissioners of health and social care services in Leeds incorporate dignity requirements into contracts and monitor the implementation of these requirements.

Organisation	Existing Activity	Planned Activity	Timescale
LTHT	<ul style="list-style-type: none"> To ensure that this is part of the trusts SLA with PCT 	-	PCT contract timeframe
LMHT	<ul style="list-style-type: none"> To ensure that this is part of the trusts SLA with PCT 	-	PCT contract timeframe
Leeds PCT	<ul style="list-style-type: none"> Performance Indicators in the SLA with LMHT Older Peoples Service will incorporate dignity objectives which will be monitored through the PCT/SLA meeting Dignity expectations (particularly in respect of using the toilet) included in contracts for Community Intermediate Care (CIC) beds 	<p>Develop a</p> <ul style="list-style-type: none"> Build requirement to conduct dignity audits and into future contracts with health care providers CIC beds – expand and develop dignity requirements in future contracts Build dignity requirements into contracts with voluntary sector Care services make commissioning services aware of dignity issues <ul style="list-style-type: none"> Older Peoples Team to continue to work with commissioners to ensure that commissioning strategies include dignity issues 	<p>Over next 2 years as contracts are renewed/ re tendered</p> <p>immediate</p>

Appendix 1

Organisation	Existing Activity	Planned Activity	Timescale
Adult Social Care Services	<ul style="list-style-type: none"> ▪ Capital Grant to Care Homes and Day Services distributed on Dignity impact criteria 	<ul style="list-style-type: none"> ▪ Building requirement to conduct dignity audits and other dignity requirements into future contracts with care home and community support service providers and voluntary sector organisations ▪ Older Peoples Team to continue to work with commissioners to ensure that commissioning strategies include dignity issues 	Over next three years as new contracts tendered or existing contracts due for renewal immediate

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Appendix 1

Recommendation 7:

That the relevant local professional bodies consider the development of more consistent and patient focused complaints procedures and develop common standards across health and social care services in Leeds.

Organisation	Existing Activity	Planned Activity	Timescale
LTHT	<ul style="list-style-type: none"> • Recently reviewed complaints procedures and associated training are in place which include options for meeting with complainants as well as the formal written process. PALS allows for a more informal resolution. • Multisector procedures are in place • Patient satisfaction surveys are done regularly and will help to highlight any cross sector difficulties • Amended versions had full consultation. Now available on new complaints web page. • Meeting 25 wd target in 68% of cases. Process requires continuous communication with the complainant • Reassurance given in complaints leaflet and on web page • Internal audit with CMTs currently in progress. New system of capturing actions taken now in place. Rolling programme of patient satisfaction surveys started in February 2007. • Complaints procedure leaflet displayed/available 	<ul style="list-style-type: none"> • A new approach to responding to complaints is proposed by the DoH and a consultation is currently taking place on a single comprehensive system that will operate across social care. It aims to offer a more personal service • Once the approach is finalised we will work with our partners including patients/public tenable delivery • Patient Satisfaction Survey identifies this is a problem • Relies on CMTs undertaking this work independently. • Team leaders to attend Advanced complaints course. • New PALS documentation to be available to OT/PT/Dietetics service • Audit complaints • Regular agenda item for team leaders. • Feed Privacy & Dignity issues into the LMHT Complaints Policy Review 	<p>Consultation runs to Oct 2007</p> <p>Throughout 2008</p> <p>Dec 2007</p>

Appendix 1

Organisation	Existing Activity	Planned Activity	Timescale
Leeds PCT	<ul style="list-style-type: none"> Agreed protocol with LTHT for mixed sector complaints where elements of PCT and LTHT care are involved Liaison with Adult Social Care Services on mixed sector complaints Complaints procedure leaflet displayed/available in care service locations 	<ul style="list-style-type: none"> Commitment to the development of comprehensive single complaints system. Rolling programme of patient satisfaction surveys and feedback forms 	<p>Immediate</p> <p>Immediate</p>
Adult Social Care Services	<p>There is statutory guidance for Complaints procedures for Adult Social Care. Adult Social Care, LTHT and LMHT Complaints Managers are in the process of developing protocols, the focus of which will be to make it easier for people to complain about their experiences of using health and social care services and for their complaints to be resolved locally, speedily and effectively</p>	<ul style="list-style-type: none"> Meeting between Adult Social Care Complaints Manager and LTHT Complaints Manager took place in February 2007 to discuss Protocol for Managing Mixed Sector Complaints. Protocol in the process of being finalised. Joint Protocol for managing mixed Sector complaints between Adult Social Care and LMHT also in the process of being finalised. Complaints Managers have already exchanged draft protocols. 	<p>August 2007</p> <p>August 2007</p>
All NHS and LA organisations		<ul style="list-style-type: none"> Ensure links made to Our Health Our Care Our Say policy on complaints procedures, i.e. the development by 2009 of a comprehensive single complaints system across health and social care. 	

Appendix 1

Organisation	Existing Activity	Planned Activity	Timescale
Leeds Care Association		<ul style="list-style-type: none">▪ Promote compliance amongst members with complaints guidance▪ Provide guidance and clarity to sector on complaints process▪ Promote access to complaints information by commissioners	

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Appendix 1

Recommendation 8:

That the Leeds Older People's Strategic Partnership and Service Development Board ensures that any actions, concerns and best practices arising from the Healthcare Commission's national review of acute services around dignity in care is considered by the relevant local services.

