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Leeds CITY COUNCIL

SCRUTINY BOARD (HEALTH AND WELL-BEING AND ADULT SOCIAL CARE)

Meeting to be held in Civic Hall, Leeds on Wednesday, 21st September, 2011 at 10.00 am

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

MEMBERSHIP

Councillors

S Armitage - Cross Gates and Whinmoor;
K Bruce - Rothwell;
J Chapman - Weetwood;
A Hussain - Gipton and Harehills;
W Hyde - Temple Newsam;
J Illingworth - Kirkstall;
G Kirkland - Otley and Yeadon;
G Latty - Guiseley and Rawdon;
A McKenna - Garforth and Swillington;
L Mulherin (Chair) - Ardsley and Robin Hood;
S Varley - Morley South;

CO-OPTED MEMBERS: Joy Fisher – Alliance of Service Experts

Sally Morgan – Equality Issues

Betty Smithson – Leeds LINk

Paul Truswell – Leeds LINk

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

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A G E N D A

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

3			**LATE ITEMS** To identify items which have been admitted to the agenda by the Chair for consideration. (The special circumstances shall be specified in the minutes.)	
4			**DECLARATIONS OF INTEREST** To declare any personal / prejudicial interests for the purpose of Section 81 (3) of the Local Government Act 2000 and paragraphs 8 to 12 of the Members Code of Conduct.	
5			**APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES** To receive any apologies for absence and notification of substitutes.	
6			**MINUTES** To approve the minutes of the Scrutiny Board (Health and Wellbeing and Adult Social Care) meeting held on 22nd July 2011 (minutes attached) To note the minutes of the Residential and Day Care Services Working Group meeting held on 31st August 2011 To note the minutes of the Health Service Developments Working Group meeting held on 5th September 2011 (minutes to follow)	1 - 8

7			**TRANSFORMATION OF HEALTH AND ADULT SOCIAL CARE** To consider a report of the Head of Scrutiny and Member Development providing a position statement on behalf of the Transformation Board which includes an overview of the Leeds Health and Social Care Transformation Programme together with details of the supporting managerial governance arrangements (report attached)	9 - 18
8			**CONSULTATION (ACROSS ADULT SOCIAL CARE AND HEALTH)** Further to minute 9 of the Scrutiny Board (Health and Wellbeing and Adult Social Care) meeting held on 22nd July 2011 where Members considered potential inquiry topics for the Board, to consider a report of the Head of Scrutiny and Member Development setting out details of an inquiry around Consultation across Adult Social Care and Health (report attached)	19 - 78
9			**LOCAL INVOLVEMENT NETWORK - ANNUAL REPORT 2010/11** To consider a report of the Head of Scrutiny and Member Development on the Annual Report of Leeds Local Involvement Network (LINk) for 2010 – 2011 A copy of the Annual Report will be sent separately to all Board Members, prior to the meeting (report attached)	79 - 80

10			**SHADOW HEALTH AND WELLBEING BOARD FOR LEEDS** To consider a report of the Head of Scrutiny and Member Development updating the Board on local developments arising from the proposed NHS reforms, initially outlined in Government White Paper: Equality and Excellence: Liberating (July 2010) (report attached)	81 - 102
11			**WORK SCHEDULE** To consider a report of the Head of Scrutiny and Member Development setting out the Board's draft work schedule (report attached)	103 - 138
12			**DATE AND TIME OF THE NEXT MEETING** 28th October 2011 at 10.00am (pre-meeting for all Board Members at 9.30am)	

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SCRUTINY BOARD (HEALTH AND WELL-BEING AND ADULT SOCIAL CARE)

FRIDAY, 22ND JULY, 2011

PRESENT: Councillor L Mulherin in the Chair

Councillors S Armitage, K Bruce, J Chapman, A Hussain, W Hyde, J Illingworth, G Kirkland, G Wilkinson and S Varley

1 Chair's Opening Remarks

The Chair welcomed all in attendance to the first Scrutiny Board (Health and Well-Being and Adult Social Care) meeting of the new municipal year.

2 Late Items

The Chair agreed to accept the following item of late business:

- Supplementary information: Physical activity guidelines published by the Department of Health entitled 'Start Active, Stay Active' as circulated by Councillor J Illingworth (Agenda Item 9) (Minute 9 refers)

The document was not available at the time of the agenda despatch.

3 Declarations of Interest

The following personal declarations of interest were made at the meeting:-

- Councillor S Armitage in her capacity as Chair of the Federation of West Leeds Neighbourhood Network Scheme and of the fact that one of the residential homes was in her ward (Agenda Item 10) (Minute 10 refers)
- Councillor K Bruce in view of the fact that one of the day care centres and one of the care homes was in her ward (Agenda Item 10) (Minute 10 refers)
- Councillor S Varley in view of the fact that Knowle Manor was in her ward (Agenda Item 10) (Minute 10 refers)
- Councillor G Kirkland in view of the fact that Spring Gardens was in his ward; Kirkland House shared the boundary of his ward and Otley Clinic was also in his ward (Agenda Item 10) (Minute 10 refers)
- Councillor W Hyde in his capacity as Chair of the Federation of East Leeds Neighbourhood Network Scheme (Agenda Item 10) (Minute 10 refers)
- Councillor J Illingworth in view of him having a family member in long term residential care (Agenda Item 10) (Minute 10 refers)

4 Apologies for Absence and Notification of Substitutes

Apologies for absence were submitted on behalf of Councillor G Latty and Councillor A McKenna.

Notification had been received for Councillor G Wilkinson to substitute for Councillor G Latty.

5 Minutes of the Previous Meetings

RESOLVED –

a) That, subject to the addition of Councillor J Chapman to the list of apologies, the minutes of the meeting of the Scrutiny Board (Adult Social Care) held on 13th April 2011 be confirmed as a correct record.

b) That the minutes of the meeting of the Scrutiny Board (Health) held on 26th April 2011 be confirmed as a correct record.

6 Matters Arising from the Minutes

a) Dermatology Services in Leeds – Scrutiny Board (Health) – 26th April 2011 (Minute 105 refers)

Councillor G Kirkland referred to the above issue and conveyed his concerns about the lack of patient parking available at Chapel Allerton Hospital, and the immediate area, arising from the proposed move of Dermatology out-patients from Leeds General Infirmary to Chapel Allerton Hospital.

Following a brief discussion, the Chair agreed to write to the Chief Executive (NHS) Trust raising the above concerns.

7 Changes to the Council's Constitution in relation to Scrutiny

The Head of Scrutiny and Member Development submitted a report providing the Board with information on recent amendments to the Council's Constitution, as agreed by Council on 26 May 2011, which directly related to and/or impacted on the work of Scrutiny Boards. The more significant amendments made to the Council's Constitution in relation to the Overview and Scrutiny function were summarised in the report.

The Board's Principal Scrutiny Adviser presented the key issues highlighted in the report and addressed specific points of clarification identified by the Scrutiny Board.

Members of the Board were informed of the following main changes:

- Specific reference to the appointment of Scrutiny Chairs, to ensure that Group spokespersons were not appointed to Chair a Scrutiny Board that corresponds to the same portfolio

- The establishment of 5 themed Scrutiny Boards that reflected the City Priorities, with a sixth Scrutiny Board focused on Resources and Council Services
- Changes to the Call-In process – this included the requirement to consider the financial consequences of calling in a decision. This would be part of the required pre Call In discussion with the relevant Director or Executive Board Member. It was also noted that any Scrutiny Board Member can be a signatory to a Call In, even if they were a member of the Scrutiny Board considering the Call In

RESOLVED – That the amendments to the Council's Constitution as outlined in the report be noted.

8 Co-opted Members

The Head of Scrutiny and Member Development submitted a report seeking the Board's formal consideration for the appointment of co-opted members. Reference was made to the provision in the Council's Constitution for the appointment of co-opted members.

The Board's Principal Scrutiny Adviser presented the key issues highlighted in the report and addressed specific points of clarification identified by the Scrutiny Board. It was highlighted that co-optees of the previous Scrutiny Board (Adult Social Care) and Scrutiny Board (Health) had been contacted and asked to confirm (or otherwise) their willingness to be considered for a similar appointment to the new Scrutiny Board. Details of those that had expressed an interest were provided to the Board.

Members discussed the different options for co-opting members to the Board including appointing co-opted Members for the duration of the Municipal Year or making ad-hoc appointments to provide specialist support and advice on specific inquiries.