Organisation	Existing Activity	Planned Activity	Timescale
LTHT	Awaiting review report (expected September 2007)	Once Healthcare Commission's recommendations are published, ensure recommendations are incorporated into LTHT	October 2007
LMHT	Awaiting review report (expected September 2007)	Once Healthcare Commission's recommendations are published, appropriate application to LMHT services will be assessed by LMHT Privacy & Dignity Steering Group	October 2007
Leeds PCT	Awaiting review report (expected September 2007)	Once Healthcare Commission's recommendations are published, identify relevant recommendations for inclusion within SLA's with acute services and include in future SLA's.	October 2007
All NHS and LA organisations	Awaiting review report (expected September 2007)	Once Healthcare Commission's recommendations are published, Older Peoples Board to co-ordinate response to the Healthcare Commission Inquiry.	October 2007

Appendix 2

Examples of works completed to enhance the physical environment in registered care homes in Leeds

Halcyon Court - Before



Halcyon Court - After



Halcyon Court – Before



Halcyon Court – After



Appendix 2

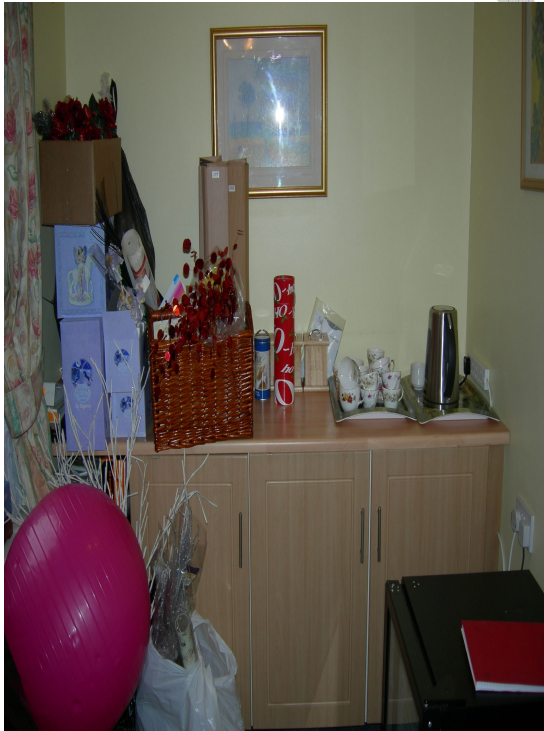
Radcliffe Gardens - Before



Radcliffe Gardens - After



Sunnyside - Before



Sunnyside - After



Appendix 2



Leeds
CITY COUNCIL

Vivian House - Before



Vivian House - After



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Originator: Sandra Newbould

Tel: 247 4792

Report of the Head of Scrutiny and Member Development

Scrutiny Board (Adult Social Care)

Date: 3rd March 2009

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) for the remainder of the current municipal year.

1.2 Also attached for Members consideration is an extract from the Forward Plan of Key Decisions for the period 1st March 2009 to 30 June 2009 (Appendix 2).

1.3 The Executive Board Minutes for the meeting held on the 13th February 2009 are presented at Appendix 3.

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. The work programme should be considered as a live document that will evolve over time to reflect any changing and/or emerging issues that the Board wishes to consider.

2.2 The work programme also provides an outline of other activity being undertaken on behalf of the Board outside of the formal meetings cycle.

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;

3.1.2 Receive and make any changes to the attached work programme; and,

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 – 23 July 2008			
Dignity in Care	To receive an update on the current work and developments across the City.	May result in further scrutiny work.	B
Income Generation for Community Care Services	To provide the Board with an outline of the planned consultation regarding Income Generation for Community Care services	Executive Board report presented on 11 June 2008	B
Personalised Day Support for Older People	To provide the Board with an outline service improvement plan to deliver increased choice and more personalised day activities for older people.	Executive Board report presented on 16 July 2008	B
Inquiry into Adaptations – draft terms of reference	To consider draft terms of reference for the scrutiny inquiry into adaptations.	Need to determine the process and timing for undertaking this inquiry.	RP
Meeting date – 17 September 2008			
Inquiry into Adaptations – 1st session	To consider a report that provides an overview of the adaptations across the city.	Need to determine the terms of reference, process and timing for undertaking the inquiry.	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
Commissioning in Adult Social Care	To consider a report on commissioning within Adult Social Services, specifically including: <ul style="list-style-type: none"> ➢ Mental Health services ➢ Neighbourhood Networks ➢ Contract issues ➢ Risk Taking ➢ Partnerships for Older Peoples Projects 	Lead Officer - Dennis Holmes	PM
Update on Leeds Local Involvement Network (LINK)	To provide the Board with an update and consider the Board's relationship with the host organisation.	May need some input from Legal regarding relationship issues.	B
Meeting date – 15 October 2008			
Performance Management	Quarter 1 information for 2007/08 (April - June)	All Scrutiny Boards receive performance information on a quarterly basis	PM
Homecare provision	Performance report on homecare provision across the City, including independent sector providers.	Lead Officer - Dennis Holmes	PM
Inquiry into Adaptations – Terms of Reference	To consider and approve the draft terms of reference for the inquiry.		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
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**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 and Children's Services 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.	B
Meeting date – 24 November 2008 (additional meeting)			
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
Dignity in Care	To consider the Board's draft statement.	Principal Scrutiny Adviser to draft	

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
Meeting date – 7 January 2009			
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.	Outcome of the ASC Proposals Working Group meeting (12 December 2008) to feed into this item. Additional focus on the IWC Action Plan for future reports.	B
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. Mick Ward produced the last report.	B

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
Commissioning in Adult Social Care	To consider an update report on commissioning within Adult Social Services.	Further update from September 2008 focusing on Neighbourhood Networks. Additional focus on IWC Action Plan. Lead Officer – Dennis Holmes/ Tim O'Shea	PM
Inquiry into Adaptations – update	To consider a report from the working group providing an update on the progress of the scrutiny inquiry into adaptations.	Principal Scrutiny Adviser to draft	RP
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	Outcome of the ASC Proposals Working Group meeting (January 2009) to feed into this item.	RFS/PM
Safeguarding – Strengthening Strategic Partnerships	To examine and evaluate specific actions arising from the Independence wellbeing and choice inspection report.	Focusing on recommendations 3,7,8,25, within the IWC action plan. Lead Officer – Dennis Holmes	RFS/PM
Health and Wellbeing Plan	To consider and comment on the draft plan, prior to it being considered by the Executive Board. In addition Healthy Leeds Partnership to outline key areas being taken forward in the partnership arena relevant to this SB	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
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 – 11 March 2009			
Independence, Well-being and Choice – action plan update	To consider progress against the action plan arising from the inspection report	Outcome of the ASC Proposals Working Group meeting (Feb 2009) to feed into this item.	RFS/PM
Safeguarding – Implementation of Quality Assurance Processes and Procedures	To examine and evaluate specific actions arising from the Independence wellbeing and choice inspection report.	Focusing on recommendations 2,6,11 within the IWC action plan. Lead officer – Dennis Holmes	RFS/PM
Commissioning in Adult Social Care	To consider an update report on commissioning within Adult Social Services.	6-monthly report. Additional focus on IWC Action Plan. Procurement timetable to be included in this report. Lead Officer – Dennis Holmes/ Tim O'Shea	PM
Joint Strategic Needs Assessment (JSNA) - update	To consider a further report on the development of Leeds JSNA	Further update from November 2008 Lead Officer – John England	B
Sustainable Communities Act	To receive information regarding the act, consult, and consider the implications for the scrutiny process.	Lead officer – Dylan Griffiths	B

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
Dignity in Care – Draft Statement	To consider the draft statement submitted to the board for approval.	The draft statement was provided to the board on the 7 th of January. The board have been asked to submit comments prior to the 11 th of February.	B
Meeting date – 8 April 2009			
Performance Management	Quarter 3 information for 2008/09 (Oct-Dec)	All Scrutiny Boards receive performance information on a quarterly basis	PM
Independence, Well-being and Choice – action plan update	To consider progress against the action plan arising from the inspection report	Outcome of the ASC Proposals Working Group meeting (March 2009) to feed into this item.	RFS/PM
Safeguarding – Strengthening Strategic Partnerships and Implementation of Quality Assurance Processes and Procedures	To conclude the examination of and make recommendations on specific actions arising from the Independence wellbeing and choice inspection report.	Outcome of Feb and March inquires, including further updates. Lead Officer – Dennis Holmes	RFS/PM
Income Review - Consultation and Engagement Review	Reviewing the effectiveness of consultation and engagement with particular reference to the Income Review	Lead Officer – Janet Somers Originally scheduled for February but advised not available until April.	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
Annual Report	To agree the Board's contribution to the annual scrutiny report		
Meeting Date – 6th May 2009			
Independence, Well-being and Choice – action plan update	To consider progress against the action plan arising from the inspection report	Outcome of the ASC Proposals Working Group meeting (April 2009) to feed into this item.	RFS/PM
Personalisation	To consider and make comment on the progress and outcomes of the Early Implementer Project	Quarterly reports requested at the ASC Scrutiny Board of the 9 th January 2009.	B
The Mental Capacity Act	To consider a further report on progress made implementing the requirements of the MCA.	Further update from November 2008 Lead Officer – Dennis Holmes.	B
Homecare provision	Performance report on homecare provision across the City, including independent sector providers.	Further update from October 2008 Lead Officer – Dennis Holmes	PM
Inquiry into Adaptations – Draft Final Report, including initial response to recommendations	To consider the draft final report in relation to the scrutiny inquiry into adaptations and initial responses.	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**

Working Groups			
Working group	Membership	Progress update	Dates
Personalisation Working Group	<i>Not yet confirmed</i> Cllr. Judith Chapman Cllr. Debra Coupar Cllr. Stuart Andrew Cllr. Suzi Armitage Cllr. Hussain Cllr Alan Taylor Joy Fisher (co-optee) Sally Morgan (co-optee)	Terms of reference agreed. Meetings provisionally scheduled.	16 March 2009 2-4 20 April 2009 2-4 or 22 April 2009 10 - 12
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)	Feedback on the complex case management every 3 months. Due March 2009 to working group if still ongoing, if not Board.	6 October 2008 4 November 2008 15 December 2008 12 January 2009 12 February 2009
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)	12 December 2008 – meeting arranged to consider issues around personalisation and the role of the working group/ Scrutiny Board. Jan meetings onwards to consider IWC action plan	12 December 2008 30 January 2009 25 February 2009 25 March 2009 30 April 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
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**Scrutiny Board (Adult Social Care)
Work Programme 2008/09**