RESOLVED –

a) That the contents of the report be noted.
b) That the Board appoint the following co-optees for the duration of the 2011/12 municipal year:
    - Ms Joy Fisher – Alliance of Service Experts
    - Sally Morgan – Equality Issues
    - Two co-optees from Leeds LINk (to be nominated by the LINk Steering Group)

9 Sources of work and areas of priority for the Scrutiny Board

To assist the Board in effectively managing its workload for the forthcoming Municipal Year, the Head of Scrutiny and Member Development submitted a report providing information and guidance on potential sources of work and areas of priority within the terms of reference.

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

- Scrutiny Board (Health and Well-being and Adult Social Care) –Terms of Reference (Appendix 1 refers)
- Health and Wellbeing City Priority Plan 2011 to 2015 (Appendix 2 refers)
- Executive Board - Minutes of a Meeting held on 22nd June 2011 (Appendix 3 refers)
- Forward Plan of Key Decisions relevant to Health and Wellbeing and Adult Social care Scrutiny Board – 1st July 2011 - 31st October 2011 (Appendix 4 refers)
- Fair Society, Healthy Lives – The Marmot Review – Executive Summary (Appendix 5 refers)
- Leeds Health Profile – 2011 (Appendix 6 refers)
- Leeds Smoking Profile (Appendix 7 refers)
- Overview of Leeds Health and Social Care Transformation Programme (Appendix 8 refers)

The following representatives were in attendance for this item:

- Councillor Lucinda Yeadon – Executive Board Member for Adult Health and Social Care - Leeds City Council
- Dennis Holmes (Deputy Director Strategic Commissioning) – Leeds City Council, Adult Social Services
- Dr Ian Cameron (Joint Director of Public Health) – NHS Leeds / Leeds City Council
- John Lawlor (Chief Executive) – NHS Leeds (attended from 11:00am (approx.))
- Chris Butler, Chief Executive, Leeds Partnerships NHS Foundation Trust (invited to join the meeting from the public gallery at 11:15am (approx.)

For ease of reference, the Chair invited the above representatives to provide a brief introduction/overview outlining key issues and priorities relevant to the work of the Scrutiny Board. The main points identified were detailed below:

<u>Councillor L Yeadon</u>

- Adult Social Care and the challenges associated with continuing to provide service within a significantly financially constrained environment
- Important role for the Scrutiny Board, building on the work of the previous two Boards
- The role and aims of the Residential Care Strategy
- Community Support Service (Home Care)
- Mental Health Day Services
- Adult Social Care Consultation

Dennis Holmes

- Adult Social Care Consultation and consideration of what defines best practice
- Reducing hospital admissions and admissions into long-term care
- Local implications of the Dilnot Commission report on Funding of Care and Support

Dr Ian Cameron

- Tobacco Control, with specific reference to the new Tobacco Control Strategy for Leeds. There was some concern raised that performance (nationally and locally) had 'flat lined'.
- Public Health reforms – with local authority responsibilities likely to commence from 2013
- Health Inequalities – with a potential focus on the Outcomes Frameworks for the NHS, Adult Social Care and Public Health

John Lawlor

- NHS structural changes and local implications
- Work of the Health and Social Care Transformation Board – focusing on service delivery and re-design
- Integration of service delivery – health and social care services

Chris Butler

- Mental Health services – identified as one of the Government's priorities through the publication of its new strategy 'No health without mental health: a cross-Government mental health outcomes strategy for people of all ages'. The strategy represented a major step forward in mainstreaming mental health and supporting the Government's aim of achieving parity of esteem between physical and mental health.
- Learning Disability services

The Board discussed the area identified above and agreed that any work around smoking should not be limited to over 18s and should include other areas such as smoking during pregnancy and preventing smoking in young people under the age of 18.

In relation to the additional information provided by Councillor Illingworth, the Board considered that this should be included in the wider consideration of health inequalities, which in the first instance would focus on the outcome frameworks (as suggested) and how these may impact on the City Priorities.

The Board also discussed the need to establish a working group to consider the future options for long term Residential and Day Care Services for Older

People and the outcomes of the public consultation – due to end on 5 August 2011 - prior to the Executive Board considering proposals in September 2011

RESOLVED –

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

b) That the following areas of priority be identified for the Scrutiny Board over the forthcoming municipal year:

- Reducing smoking (expanding on the Board's Terms of Reference agreed by Council);
- Service Change and Commissioning in Adult Social Care (as detailed in the Board's Terms of Reference agreed by Council);
- Reducing avoidable admissions to hospital and care homes (as detailed in the Board's Terms of Reference agreed by Council);
- The transformation of Health and Social Care Services (as detailed in the Board's Terms of Reference agreed by Council);
- Consultation (across adult social care and health);
- Health inequalities; and,
- Leeds Crisis Centre (follow-up on the work from the previous Adult Social Care Scrutiny Board).

It was agreed that, in discussion with the Chair, the Principal Scrutiny Adviser would produce a more detailed work schedule for consideration by the Board.

c) That approval be given to establishing a working group, open to all Members of the Scrutiny Board, to consider the future options for long term Residential and Day Care Services for Older People and the outcomes of the public consultation – due to end on 5 August 2011 - prior to the Executive Board considering proposals in September 2011.

10 Future options for long term residential and day care services for older people

The Director of Adult Social Services submitted a report updating Members on the programme of work by Adult Social Care to progress and implement the recommendations of Executive Board on the future requirements of older people's residential and day care services, agreed on 15 December 2010.

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

- Option Appraisal Outcome Schedule – at a glance (Appendix 1 refers)
- Older People's Futures; Residential and day care services (Appendix 2 refers)

The following representatives were in attendance for this item:

- Councillor Lucinda Yeadon – Executive Board Member for Adult Health and Social Care – Leeds City Council

- Dennis Holmes (Deputy Director Strategic Commissioning) – Leeds City Council, Adult Social Services

The Deputy Director Strategic Commissioning presented the key issues highlighted in the report and addressed specific points of clarification identified by the Scrutiny Board.

The Executive Member for Adult Health and Social Care outlined that in considering the provision of residential and day care services, account should be taken of the assessment process and subsequent eligibility criteria used by the Council. It was highlighted that since 2006, the Council provided services to those individuals assessed as having substantial and critical needs (using the nationally produced Fair Access to Care Services (FACS) guidance). Before 2006 the Council had provided services to a wider group of people. This was in contrast to a number of other local authorities that provided services to meet critical needs only. It was also highlighted that the Council continued to make significant investments in the Third Sector, aimed at providing preventative services and addressing the social needs of older people.

Members of the Board discussed and queried service user access / requests for access to residential and day care services. The Deputy Director Strategic Commissioning reinforced that assessments were made on an individual's needs and were not on the basis of accessing specific services, such as residential and/or day care services. Once an individual's needs had been assessed, the most appropriate services to meet those needs would be identified. This may include residential or day care services if appropriate, but may equally include other care / support services.

There was some discussion around recent occupancy levels / trends across the Council's residential care homes and the impact of increased levels of Direct Payments in lieu of directly provided services. It was suggested that such information might usefully be provided to the working group (established under the previous agenda item).

RESOLVED –

a) That the contents of the report and appendices be noted.
b) That the Deputy Director Strategic Commissioning be requested to provide details of the:
   (i) Council's current assessment /eligibility criteria;
   (ii) Current level/ trend of Direct Payments; and,
   (iii) Current occupancy levels/ trends within the Council's residential care homes

(Councillor A Hussain left the meeting at 11.55am during discussions of the above item)

(Councillor G Wilkinson left the meeting at 12 noon during discussions of the above item)

(Councillor W Hyde left the meeting at 12.05pm during discussions of the above item)

11 Work schedule

The Head of Scrutiny and Member Development submitted a report on the Board's work schedule for the forthcoming municipal year.

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

- Scrutiny Board (Health and Well-being and Adult Social Care) – Protocol between the Scrutiny Board and NHS Bodies in Leeds (Appendix 1 refers)

- Scrutiny Board (Health and Well-being and Adult Social Care) - Health Service Developments Working Group – Terms of Reference (Appendix 2 refers)

The Board's Principal Scrutiny Adviser presented the key issues highlighted in the report, reinforcing those areas identified earlier at the meeting (minute 9 refers) as the focus of the Boards work programme, and addressed specific points of clarification identified by the Scrutiny Board.