Working Groups			
<i>Older People's Housing working group</i>	<i>Cllr. Judith Chapman Cllr. Debra Coupar</i>	<i>This scrutiny inquiry is being led by the Scrutiny Board (Environment and Neighbourhoods). The Scrutiny Board (Adult Social Care) nominated 2 members as representatives to serve on the working group.</i>	<i>1 December 2008</i>

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.	Report published on published on 20 August 2008
Continuing Care Implementation	To consider the local impact and future activity associated with implementing the national framework for continuing NHS care.	Lead Officer – Dennis Holmes. Report presented to the Executive Board in October 2007.
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. Executive Board scheduled to receive an update in February 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

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LEEDS CITY COUNCIL

FORWARD PLAN OF KEY DECISIONS

For the period 1 March 2009 to 30 June 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 and email address to send representations to)
To award a contract to Methodist Homes Request to waive contract procedure rule 13 in respect of the Moor Allerton Extra Care Housing Scheme (Yew Tree Court) and Dementia Day Care Scheme (Bay Tree Resource Centre)	Director of Adult Social Services	5/3/09	Legal and Procurement	Report to the DASS	Director of Adult Social Services dennis.holmes@leeds.gov.uk
Procurement of Learning Disability Services Award of Contract for social care and housing related support services to 8 adults with learning disabilities as part of the Independent Living Project	Director of Adult Social Services	5/3/09	Procurement has been conducted jointly between Adult Social Care and Environments and Neighbourhoods with user and care involvement in selection	Procurement Report	Director of Adult Social Services andy.rawnsley@leeds.gov.uk
Learning disabilities staffing review To approve a revised staffing structure for the learning disability service within social care.	Director of Resources, Chief Officer (HR)	5/3/09	Consultation has taken place with staff and their representatives.	Report to the Chief Human Resources Officer including updated job outlines.	Director of Resources paul.broughton@leeds.gov.uk

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

FRIDAY, 13TH FEBRUARY, 2009

PRESENT: Councillor A Carter in the Chair

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

Councillor J Blake – Non voting advisory member

DEVELOPMENT AND REGENERATION

185 The Former Royal Park Primary School

A report was submitted by the Director of City Development providing an update on the current position regarding the former Royal Park Primary School and outlining several options which would enable the matter to be progressed.

A supplementary report including an appendix subsequently confirmed as exempt at minute 186(e), under Access to Information Procedure Rule 10.4(3) had been circulated prior to the meeting providing details of an offer which had been made by the Muslim Association of Leeds 11 regarding the acquisition of the freehold of the former school. A letter from Headingley Ward Councillors and a petition submitted by a representative of the Royal Park Community Consortium was also tabled at the meeting.

RESOLVED – That the report be withdrawn, with a further report being submitted to the Board at the earliest opportunity following respective meetings being held with both the Muslim Association of Leeds 11 and the Royal Park Community Consortium.

186 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 2 to the report referred to in minute 193 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that this information is not publicly available from the statutory registers of information kept in respect of certain companies or charities. It is considered that since this information was obtained through one to one negotiations for the purchase of the land/property referred to then it is not in the public interest to disclose this information at this point in time. Also, the release of such information would or would be likely to prejudice the Council's commercial interests in relation to and

Draft minutes to be approved at the meeting
to be held on Wednesday, 4th March, 2009

undermine its attempts to acquire by agreement similar properties in the locality in that owners of other similar properties would be aware about the nature and level of consideration which may prove acceptable to the Council. It is considered that whilst there may be a public interest in disclosure, much of this information will be available from the Land Registry following completion of the purchases and consequently the public interest in maintaining the exemption outweighs the public interest in disclosing this information at this point in time.

- (b) Annex 2 to the report referred to in minute 197 under the terms of Access to Information Procedure Rule 10.4(1) and (2) and on the grounds that the public interest in maintaining the exemption outweighs the public interest in disclosing the information because Education Leeds has a duty to secure improvement and increased confidence in the schools concerned and this would be adversely affected by the disclosure of the information.
- (c) Annex 2 to the report referred to in minute 198 under the terms of Access to Information Procedure Rule 10.4(1) and (2) and on the grounds that the public interest in maintaining the exemption outweighs the public interest in disclosing the information because Education Leeds has a duty to secure improvement and increased confidence in the schools concerned and this would be adversely affected by the disclosure of the information.
- (d) Appendices 1, 2 and 3 to the report referred to in minute 205 under the terms of Access to Information Procedure Rules 10.4(3) and on the grounds that this information is not publicly available from the statutory registers of information kept in respect of certain companies or charities. It is considered that since this information was obtained through one to one negotiations for the transfer of assets then it is not in the public interest to disclose this information at this point in time as it could undermine this method of negotiation and affect the integrity of transfer of assets by this process. Also it is considered that the release of such information would or would be likely to prejudice the Council's commercial interests in relation other similar asset transfers in that prospective transferees of other similar assets about the nature and level of consideration which may prove acceptable to the Council. It is considered that whilst there may be a public interest in disclosure, much of this information will be available from the Land Registry following completion of the purchases and consequently the public interest in maintaining the exemption outweighs the public interest in disclosing this information at this point in time.
- (e) The appendix to the supplementary report referred to in minute 185 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that the information relates to the financial or business affairs of a particular charitable organisation and of the Council. The information is not publicly available from the statutory registers of