RESOLVED –

a) That the contents of the report and appendices be noted.
b) That approval be given to the updated draft Protocol between the Scrutiny Board and NHS Bodies in Leeds (Appendix 1 refers).
c) That approval be given to the draft Terms of Reference for the Health Service Developments Working Group (Appendix 2 refers) and the following dates of meetings in 2011/12:
   - 5 September 2011
   - 7 November 2011
   - 9 January 2012
   - 5 March 2012
   (All at 10am)
d) That the Board's Principal Scrutiny Adviser, in consultation with the Chair, be requested to make arrangements for the working group established to consider the future options for long term Residential and Day Care Services for Older People to meet in August 2011 and to circulate via e-mail proposed meeting dates.

12 Date and Time of Next Meeting

Wednesday 21st September 2011 at 10.00am (Pre meeting for Board Members at 9.30am)

(The meeting concluded at 12.20pm.)

Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 24 74707

Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Well-Being and Adult Social Care)

Date: 21 September 2011

Subject: The transformation of Health and Social Care Services

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

Summary of main issues

1. The transformation of Health and Social Care Services is identified in the Scrutiny Board's Terms of Reference. At its meeting on 22 July 2011, the Board agreed to include this matter and the work of the Transformation Board within its terms of reference.

2. The purpose of this report, therefore, is to provide a position statement on behalf of the Transformation Board, which provides an overview of the Leeds Health and Social Care Transformation Programme and an outline of the supporting managerial / governance arrangements. The position statement is attached as Appendix 1 to this report, which also provides a summary of the following priority portfolios identified by the Transformation Board:

    - Clinical value in elective care;
    - Urgent and emergency care; and
    - Older people and long term conditions.

3. Appropriate representatives supporting the work of the Transformation Board have been invited to attend the meeting to present and discuss the attached position statement.

Recommendations

4. To consider the information presented and determine any specific matters that warrant further scrutiny and/or identify any specific matters for consideration at a future meeting.

Background documents

5. Scrutiny Board (Health and Well-Being and Adult Social Care) – Terms of Reference (May 2011)

The Leeds Health and Social Care Transformation Programme

What is the Programme?

The Leeds Health and Social Care Transformation Programme is a city-wide agreement between health and social care partners to work together to deliver the challenges ahead, including increasing quality and innovation and productivity. It is designed to bring key organisations together on this important task; to ensure their full engagement in identifying and delivering the most appropriate solutions to sustain quality whilst substantially reducing the overall cost in the Leeds health and social care economy by the end of 2014.

In parallel, the city is moving to a new model of health and social care as a result of the national reforms for the NHS and local authority, where we need to focus even further on:

- Improving the health and well being of people in our communities;
- Reducing health inequalities and social exclusion;
- Improving health and social outcomes through our services;
- Achieving savings and cost reductions; and
- Implementing efficiencies to help meet increasing demand.

The programme will be delivered in a constrained financial environment and, at the same time, ensure that we respond successfully to increasing demands on services. It is the means by which, together, we will drive and deliver the transformation of health and social care services with the people of Leeds.

It is linked to, but does not encompass the programme of work required to deliver the transitional and systemic changes to the health and social care system set out by the government in *Equality and Excellence: Liberating the NHS*.

What will it deliver?

Programme success will mean the following benefits will be achieved for the people of Leeds:

- A continued strong focus on quality and safety;
- The local people who receive both health and social care services will benefit from more integrated services which are tailored to their needs;

- Local people will be supported to remain independent for longer and empowered to take greater personal responsibility for their health and wellbeing;
- More health and care services will be delivered in the community and closer to people's homes, when and where appropriate;
- Front line health and social care services will be better able to respond to increasing demand through a strong focus on increased productivity and the smarter use of technology in key areas; and
- Public money will be spent in more effective and targeted ways to better meet the needs of individuals and local communities.

How will we do this?

The Transformation Programme builds upon all the existing improvement work that is going on within the health and social care settings around the city. To deliver these improvements, all the partners have agreed to use this set of principles to guide collaborative working:

- Commission and develop services that are based around the needs of the people of Leeds and their communities rather than the needs of organisations;
- Reduce barriers for all people within communities in Leeds to accessing services and reduce the number of unnecessary or repeat contacts that people need to have by increasingly getting it right first time;
- Look at the totality of investment and resources available to public bodies concerned with health and social care and agree how these could be better utilised to meet community needs and increasing demands for services;
- Develop an agreed approach to managing the risks and sharing the rewards from designing better ways of delivering services in Leeds and not seek to move costs from one organisation to another; and
- As part of the approach to governance, assess the impact of proposals to achieve efficiencies within and across individual organisations on others.

Board members have agreed the initial priority portfolios of clinically focused work as:

- Clinical value in elective care;
- Urgent and emergency care; and
- Older people and long term conditions.

How will we ensure delivery?

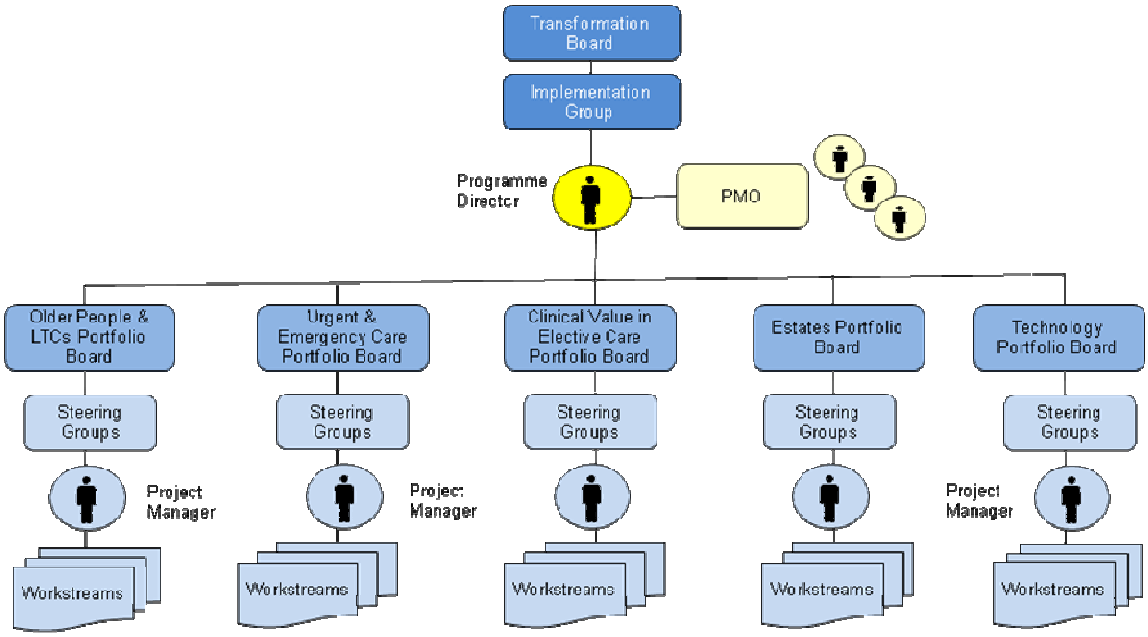
The programme is being led by NHS Leeds, which has the legal responsibility for improving health across the city. The organisations listed overleaf are key partners in the programme and therefore have a seat on the Board which guides this work:

- NHS Leeds
- Leeds City Council
- Local GP Commissioners
- Leeds Teaching Hospitals NHS Trust
- Leeds Partnerships NHS Foundation Trust
- Leeds Community Health Care NHS Trust

The Transformation Board is chaired by John Lawlor, Chief Executive of NHS Leeds. The role of the Programme Board is to steer and oversee the programme, ensuring delivery. It provides a mechanism for high level governance and ownership with strong links back to the boards of partner organisations. As a non-statutory partnership, the Programme Board does not have formal decision-making responsibilities. Its role is to clear the path ahead by agreeing shared approaches for consideration by individual boards.

The Programme Board meets monthly, although the precise timing and frequency of meetings is flexible to take account of key milestones in the programme plan.

It is supported in its role by a programme infrastructure which is summarised in the diagram below.



How will stakeholders be involved?

Involving the public and patients for whom health and social care services are provided in Leeds and working with them as we plan and make decisions about the future is fundamental to the way we want to work. This comes down to a core belief that if we work in this way, then the results achieved will be more appropriate, work better and fit more closely with what is needed.

This is coupled with a statutory duty on all NHS trusts to involve and consult patients and the public on planning services they are responsible for, developing and considering proposals for changes in the way those services are provided and decisions to be made that affect the operation of those services. We also have a duty to consult the local Scrutiny Board (Health and Wellbeing and Adult Social Care) on any proposal for "substantial development or variation of the health services."

NHS Leeds retains organisational responsibility for ensuring that appropriate and adequate public consultation and engagement is undertaken on proposed health service changes until closure in 2013. Leeds City Council holds similar responsibilities for ensuring appropriate consultation around changes to social care services. The Programme Board has agreed that each partner organisation is responsible for supporting the delivery of this patient and public consultation and engagement work for individual projects.

What is the current position?

Clinical value in elective care

This portfolio has prioritised three main projects: redesign of some clinical pathways; clinical value in prescribing and outpatient follow-ups. The work will identify efficiencies within elective (planned) care which have a basis in clinical evidence, values and best practice. It will make the patient journey and the health economy streamlined and more efficient. Some examples include reducing unnecessary follow-up appointments or finding more innovative ways to deliver follow-up care.

The redesign of musculoskeletal clinical pathways has involved patient representatives working alongside clinicians and commissioners to review the pathways and ensure they meet patient need and are delivered to a modern standard.

The prescribing project is considering how the wider economy in Leeds can achieve cost savings and improved patient experience by making changes to prescribing processes. There are three workstreams to support this work: improved shared management of medicines, including the use of drugs with limited clinical value and the prescribing care of patients who use multiple health and wellbeing services; the

development of a centralised supply chain to reduce unnecessary prescribing costs; and work to reduce medicines waste in the city through, for example, unnecessary repeat ordering and stockpiling. Once the scope of the projects has been finalised a programme of stakeholder and patient level consultation will commence. The initial focus will be on staff in particular healthcare settings involved in prescribing activity with patient engagement following shortly after. An awareness campaign to reduce medicines waste will also be planned.

Once the impact of the follow up project on patients becomes clearer, engagement work will be undertaken with patients to ensure they understand the proposed changes.

Urgent and emergency care

This portfolio of work is focused initially on redesigning ambulatory care (non-inpatient) pathways; and front end (primary care) assessment.

The former aims to improve the way in which the health economy responds to patients who need assessment or treatment for ambulatory conditions (those conditions which do not require treatment in a hospital bed). It aims to avoid unnecessary admissions to hospital, reduce lengths of stay and replace emergency responses with more proactive elective services through the review of current "pathways" for 49 clinical conditions which are nationally recognised as being effectively treated using ambulatory models of care.

The front end assessment project focuses on simplifying and improving access to urgent primary care services by exploring the options for re-procuring the urgent care out of hours service from 2013, and examining the potential risks and benefits of integrating urgent care out of hours services with an A&E department.

The level of engagement and consultation will depend on the final service model. It is likely that a formal period of public consultation will be undertaken to get people's views on the proposed changes.

Older people and long term conditions

This portfolio focuses on the key long-term conditions areas where there is the largest opportunity for improvement and potential to integrate services.

The first of these projects will look at risk stratification. This is a process that can help to identify patients who are most at risk of hospital admission and would therefore benefit from a more proactive approach to diagnosis and management of disease. The introduction of a citywide approach to this is in the early stages. Once the impact on patients becomes clearer, engagement work will be undertaken with

people with long-term conditions to support them in understanding this new proactive approach to their care.

The second project in this group aims to further improve support for older people and people with long-term conditions outside of hospital by reducing duplications and gaps in care. The proposal is for integrated health and social care teams to provide more unified care by delivering community health and social care services for this cohort of patients through fully integrated services. Both staff and patients will be involved in the ongoing developments to services. This is supported by funding secured from the National Endowment for Science Technology and the Arts (NESTA) for an innovative project that puts patients with long term conditions in control of their own health. The project will involve NHS staff, GP commissioning consortia, Leeds LINk and Leeds City Council, working in partnership to make sure that all the services people need are involved. Over the next 15 months this work will benefit from a financial grant and non financial support from leading experts.

The next project is to strengthen the current arrangements for patients with type 2 diabetes so that they are managed more effectively in a community setting by their GP, in conjunction with the specialist community team. Patients are already involved in these developments through a number of channels including diabetes pathways events to gauge their views and understand how the changes may impact on them. The new GP Clinical Commissioning Groups (CCG) are leading the roll out to their member practices of the new referral pathways pack.

The final project in this portfolio focuses on home oxygen services. This work will improve patient care by enabling them to more effectively manage their own health. It will reduce the number of hospital-based reviews they need to attend whilst increasing visits to their home where oxygen use can be monitored more effectively. And, it will mean that fewer patients are inappropriately given long-term oxygen therapy; freeing them from the routine of using home oxygen and saving the NHS money. Patients who currently use long-term home oxygen therapy will be engaged in developing the local assessment and review processes through ongoing involvement work.

Next Steps

The members of the Programme Board meet monthly to drive forward this work, with a work programme which both holds to account and supports projects to deliver.

The engagement and consultation elements of each project are included as appropriate under the Transformation theme of the horizon scanning material and agendas for the Health Service Development Working Group. Each element of the Programme will therefore be shared with the Scrutiny Board (Health and Wellbeing and Adult Social Care) in accordance with usual working arrangements.

Given the pace of change and arrangement that appropriate projects will continue to be considered by the Health Service Development Working Group , Members are asked to agree that a subsequent report covering progress against the breadth of the programme be requested for their meeting in March 2012.

Philomena Corrigan
Programme Director

5 September 2011

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Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 24 74707

Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Well-Being and Adult Social Care)

Date: 21 September 2011

Subject: Consultation (across Adult Social Care and Health)

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

Summary of main issues

1. At its meeting on 22 July 2011, the matter of Consultation within Adult Social Services was identified as a potential inquiry topic by the Executive Board member (Adult Health and Social Care). Following discussion, the Scrutiny Board agreed to undertake an inquiry around Consultation that included both Health and Adult Social Care.

2. The purpose of this report, therefore, is to introduce a number of contributions to the inquiry which are appended to this report. The appendices are as follows:
   a. Leeds City Council corporate report on community engagement (Appendix 1)
   b. Adult Social Care Public Consultation and Engagement Processes (Appendix 2)
   c. Patient and public involvement and engagement - a summary of the current approach and future NHS obligations around public involvement and engagement (Appendix 3)
   d. Health Service Developments Working Group – Terms of Reference (July 2011) (Appendix 4)

3. Appropriate representatives have been invited to attend the meeting to present and discuss each of the appendices in more detail.

Recommendations

4. To consider the information presented and determine any specific matters that warrant further scrutiny and, as part of the inquiry, identify any specific matters for consideration at a future meeting.

Background documents

5. Substantial variations and developments of health services – a guide; Centre for Public Scrutiny (December 2005)

6. Ten questions to ask if you are scrutinising NHS service redesign or reconfiguration; Centre for Public Scrutiny (July 2007)

APPENDIX 1

Leeds CITY COUNCIL

Originator: Matt Lund

Tel: 24 74352

Report of the Assistant Chief Executive (Policy, Planning and Improvement)

Health and Wellbeing and Adult Social Care Scrutiny Board

Date: 21 September 2011

Subject: Leeds City Council corporate report on community engagement

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

Executive Summary

1.1 The council carries out a great deal of community engagement work aimed at increasing the involvement of local people in decision making. Most community engagement work is owned at service level. It is usually part of a service development project, or to inform performance monitoring.

1.2 The council has governance arrangements in place for managing community engagement, which meet the current relevant elements of the Code of Corporate Governance. These were evaluated in a gap analysis in 2010.

1.3 The comprehensive spending review changes the way we need to deliver engagement work, and also the use we make of engagement's benefits, such as targeted services, public understanding of service provision and trust in decision-making

1.4 There is a need to improve consistency and coordination of community engagement across the council.

1.5 Work has started on creating a new community engagement strategy for the council. It aims to make community engagement excellent within the council by addressing coordination, training and guidance, partnership working and development of improved tools.

Recommendations

1.6 That the Board considers and comments on the information presented in this report.

1.7 That the Board notes the planned improvements to the way we manage community engagement.

1.0 Purpose Of This Report

1.1 This report on community engagement informs the Health and Wellbeing and Adult Social Care Scrutiny Board of the council's ability to support residents' involvement in decision making and the development of services. It is an update of the Annual Statement agreed by Corporate Governance and Audit Committee in June 2011.