information kept in respect of certain companies and charities. It is considered that since the information was obtained through one to one negotiations for the disposal of the property then it is not in the public interest to disclose the information at this point in time as it could undermine this method of negotiation and affect the integrity of disposing of property/land by this process. Also it is considered that the release of such information would or would be likely to prejudice the Council's commercial interests in relation to this or other similar transactions in that prospective purchasers of this or other similar properties would have information about the nature and level of consideration which may prove acceptable to the Council. It is considered that whilst there may be public interest in disclosure, much of this information will be publicly available from the Land Registry following completion of any transaction and consequently the public interest in maintaining the exemption outweighs the public interest in disclosing the information at this point in time.

- (f) Appendix 1 and Schedule 1 to the report referred to in minute 206 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that the public interest in maintaining the exemption on the information contained within Appendix 1 and Schedule 1 of the report which relates to the proposals to progress design proposals for the proposed arena development, the adoption of the contractor procurement strategy, the implementation of the project management arrangements and the proposed legal agreement outweighs the public interest in disclosing the information, as to do so would prejudice the ongoing negotiations and hence the cost to the Council of developing the arena.

187 Declaration of Interests

Councillors A Carter, Brett and J L Carter all declared personal interests in the items relating to Support for Affordable Housing and Regeneration Priorities (minute 193) and Affordable Housing Strategic Partnership Pump Priming for Decanting and Demolition (minute 194) due to their respective positions on the Affordable Housing Strategic Partnership Board.

188 Minutes

RESOLVED – That the minutes of the meeting held on 14th January 2009 be approved as a correct record.

CENTRAL AND CORPORATE

189 Council Budget 2009/2010 and Capital Programme

The Board extended its thanks to all those involved in compiling the 2009/10 budget.

(A) Revenue Budget 2009/10 and Council Tax 2009/10

The Director of Resources submitted a report on the Council's budget for 2009/10 following detailed consideration of service requirements and taking account of the Local Government Finance Settlement, the

Council's Financial Plan and the current economic climate. The report indicated that the budget would result in a Band D Council Tax of £1,095.61.

RESOLVED –

- (i) That Council be recommended to approve the Revenue Budget for 2009/10 totalling £556,808,000, as detailed and explained in the submitted report and accompanying papers, including a 2.9% increase in the Leeds element of the Council Tax.
 - (ii) That with respect to the Housing Revenue Account, Council be recommended to:
 - (a) approve the budget at the average rent increase figure of 6.2%;
 - (b) increase the charges for garage rents to £5.89 per week;
 - (c) depool service charges in 2009/10, but increase them in line with the average rent rises;
 - (d) abolish the Residential Housing Officer service charge to tenants in the East North East and Aire Valley ALMO areas for 2009/10 onwards.
 - (iii) That Council be recommended to approve the proposed revisions to the Budget and Policy Framework rules as detailed in Appendix 3 to the submitted report
- (B) Capital Programme 2008-2012
The Director of Resources submitted a report setting out the updated capital programme for 2008-2012.

RESOLVED -

- (i) That the following be recommended to Council:
 - (a) That the capital programme, as attached to the submitted report be approved, and that the list of schemes shown at Appendix H to the report be reserved until additional resources become available;
 - (b) That Executive Board be authorised to approve in year amendments to the capital programme including transfers from and to the reserved programme in accordance with Financial Procedure Rules;
 - (c) That the updated capital approval delegations in Financial Procedure Rules as shown in Appendix I to the report be approved;
 - (d) That the Minimum Revenue Provision policy for 2008/09 be amended as set out in paragraph 5.3.2 of the report;
 - (e) That the proposed Minimum Revenue Provision policies for 2009/10, as set out in paragraph 5.3.3 and explained in Appendix G to the report be approved.

- (ii) That the list of land and property sites shown in Appendix F to the report be disposed of to generate capital receipts to support the capital programme;
- (iii) That the Director of Resources be authorised to manage, monitor and control scheme progress and commitments to ensure that the programme is affordable.

(C) Treasury Management Strategy 2009/10

The Director of Resources submitted the proposed Treasury Management Strategy for 2009/10 and provided an update on the implementation of the 2008/09 strategy.

RESOLVED –

- (i) That the initial treasury strategy for 2009/10, as set out in section 3.3 of the report be approved, and that the review of the 2008/09 strategy and operations, as set out in sections 3.1 and 3.2 of the report be noted;
- (ii) That Council be recommended to set the borrowing limits for 2008/09, 2009/10, 2010/11 and 2011/12 as detailed in section 3.4 of the report;
- (iii) That Council be recommended to set the treasury management indicators for 2008/09, 2009/10, 2010/11 and 2011/12 as detailed in section 3.5 of the report;
- (iv) That Council be recommended to set the investment limits for 2008/09, 2009/10, 2010/11 and 2011/12 as detailed in section 3.6 of the report;
- (v) That Council be recommended to reaffirm the Treasury Management Policy Statement and to note the amendments to section 7 of the statement entitled “Approved Instruments and Organisations for Investments” as detailed at appendix C to the report.