1.2 The report considers the effectiveness of governance controls currently in place for these arrangements.

1.3 The report describes key improvement activities.

2.0 Background Information

2.1 Defining community engagement

2.1.1 The council's community engagement policy states 'community engagement…is a broad term used to describe the different ways we communicate, consult, involve and encourage participation from communities.'

2.1.2 The International Association for Public Participation (IAP2) sets out the different types of community engagement, their benefits and methods that can be used.

IAP2 PUBLIC PARTICIPATION SPECTRUM

INCREASING LEVEL OF PUBLIC IMPACT

INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
Public Participation Goal:	**Public Participation Goal:**	**Public Participation Goal:**	**Public Participation Goal:**	**Public Participation Goal:**
To provide the public with balanced and objective information to assist them in understanding the problems, alternatives and/or solutions.	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision, including the development of alternatives and the identification of the preferred solution.	To place final decision-making in the hands of the public.
Promise to the Public:	**Promise to the Public:**	**Promise to the Public:**	**Promise to the Public:**	**Promise to the Public:**
We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and provide feedback on how public input influenced the decision.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will look to you for direct advice and innovation in formulating solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.
Example Tools:	**Example Tools:**	**Example Tools:**	**Example Tools:**	**Example Tools:**
• fact sheets • web sites • open houses.	• public comment • focus groups • surveys • public meetings.	• workshops • deliberate polling.	• citizen advisory committees • consensus-building • participatory decision-making.	• citizen juries • ballots • delegated decisions.

2.1.3 The council's Code of Corporate Governance states (in Section 6) that we will form, encourage and maintain effective relationships with local people and other stakeholders.

2.2 Statutory requirements for community engagement.

2.2.1 Section 138 of the Local Government and Public Involvement in Health Act 2007 imposes a duty on all local authorities to involve local representatives when carrying out "any of its functions" by providing information, consulting or "involving in another way".

2.2.2 The 2010 Equality Act requires us to 'encourage persons who share a relevant protected characteristic to participate in public…' and to engage with people on 'the effect that its policies and practices have…on people who share a…protected characteristic'.

2.2.3 Equality Impact Assessments require evidence of involvement of relevant communities.

2.2.4 Section 4 of the Local Government Act 2000 requires us to consult when we create or amend a sustainable community strategy. Locally this is the Vision for Leeds.

2.2.5 The Planning and Compulsory Purchase Act 2004 requires us to produce a Statement of Community Involvement (SCI). This sets out how communities will be engaged in the preparation and revision of Local Development Framework and consideration of planning applications.

3.0 Main Issues

3.1 Community engagement in 2010/11

3.1.1 **Overview.** The council carries out a great deal of community engagement work aimed at increasing the involvement of local people in decision making. Over the last 12 months this has included the recent Spending Challenge consultation, the future of adult social care provision, consultation on the Arena, the future of libraries and sports provision, 'crime and grime' consultation in WNW Leeds, the Equality Hubs and Assembly and the work of the children's participation network

New arrangements have been established to support improvements in the way we manage consultation activity - the council consultation group (with representatives from every directorate), and the partner-wide Strategic Involvement Group are developing new training, guidance and sharing tools such as the Talking Point coordination system and a new citizens' panel. The appointment of new Area Leaders and the development of delegations for area committees is an opportunity to review and improve how engagement is delivered on a local geographic basis.

3.1.2 **Governance.** The council value 'working with communities' links to the improvement priority 'we will consult with local people on changes that may affect their lives'. Performance will be measured by the percentage of key and major decision reports that evidence community engagement. This measure is owned by the Assistant Chief Executive (PPI) but is also the responsibility of all Directors.

A gap analysis exercise in 2010 showed that the council's engagement arrangements meet the elements of the Code of Corporate Governance. However, the analysis also raised concerns over the consistency and coordination of community engagement across the council.

Most community engagement work is owned at service level. It is usually part of a service development project, or to inform performance monitoring. Engagement projects (stand alone or as part of wider projects/programmes) are approved by a range of sources; chief officers, project boards, Executive Board and CLT all being noted.

Other engagement activity is owned corporately, such as the Residents Survey, managed by the Corporate Consultation Manager on behalf of a council-wide steering group.

Area Management teams also deliver programmes of local engagement for Area Committees, in particular to inform Area Delivery Plans.

Each directorate has one or more officer representative on the Corporate Consultation Group, chaired by the Corporate Consultation Manager. This group reports to Strategic Planning and Policy Board, and is tasked with improving coordination of consultation activity through the online Talking Point database, developing training and guidance and consultation mechanisms such as the Citizens Panel. The group also links to the city partnership-wide Strategic Involvement Group.

The Corporate consultation group is not responsible for assuring the quality or efficiency of engagement activity, rather it fosters good practice through advice and support to services.

The council can show examples of good practice but also areas for improvement from recent engagement work:

3.1.3 Good practice

Spending Challenge November 2010 – January 2011. This consultation offered residents the opportunity to give their views on the council's approach to the current financial challenges. The results informed the budget setting process for 2011/12, more deeply than past budget consultation did.

The consultation went much further than past budget consultation in involving different groups in different ways, including the Citizens' Panel, face to face discussion and outreach work with key communities as well as a number of survey options made available city-wide. As a result five times more people (over 2000) took part than the last (2009) budget consultation exercise.

The project drew together officers from across the council, working outside their services to design, distribute, capture responses, analyse and report to a tight timescale. While a more permanent allocation of resources would be needed to do this regularly, it showed that the council has the skills and capacity to deliver major consultation exercises

Tenants Surveys 2010. The ALMOs, BITMO and the council used to run separate tenants satisfaction surveys. Apart from the duplication of effort and cost involved, every tenant could potentially receive two questionnaires in a year, from their ALMO and the council. Every survey was slightly different so the data couldn't be used to compare issues between ALMO areas.

In 2010 the ALMOs, BITMO and the council agreed a single joint survey for the city. The partners worked together to resolve barriers to cooperation. By procuring jointly, the single survey cost c£60K less than the five parallel surveys. Other benefits include the ability to use the results across the whole city.

Equality Hubs and Assembly. The first Equality Assembly conference took place in November 2010, bringing together representatives from the six equality hubs with senior officers and the Leader of the Council. All the hubs meet regularly and were one of the ways communities contributed to the Spending Challenge consultation (see above).

Draft findings of an evaluation of the Assembly are that hub members feel the approach is an improvement on the previous forums, which many felt were too 'top down' and can ensure the views of diverse communities affect council decision-making.

The performance of these hubs contributed to our recent evaluation of 'excellent' against the Equality Framework for Local Government.

3.1.4 Areas for improvement

Public challenges to decisions. Since the need to make major cost savings became clear, there have been a small volume of enquiries about decisions based on the way consultation has been used to inform Equality Impact Assessments (EIAs) or a decision. There has been a renewed focus on ensuring EIAs are produced where significant service/policy change is being proposed.

In the current climate it is inevitable that decisions will be closely scrutinised, and any perceived weakness in the process will be targeted. We need to be confident that evidence from consultation is timely and relevant to the current situation.

We also need to communicate regularly with service users and communities to inform them how we are using results of consultation. This is very important if time has passed since they gave their views, as not everyone will remember or recognise the link between a past consultation and a decision we make later on.

Coordination. As noted at 3.1.2 the corporate consultation group is working to improve compliance with use of the Talking Point consultation coordination database. However, there are still relatively few examples of services taking opportunities to join up engagement work, and save money, share skills and reduce repeat engagement of communities.

Historically council services have run a number of large-scale surveys that deal with single issues: the Fuelsavers Survey, Parks and Countryside Survey, Tenants Surveys have all been sent to significant numbers of residents by post. There has been inconsistent use of branding, different contractors or in house arrangements used and little or no sharing of the engagement opportunity with other services.

This is inefficient practice at any time, but the financial problems we face make it vitally important that we consult far more efficiently. Section 3.2.2 describes the new Leeds Citizens' Panel that offers great potential to efficiently coordinate consultation.

3.2 **Challenges for engagement**

3.2.1 **Area working in Leeds.** New arrangements for area management in Leeds place emphasis on community engagement. Area Leads have highlighted the following issues and actions:

A central role for Area Committees: With their delegated responsibility for community engagement and the upcoming delegation of Environmental Services, Area Committees will be at the centre of ensuring the public has its say in the delivery of local services. Each of the ten Area Committees will draw design principles from the council's community engagement strategy to develop and approve their own community engagement programme. Area Management will play a lead role in supporting Area Committees to co-ordinate and deliver a programme of engagement; however the full involvement of services will be critical for this to work effectively.

Public involvement through Integrated Neighbourhood Planning: A detailed programme of Integrated Neighbourhood Planning has yet to be developed but it will draw from the valuable experienced gained from working in places like Gipton, Hyde Park and Middleton where measurable success has been achieved in tackling a range of challenging neighbourhood issues. In Leed's most deprived communities or those with greatest service challenges, the Council will take extra measures to support the community to get involved in local decision making, involving them as Community Champions or members on a Regeneration Board.

Gaps in Empowerment Capacity: The government is challenging communities to take up the task of doing more things for themselves. However, our experience in Leeds is that communities sometimes need help to make a difference locally. A programme of capacity building is needed to help communities to meet their own aspirations to deliver community projects or run services. More work is needed to identify how Leeds City Council working with its partners in the voluntary, community and faith sector can support groups and individuals who want to give something back to their community.

3.2.2 **Spending reductions**. Having less funding changes the way we deliver engagement. It also changes the use we make of the outcomes of engagement.

Section 3.1.4 looks at the need to deliver engagement work more efficiently to reduce spend, and the impact the quality of consultation evidence can have on public challenges to spending decisions we have to make after the Comprehensive Spending review.

Making difficult decisions on services will always lead to challenge. One role of engagement is to minimize this and to manage the long-term reputation of the council. We are not looking to stop people disagreeing with a decision. However, we can help them trust the decision-making process, by providing timely, open and honest ways for them to have their say, be involved in decision-making processes and give honest feedback on the way their views have, or have not, impacted on the final decision.

We also need to make sure this applies to every decision we make about a service people use, so the council acts consistently.

3.2.3 **Localism**. The draft Localism Bill presents the government's proposals on where power should sit in society; 'passing power to a local level…giving people the opportunity to take control of decisions that matter to them'.

The draft Bill includes non-binding local referendums on issues proposed by communities, the right for people to challenge to run local services or to buy local community assets. The exact working of these plans is evolving.

What is clear is the potential for the Bill to change how engagement works. If an authority is not in a position to work in partnership with communities when they identify needs or problems, and to do so early in that process, the risk of confrontation through referenda or challenge may be increased.

Councils will need to engage with community-generated issues as meaningfully as they do for council-led priorities and plans.

Where more traditional or 'top-down' consultations take place, they will need to be delivered to the highest standards to minimize the risk of misunderstanding or later challenge from communities.

3.3 **Improvement work for 2011/12**

A 'Way Forward' plan to create a new strategic approach to community engagement is in development. It looks at improvements in a context of limited resources, localism and the need to work in partnership. Systems and governance are important in the way forward.
Key elements of the plan include:

3.3.1 **A new citizens' panel for Leeds**

A citizens' panel is a database of randomly recruited residents willing to take part in regular consultation activity over a period of time. The panel reflects the wider population profile. Panel members respond to surveys, take part in small discussion groups and workshops, as part of a planned calendar of engagement activity.

In July 2011 CLT approved a plan to create a new Leeds citizens' panel of c6000 residents, with c600 for each area committee. Each 600 will reflect the make-up of the local population as best it can. The panel will be used by the council and partners such as NHS Leeds (who are jointly funding development of the panel). There is a proposal to deliver a new Health and Wellbeing survey through the Panel, to inform the Joint Strategic Needs Assessment.

3.3.2 **Improving coordination of engagement activity**

Talking Point is an online database that allows us to share planned consultation activity between services and with residents, and give feedback when completed. The system is now available to partners.

Some council services use Talking Point well, posting their plans to engage well in advance, and putting results up at the end. This means other services can decide whether to save resources by joining up with the planned work, or find information that informs their own plans without commissioning more engagement.

Report templates now ask for evidence of consultation via Talking Point. This highlights the need to record consultation work on Talking Point, and improves our ability to monitor compliance.

3.3.3 **Making it easier for services to consult and engage well**

While the council does have an Engagement Toolkit it needs updating and promoting. It also needs to be better supported by training and development for those delivering engagement.

The city partnership-wide Strategic Involvement Group (SIG) is currently working on a set of core standards for engagement work, and a training plan.

It is important that services are aware of the range of methods that can be used to engage, and how to decide what is appropriate for their specific need. Therefore SIG is creating a library of useful guidance and other specialist information on ways to engage different communities.

3.3.4 **Working in partnership**

The city-wide Strategic Involvement Group has representatives from health, fire and rescue, police and the third sector as well as the council (see Appendix Two). Reduced budgets and the impact of localism have accelerated partnership working on community engagement. Talking Point and the Citizens' Panel are being developed as partnership tools rather than council ones, to share resources, expertise and opportunities to engage.

4.0 Implications For Council Policy And Governance

4.1.1 Community engagement underpins or is recognised as important by council policies and priorities. While this paper in itself has no direct impact on policies and priorities, it describes improvement activities that will have impact. Each improvement will have its own, separate reporting.

4.1.2 The Equality Assembly and Hubs help the Council meet the legal duty to pay 'due regard' to the need to eliminate discrimination and promote equality for communities with 'protected characteristics.

4.1.3 For risk assessments relating to community engagement arrangements in the council, please see the Corporate Risk Register for: Risk LCC 20: Community engagement, Risk Description: Leeds does not engage effectively with its diverse communities.

5.0 Legal And Resource Implications

5.1.1 If approved, the expansion of the citizens' panel will be delivered from existing budgets, and will cost less overall than surveys it aims to replace, such as the Residents Survey.

6.0 Conclusions

6.1 The council carries out a great deal of community engagement work aimed at increasing the involvement of local people in decision making. Most community engagement work is owned at service level. It is usually part of a service development project, or to inform performance monitoring.

6.2 The council has governance arrangements in place for managing community engagement, which meet the current relevant elements of the Code of Corporate Governance. These were evaluated in a gap analysis in 2010.

6.3 The comprehensive spending review changes the way we need to deliver engagement work, and also the use we make of engagement's benefits, such as targeted services, public understanding of service provision and trust in decision-making

6.4 There is a need to improve consistency and coordination of community engagement across the council.

6.5 Work has started on creating a new community engagement strategy for the council. It aims to make community engagement excellent within the council by addressing coordination, training and guidance, partnership working and development of improved tools.

7.0 Recommendations

7.1 That the Board considers and comments on the information presented in this report.

7.2 That the Board notes the planned improvements to the way we manage community engagement.

Appendices

Appendix One – sources of criteria used in gap analysis

- CIPFA accountability criteria
- Equality Framework
- Compact for Leeds
- Children and Young People's Participation Plan for Leeds
- Ex-CAA Key Lines of Enquiry
- Ideal empowering authority - IDeA

Appendix Two – Extract from Strategic Involvement Group (SIG) progress update to Joint Strategic Commissioning Board (JSCB), July 2011

The Strategic Involvement Group was formed in order to continue the partnership work started with the development of the 2009 JSNA. The groups main role is to develop a partnership approach to involvement, engagement and participation work across statutory organisations within Leeds.

Members are predominantly communications or involvement experts in their field and represent the following partners:

- NHS Leeds
- Leeds Community Healthcare – Provider arm
- Leeds City Council
- Leeds Teaching Hospitals NHS Trust
- Leeds Partnerships Foundation Trust
- Leeds Initiative
- Leeds Voice (Representing the Voluntary, Community and Faith Sector and the NI 4 work on community influence)
- West Yorkshire Police
- West Yorkshire Police Authority
- ALMOs
- West Yorkshire Fire and Rescue Service

The SIG meets bi-monthly and, along with a parallel group, the Joint Information Group (JIG), has a formal reporting line to the JSCB.