(The matters referred to in parts A(i), A(ii)(a) to A(ii)(d), A(iii), B(i)(a) to B(i)(e) and C(ii), (iii), (iv) and (v) of this minute being matters reserved to Council were not eligible for Call In)

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

190 Financial Health Monitoring 2008/09 - Third Quarter Report

The Director of Resources submitted a report setting out the Council’s financial health position for 2008/09 after nine months of the financial year, in respect of the revenue expenditure and income to date compared to the approved budget, the projected year end position and proposed actions to work towards achieving a balanced budget by the year end. In addition, the report also highlighted the position regarding other key financial indicators including the Housing Revenue Account.

RESOLVED –

- (i) That the projected financial position of the authority after nine months of the financial year be noted;
- (ii) That the release of £1,450,000 earmarked for the Affordable Housing scheme and the purchase of 10 HRA properties within the EASEL regeneration area be approved.

DEVELOPMENT AND REGENERATION

191 Leeds Flood Alleviation Scheme: Design Vision and Guide

The Chief Highways Officer submitted a report presenting for comment the latest version of the Leeds Flood Alleviation Scheme Design Vision and Guide and seeking authorisation for the document's use in joint public consultations which would be undertaken in conjunction with the Environment Agency (EA) in Spring 2009.

The report was accompanied by a joint presentation from the Chief Highways Officer and Martin Slater of the Environment Agency outlining the key issues to the Board.

RESOLVED –

- (i) That the progress made on a Flood Alleviation Scheme for Leeds be noted;
- (ii) That the latest version of the Design Vision and Guide for the Leeds Flood Alleviation Scheme be noted;
- (iii) That the continuing development and refinement of the Design Vision and Guide document be approved and that participation in a comprehensive public consultation exercise to be undertaken in conjunction with the Environment Agency in Spring 2009 be approved;
- (iv) That the Environment Agency be requested to continue exploring the feasibility of a hybrid flood defence scheme for Leeds, comprising upstream storage facilities within the scheme, in order to lower the height of the raised 'flood defences' in the City Centre.

NEIGHBOURHOODS AND HOUSING

192 EASEL Regeneration Planning

Further to minute 120, 5th November 2008, the Director of Environment and Neighbourhoods submitted a report setting out the regeneration context, strategy and programme for the East and South East Leeds (EASEL) regeneration initiative. The report also provided an update on the delivery of the project to date which included key areas of activity, current projects and identification of recent and current investment into the EASEL area, including the contributions of partners to the key regenerative outcomes of the programme.

RESOLVED – That the approach to regeneration investment being taken in support of the EASEL initiative be noted.

193 Support for Affordable Housing and Regeneration Priorities

The Director of Environment and Neighbourhoods submitted a report providing details of proposals to support the Council's affordable housing and regeneration priorities in response to current economic conditions, and sought approval to incur expenditure of £2,368,000 to support the EASEL initiative and enable the Council to buy twenty houses on the EASEL phase one sites to be used as social and intermediate rented homes.

Following consideration of Appendix 2 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 –

- (i) That the priorities for affordable housing and regeneration be supported and that the Director of Environment and Neighbourhoods be authorised to negotiate an appropriate support package with the HCA and to report details of the result of those discussions to Executive Board in June 2009;
- (ii) That the purchase of twenty units, as outlined within the report be approved, that the responsibility for completing the purchase agreements for the twenty units be delegated to the Director of Environment and Neighbourhoods, the Director of City Development and the Assistant Chief Executive (Corporate Governance) within the funding approved in the submitted report;
- (iii) That the use of £2,368,000 of Council funding as outlined in the submitted report, including the release of £500,000 from HRA Reserves be approved, with the funding from the HRA Reserves being injected into the capital programme through the report of the Director of Resources entitled, 'Capital Programme 2008-2012' considered earlier in the meeting;
- (iv) That the expenditure of £2,368,000 for the acquisition of the units on this scheme to support the EASEL phase one sites and the promotion of the economic, social and environmental wellbeing of the EASEL area be authorised;
- (v) That the findings of the Scrutiny Board (Environment and Neighbourhoods) inquiry entitled 'Housing Lettings Pressures' be circulated to Executive Board members for information.

194 Affordable Housing Strategic Partnership - Decanting and Demolition Scheme

The Director of Environment and Neighbourhoods submitted a report outlining the options for the Affordable Housing Strategic Partnership (AHSP) to undertake demolition and decanting on sites which formed part of the 87 acres ring fenced for the provision of affordable housing, and sought approval to inject into the capital programme and requested authority to spend £3,784,000 to fund the decanting and demolition costs associated with clearing sites on Housing Revenue Account (HRA) land for use in the Environment and Neighbourhood AHSP programme.

RESOLVED –

- (i) That expenditure of £3,784,000 to fund the demolition/decanting programme and fees for the period April 2009 to March 2011 be approved;
- (ii) That officers be instructed to bring an annual update report back to Executive Board detailing the progress of the scheme.