The group specifically aims to:

1. Develop a shared mechanism to collate public and service user feedback and intelligence
2. To provide leadership across Leeds in relation to involvement work
3. Support the Joint Strategic Commissioning board and the Joint Strategic Needs Assessment to develop a systematic integrated approach to involvement within commissioning processes
4. Ensure best practice in relation to involvement is shared across partner agencies and learning is taken forward
5. Develop capacity to undertake joint involvement work across organisational boundaries where appropriate
6. Ensure involvement is carried out in a manner in line with equality and diversity best practice guidelines and policy
7. Develop a training package to support staff across all partner agencies in involvement work

Recent Developments:

A Project Support Officer (RIEP funded) has been employed to increase the pace of work the Strategic Involvement Group (SIG) and Joint Information Group (JIG).

Revision of the Leeds Strategic Involvement Leads to form the Strategic Involvement Group with revised membership, updated terms of reference and work plan has occurred. The Strategic Involvement Group provides leadership for the involvement/consultation agenda across the city. All significant partners are involved and for the first time this agenda is being addressed from a partnership perspective not just an individual organisation perspective.

Membership on the JSNA Steering Group meeting by the new chair of Strategic Involvement Group has increased group focus on the JSNA element of its work plan.

A framework for operation previously produced for the Joint Information Group which has been helpful in improving understanding of why work is being carried out by group members has been used to inform and develop a similar framework for the Strategic Involvement Group. This has also led to greater understanding regarding where work streams of the groups complement each other.

Established and maintained improved working relationships and key feedback lines with JIG: - Improved links between Joint Information Group and Strategic Involvement Group are being pursued by a quarterly feedback by a group representative rather than the project support officer. It is hoped that this method will provide a mechanism for more robust challenge between the groups and a sustainable method of feedback due to the temporary nature of the project support post.

The SIG have established a library of all major consultation/involvement events carried out across Leeds by partners since the last JSNA. Key Documents have been filed into a central location. The Joint Information Group and Strategic Involvement Group (SIG) are working together to analyse outputs from the library of involvement activities identified, further strengthening working relationships, networks and understanding of work priorities between members of both groups. This has provided valuable analytical resource to SIG and an opportunity for JIG to understand some of the barriers facing the group. Key themes identified from this information will be used to inform the next JSNA for Leeds.

Appendix Three - background documents used

Gap analysis of engagement arrangements 2010/11

Research into effective communications and consultation, Leeds City Council and NHS Leeds, 2010. For details visit Talking Point, click on ‘consultations’ and type ‘effectiveness’ in the keyword search box.

Community Engagement Policy and Guide (Toolkit)
http://intranet.leeds.gov.uk/Interest_Areas/Corporate_communications/Community_Engagement/Statement_of_community_involvement.aspx

Leeds City Council Code of Corporate Governance:
http://www.leeds.gov.uk/files/Internet2007/2008/week14/inter__00A68160CB555B9080256E160038957A_757e0c11-a432-4fdd-b12e-e9c9e612eaf2.pdf

Statement of Community Involvement
http://intranet.leeds.gov.uk/Interest_Areas/Corporate_communications/Community_Engagement.aspx

SCI Annual Monitoring report 2009 http://www.leeds.gov.uk/page.aspx?pageidentifier=4eb04e9f-c2cd-4439-a913-d8094871ca66

Adult Social Care Involvement Framework

Leeds Children and Young People Participation Strategy 2007

Compact for Leeds

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Report author: Ann Hill
Tel: 24 78555

Report of the Director of Adult Social Services

Report to Health and Wellbeing and Adult Social Care Scrutiny Board

Date: 21st September 2011

Subject: Adult Social Care Public Consultation and Engagement Processes

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

Summary of Main Issues

1. Consultation and engagement with customers and the wider community forms an integral part of any significant service change within Adult Social Care and there are specific statutory requirements to consult.
2. This is a time of unprecedented change for Adult Social Care nationally and locally, leading to substantial service redesign in Leeds with associated consultation and engagement requirements.
3. Consultation and engagement takes place at many levels within Adult Social Care and part of the core business of the service is involving individuals in planning their care.
4. Adult Social Care has a sound understanding of the principles of effective consultation and engagement and some good examples of putting them into practice successfully
5. The directorate has also identified examples of less successful consultation and engagement and the reasons for this. From this, areas for improvement have been identified.
6. From a corporate perspective Adult Social Care has a comparatively clear and comprehensive approach to consultation and involvement and a strong culture of

involving people in service development and decision-making that is not always found in other parts of the council.

Recommendations

7. Members are asked to note the contents of this report.

1 Purpose of this report

1.1 This report sets out the consultation requirements for Adult Social care, the principles adopted and the context within which consultation and engagement takes place. The approach of Adult Social Care to customer consultation and engagement is outlined along with the strengths of the current approach and areas identified for improvement.

2 Context

2.1 Consultation and engagement with customers and the wider community forms an integral part of any significant service change within Adult Social Care. In addition, there are specific statutory requirements to inform, consult or involve people, groups and organisations on any changes that are likely to be affected by the actions of the local authority, which is covered in more detail in section 3 of this report. If consultation and engagement is not undertaken adequately the Council's decisions could be subject to challenge through the judicial review process.

2.2 This is a time of unprecedented change for Adult Social Care nationally and locally. Legislative changes and government policy have led to significant changes, for example increased choice and control through self directed support and an increasing focus on partnership working and service quality. Additional factors in Leeds have been the need, identified through benchmarking, to deliver increased productivity and efficiency, particularly from directly provided services. Service redesign to develop more flexible, responsive and relevant services for the future has also necessitated a redesign of staffing structures and working practices. The focus of service change is to deliver improved services and outcomes for customers, although increasingly this is within the context of reducing resources.

2.3 Whilst there is a broad consensus around the policy direction set out by national government, public spending constraints have heightened tensions and brought forward timescales to help address budget pressures. Some of the major service transformation programmes have involved the closure of some Council buildings and these changes have generally been more emotive than those that have not involved a reduced buildings base.

3. Requirements to Involve and Consult

3.1 Part 7 section 138 of The Local Government and Public Involvement in Health Act 2007 (which came into force on the 1st April 2009), places a general duty on all Best Value Authorities (excluding police authorities) to involve "*representatives of local persons";* it pays particular attention to public accountability, community

engagement and customer satisfaction in meeting local needs. The phrase "*representatives of local persons",* refers to a mix of local people that is a balanced selection of the individuals, groups, organisations and businesses that the authority considers likely to be affected by, or have an interest in, the local authority function.

3.2 `Improving Life Chances for Disabled People Report (2005)`, made a commitment that disabled people in Britain should have full opportunities and chances to improve their quality of life and be respected and included as equal members of society. This includes disability organisations and disabled people being involved early on in policy and service development on a systematic basis.

3.3 `Putting People First: A shared vision and commitment to the transformation of adult social care` (December 2007) sought to be the first public service reform programme that recognised that real change will only be achieved through the participation of users and carers at every single stage. This ministerial concordat set out the shared aims and values which would guide the transformation of adult social care, and recognised that the sector will work across agendas with users and carers to transform people's experience of local support and services. One of the elements of the transformation was the requirement for local authorities to support at least one user led organisation to develop networks which ensure that people using services and their families have a collective voice, influencing policy and provision.

3.4 Local Authorities have a duty under s149 of The Equality Act 2010 to have due regard to:

- The need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it

- The need to take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it.

The duty applies to all decisions taken by public bodies, including policy decisions and decisions on individual cases. Due regard must be given before and at the time that a particular policy that might or will affect disabled people is being considered by the public authority in question. The application of this duty is generally made via the undertaking of an Equality Impact Assessment on the policy or service change. Recent successful challenges to Local Authority decisions in relation to service change have arisen due their failure to comply with their equality duty. In some of the judgements, the failure to comply with the equality duty carried with it the conclusion that the consultation was inadequate.

3.5 HM Government have produced a `Code of Practice on Consultation` (version 3 July 2008) which sets out what people can expect from the Government when it runs formal, written consultation exercises on matters of policy or policy implementation (copy attached at Appendix 1). This Code does not have legal force and does not apply to consultation exercises run by local authorities unless they explicitly adopt it, but the principles it sets out are relevant in the local government context.

3.6 Local Involvement Networks (LINks) which were established in March 2008, aim to give citizens a stronger voice in how their health and social care services are delivered. Run by local individuals and groups and independently supported - the role of LINks is to find out what people want, monitor local services and to use their powers to hold them to account. From October 2012, LINks will be replaced by Local Healtwatch organisation. One of the roles of a Local Healthwatch organisation will be to ensure that the views and feedback from people who use services, carers and members of the public are integral to local commissioning.