195 Waiving of Planning Contributions on 100% Affordable Housing Schemes

The Director of Environment and Neighbourhoods and the Director of City Development submitted a joint report outlining proposals regarding the introduction of a waiver of the planning contributions for greenspace on schemes below 50 units which were funded via the 2008/2011 HCA National Affordable Housing Programme and which would provide 100% affordable housing in accordance with the Council's priorities.

RESOLVED –

- (i) That the usual contribution requested for greenspace be waived on schemes which are below 50 units and which will provide 100% affordable housing (in accordance with the planning definition of affordable housing), subject to the individual merits of each scheme being given due consideration;
- (ii) That the resolution detailed at (i) be applied to schemes which are grant funded via the HCA in the 2008/2011 National Affordable Programme;
- (iii) That the submitted report be forwarded to the Plans Panels for information;
- (iv) That the policy be reviewed in 12 months time.

CHILDREN'S SERVICES

196 Proposed Changes to the Council's Policy for the Provision of 16+ Transport

The Chief Executive of Education Leeds submitted a report presenting proposals to undertake a consultation exercise regarding the provision of Home to School/College transport for those 16 years or older.

RESOLVED –

- (i) That the commencement of a consultation process from the 23rd February 2009 and ending on the 3rd April 2009 on the proposal to withdraw discretionary provision of Home to School/College transport for those 16 years or older be approved;
- (ii) That a further report on the outcome of the consultation process be submitted to the Executive Board in May 2009.

197 Annual Standards Report - Primary Schools

The Chief Executive of Education Leeds submitted a report providing an overview of the performance of primary schools at the end of 2007/08, as demonstrated through statutory national testing and teacher assessment.

The report outlined the actions taken by Education Leeds to fulfil its responsibilities to the Board and schools and summarised some of the current key challenges and priorities faced by primary schools.

Following consideration of Annex 2 to the report designated as exempt under Access to Information Procedure Rule 10.4(1) and (2) which was considered in private at the conclusion of the meeting it was

RESOLVED – That the progress which has been made in recent years, in addition to the key issues and challenges which are currently being addressed be noted.

198 Annual Standards Report - Secondary Schools

The Chief Executive of Education Leeds submitted a report providing a summary of the progress which had been made in secondary school improvement in Leeds during the past year, a commentary on the successful strategies which had been implemented and an overview of the challenges for further improvement which lay ahead. The report also provided a summary of the outcome of recent OfSTED inspections, progress in schools with focused and extended partnerships, and details of trends of improvement for key indicators including priority groups.

Following consideration of annex 2 to the report designated as exempt under Access to Information Procedure Rule 10.4(1) and (2), which was considered in private at the conclusion of the meeting it was

RESOLVED –

- (i) That the progress which has been made in recent years, in addition to the key issues and challenges which are currently being addressed be noted;
- (ii) That a report be submitted to a future meeting of the Board outlining the actions being taken to improve the educational attainment levels of Looked After Children.

LEISURE

199 Leeds Public Rights of Way Improvement Plan 2009-2017

Further to minute 231, 14th May 2008, the Director of City Development submitted a report presenting for approval the final Rights of Way Improvement Plan (ROWIP) following the conclusion of the 12 week statutory consultation period which had been undertaken.

Officers undertook to ensure that relevant Ward based maps detailing the Rights of Way network were made to be available to Ward Members.

RESOLVED –

- (i) That the contents of the report, including the Rights of Way Improvement Plan, the Executive Summary and Action Plan, as appended to the report, be noted;

- (ii) That the Leeds Rights of Way Improvement Plan for 2009-2017 be approved.

200 Parks and Green Space Strategy

The Director of City Development submitted a report presenting for endorsement the Council's Parks and Greenspace Strategy, following the conclusion of a comprehensive consultation process.

RESOLVED – That the Council's Parks and Greenspace Strategy be endorsed.

201 City Centre Park

The Director of City Development submitted a report advising of the progress which had been made on the proposals for a City Centre Park, specifically with regard to the medium and long term objectives identified which could be developed further through feasibility work, in order to enable more specific proposals to be submitted to a future meeting of the Board.

RESOLVED –

- (i) That the contents of the report be noted;
- (ii) That the implementation of the feasibility works required to explore the development of a new green space at Sovereign Street, which will require the allocation of £50,000 from the Council's revenue contingency be agreed;
- (iii) That the preparation of a Planning and Development Brief for the Sovereign Street site be agreed;
- (iv) That officers be authorised to undertake consultation with key stakeholders in the city centre in order to inform any further proposals which are brought back to Executive Board for consideration;
- (v) That officers report back to Executive Board following the outcome of the feasibility work and the consultations undertaken, including the outcome of any work undertaken in parallel on the provision of a new bus station;
- (vi) That work be undertaken on the land assembly and land use planning issues associated with the development of a new green space to the south of the River Aire, and that officers report back on the outcome of this work to the Board;
- (vii) That the provision for a major city centre park to the south of the city centre be included within the City Centre Action Plan;
- (viii) That a Supplementary Planning Document regarding contributions toward City Centre public realm be prepared;
- (ix) That a further report outlining potential options for funding be presented to a future meeting of the Board.

ADULT HEALTH AND SOCIAL CARE

202 Design and Cost Report - Department of Health Extra Care Housing Fund Bid: 2008 - 2010

The Director of Adult Social Care submitted a report introducing the capital scheme and seeking authority to spend the £1,845,000 which had been injected into the Capital Programme in November 2008.

RESOLVED –

- (i) That authority be given to spend the £1,845,000 in order to allow payment of the grant to Methodist Homes when instalments of the grant are received from the Department of Health;
- (ii) That the Project Brief, as presented within the submitted report be approved.

203 Income Review for Community Care Services

Further to minute 17, 11th June 2008, the Director of Adult Social Care submitted a report presenting the outcomes from the review of income for non-residential adult social care services following conclusion of a consultation exercise and recommending changes with respect to service user contributions.

RESOLVED –

- (i) That the outcomes of the consultation and the way in which they have been addressed as set out in section 7 of the submitted report be noted;
- (ii) That the outcomes of the equality impact assessment and the way in which they have been addressed as set out in section 8.2 of the report be noted;
- (iii) That the Charging and Contributions Policy Framework as set out at appendix 2 to the report be approved;
- (iv) That changes to service user contributions, as set out in sections 10.10, 10.11, 11.2, 11.4 and 11.5 of the report be approved;
- (v) That a summary document be prepared for service users outlining the service user contributions as detailed in section 11.8 of the report;
- (vi) That officers be requested to carry out additional work on carers support services and the community support enablement service, as outlined in sections 10.12 to 10.14 of the report and submit a further report to Members as soon as possible;
- (vii) That further reports be brought to Executive Board on any implications of implementing personalisation on the principles and detail of service user contributions, as set out in the report.

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

DEVELOPMENT AND REGENERATION

204 City Centre Vision - One Year On

The Director of City Development submitted a report providing an update on the progress which had been made in achieving the City Centre Vision, as developed at the City Centre Vision conference in January 2008.

The Board discussed the possibility of holding a further event to consider some of the key themes detailed within the report.

RESOLVED –

- (i) That the progress achieved in delivering the City Centre Vision, as detailed within the submitted report, be noted;
- (ii) That a report be submitted to a future meeting of the Board outlining the options available with respect to the regeneration of Upper Briggate.

205 School Partnership Trust, Garforth

Further to minute 151, 23rd January 2008, a joint report was submitted by the Chief Asset Management Officer and the Assistant Chief Executive (Corporate Governance) providing an update on the current position with respect of the terms approved by Executive Board on 23rd January 2008 for the transfer of relevant land and buildings at Garforth to the School Partnership Trust. As it had not been possible to agree the transfer terms in a form approved by Executive Board in January 2008, the report provided options for possible ways forward.

Following consideration of appendices 1, 2 and 3 to the report designated as exempt under Access to Information Procedure Rule 10.4(3) which were considered in private at the conclusion of the meeting it was

RESOLVED –

- (i) That the contents of the report be noted;
- (ii) That the terms of the Side Letter, as detailed in confidential appendix 1 to the report be approved;
- (iii) That the Chief Officer (Legal Licensing and Registration) be authorised to:-
 - negotiate terms in the Transfer Agreement – sufficient to protect the Council's position on any future disposal of assets by the Trust, or
 - if this cannot be achieved, to refer the matter to the Schools Adjudicator for determination;
- (iv) That the risks around school asset transfer, as outlined within confidential appendix 2 to the report, and the action being taken in relation to this, be noted;
- (v) That the investigations currently being undertaken into the ways in which the Council can address the issues arising from school asset transfer be continued as a priority, and that both the LGA and Core Cities be consulted on how they are addressing such matters.

206 Leeds Arena - Proposed Project Delivery/Management Arrangements

Further to minute 133, 5th November 2008, the Director of City Development submitted a report on the progress made in acquiring the site of the Brunswick Building from Leeds Metropolitan University and providing a summary of the current position relating to the conclusion of a legal agreement to facilitate the development of the arena.

Following consideration of appendix 1 and schedule 1 to the report designated as exempt under Access to Information Procedure Rule 10.4(3) which were considered in private at the conclusion of the meeting it was

RESOLVED –

- (i) That the procurement strategy for the design team and the retention of consultants to progress the design proposals for the arena development be approved;
- (ii) That the Director of City Development under the Council's scheme of delegation be authorised to determine the preferred form of construction contractor procurement;
- (iii) That the acquisition of the site of the Brunswick Building from Leeds Metropolitan University be noted;
- (iv) That the progress made in concluding the legal agreement to facilitate the development of the arena be noted;
- (v) That the project management arrangements for the arena development be noted.

(The matters referred to in this minute were not eligible for Call In on the basis that Executive Board at its meeting on 5th November 2008 took the decision to lead on the development of the arena, to appoint a design team and contractor and to determine the project management arrangements for the delivery of the project, and instructed officers to report back on the proposed delivery mechanism. The resolutions contained within this minute were consistent with decisions taken by Executive Board on 5th November 2008)

DATE OF PUBLICATION: 17TH FEBRUARY 2009
LAST DATE FOR CALL IN: 24TH FEBRUARY 2009 (5.00 PM)

(Scrutiny Support will notify Directors of any items called in by 12 noon on 25th February 2009)

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