4. Adult Social Care Approach to Consultation and Engagement

4.1 Consultation and involvement in Adult Social Care operates at various levels and with a variety of stakeholders. At an individual customer level, consultation and involvement is at the heart of care planning and this is an integral part of the day to day business of Adult Social Care. For potential changes at an individual service level, customers, their carers and relatives are consulted, with advocacy provided if required. Whole service redesign involves customers, their carers and relatives and also a wider group of stakeholders who may be affected by the proposals less directly and/or in the future. This can include partner organisations and section 5 provides more detail on working with our partners. For any service changes, elected members are key stakeholders and their views are sought accordingly.

4.2 Adult Social Care has adopted a set of principles that underpins the planning and undertaking of consultation and involvement activity. These are contained in a Consultation Strategy that was approved by the Directorate Management Team in August 2006, and are contained in Appendix 2.

4.3 With regard to specific service proposals, these range from changes affecting an individual or a small number of individuals; to changes that affect a single service or policy; through to whole service transformation. The approach taken on consultation and involvement depends on a number of factors:

- The degree of change proposed. Changes can affect an individual or a small number of people, a single service or whole service change. As an example, Individual Service Users and their carers/family members are regularly involved in making decisions about their care needs and the services that they receive, but every service user may not contribute to consultations that are undertaken on whole service transformation, though they will be provided with the opportunity to contribute.
- The people that the change will impact upon in terms of their accessibility needs (communication, access and dietary needs)
- The other stakeholders that may be affected have an interest in or can influence the service or policy change.
- The timescale available to undertake the consultation.
- The degree of influence that the stakeholders can have in the decision
- The use that will be made of the consultation outcomes. For example do we need qualitative or quantitative information, or a mix of both, to help inform our plans? Also, if the outcomes of the consultation will be used by Elected Members to make policy or service change decisions, then Officers acting on behalf of Elected Members to obtain customer intelligence, must ensure that it meets their needs.

4.4 Other factors may also influence the consultation and involvement plans, such as the resources available to undertake the consultation including staff time and the money available to finance the consultation.

4.5 There are a number of models used to consult with stakeholders. Generally a number of models are used at any one time as any one consultation or engagement model will not suit all stakeholders and not all stakeholders will have the same degree of involvement or influence. Our approach to consultation and engagement, therefore, reflects the needs of the service and the stakeholders and is flexible to meet emerging needs and requirements.

5. Working with Partner Organisations.

5.1 Adult Social Care has a strong history of working with partner organisations across Leeds City Council, Health and the Third Sector, including Service User and Carer led organisations and groups. This includes working in partnership to undertake consultation and involvement activity on areas of joint interest or on other areas where it is conducive to do so.

5.2 Adult Social Care is a member of the Corporate Consultation Group and through this group contributes to the development of the work undertaken by the Strategic Involvement Group (the SIG). Officers of Adult Social were instrumental in developing the SIG, but the Corporate Consultation Manager now represents the Council's interest on this group with a `mandate` provided through the Corporate Consultation Group.

5.3 Within the Third Sector, Adult Social Care works closely with Leeds Involving People[1] to develop Service Users and Carers to be involved in the work of the directorate and its consultation and involvement activity. Developments with this independent organisation includes:

- Developing and supporting Service Users and Carers to be involved in the training of adult social care staff from the customer perspective
- Production of Customer Experience DVDs, video journals and diaries to improve the customer experience
- Developing standards for customer involvement which will link into the work that is being undertaken corporately and across the partnership (through SIG).

5.4 Adult Social Care funds and supports a number of service user and carers peer led independent groups including The Alliance of Service Experts, that act as challenge organisations to the department.

6. Successful Consultation and Engagement

6.1 For consultation to be successful both the stakeholder and the local authority must be satisfied with the process, and if possible, the outcomes. Consultation and engagement requires significant investment from both the stakeholders and the

[1] Leeds Involving People is a charitable organisation managed by Service Users, Carers and Patients

local authority and so both need to believe and understand that there is some tangible benefit to the activity.

6.2 From a stakeholder perspective a successful consultation exercise is one in which stakeholders are involved before any decisions or detailed proposals are made; where the boundaries of their influence is clear; where they feel that the local authority is being transparent in their approach; where they feel that they have an opportunity to put forward their views and that these views are taken into account in the decision making process; and where there is feedback about how the outcomes of the consultation and engagement have been used. For consultation to be successful, the decision does not have to match the consensus of those putting forward their views, but where the recommendations differ from this consensus the reasons need to be clearly explained. However, if there are factors other than the outcomes from the consultation that will affect the decision, then these should be clearly stated at the start of the consultation process.

6.3 From the Council's perspective for consultation to be successful the investment must help the authority achieve its business outcomes. In more recent times challenges to the consultation process have affected some of our business plans, shifting the focus away from the merit of the proposals.

6.4 There are several examples within Adult Social Care in recent years of consultation and engagement and subsequent implementation of changes that have been delivered successfully. These include the review of charges for non-residential services, the Independent Living Project and the redesign of the learning disability day care service. The consultation and involvement at an individual customer level that is an integral part of the care planning and review process is also an example of consistent good practice within Adult Social Care.

6.5 There was an extensive consultation process in 2008 regarding some quite significant proposed changes to the charging policy for non-residential services. The most significant change was taking savings into account for the first time. The consultation included working with a group of service users and carers in the design of the consultation, the development of proposals and the preparation of the equality impact assessment, with the group taking some responsibility for the consultation and its outcomes. Additional income of £2m was generated with negligible adverse reaction from customers and carers. Further changes to the charging policy were approved by Executive Board in July 2011 following another successful consultation process, although implementation is from 1st October so customers reactions to the final decision are not yet evident.

6.6 The Independent Living Project has significantly increased the housing options for people with a learning disability. Through the Independent Living and Holmsley Green projects, 58 bungalows, houses and blocks of flats have been developed on 30 sites across Leeds. A number of customers have been supported to take up tenancies in mainstream housing or to buy a home in their own right.

6.7 The Fulfilling Lives service supports 800 people through the provision of services and activities during the day. The modernization project has and continues to enable Adult Social Care to move some of the services from larger centres into buildings shared with others. The project has successfully opened new community bases at Hillside, John Charles and Tech North which has enabled the department

to close an outdated building at Moorend. In addition, a wide range of community, voluntary and faith sector organizations have been commissioned to deliver activities in partnership with the service.

6.8 The main factors contributing to the success of these projects were:

- Open sharing of information, proposals and issues with stakeholders particularly with people using the services which demonstrated transparency and built confidence in the integrity of the process.
- Service users and carers were involved at the earliest possible time so that they could influence the work of the project. In addition the influence of the stakeholders was not unduly restricted, which made them feel that they were very involved in the process.
- The degree/level of the influence that stakeholders could have was clearly stated in all consultation documentation.
- Flexibility within the process to meet emerging stakeholder consultation needs
- Sufficient time was allowed for the consultation.
- Sufficient opportunities for anyone who was affected by or interested in the proposals to be involved.
- Feedback form the consultation was regularly provided to stakeholders including details of how their views were taken into account
- Clear direction from the project sponsor with the project team then empowered to develop proposals

7. Less Successful Consultation and Engagement

7.1 There are examples in recent years of consultation and engagement that has been less successful and where there has been some negative reaction to service changes. A selection of the service user and carer community may have a negative reaction to a proposed service or policy change. However, it is where the consultation process is not robust and this then impacts on the decision making process that difficulties arise.

7.2 Some of the reasons why these consultations were less successful are as follows:

- The consultation was not transparent and the stakeholders were led to believe that they had greater influence over decisions than they actually had.
- There was insufficient planning and identification of stakeholders and their needs.
- Limited consultation methodology was used.
- Good practice and the lessons learned from previous consultation not consistently applied.
- Information that would enable stakeholders to put the proposals into context was not always provided.
- There was insufficient clarity provided on the reasons for the consultation, especially where they are in respect of national policy change and budget imperatives

- Feedback was not provided on the outcomes from the consultation and how this had been used to influence the decision.
- The time allowed for the consultation process. Proposed changes to policies and services take some time to develop within the directorate and this can lead to insufficient time being available for the consultation process. This also means that there is little room for flexibility within the process to meet emerging stakeholder needs and policy/service change issues.
- Guarantees made to stakeholders during the consultation period that were not adhered to, for example in relation to the provision of information and copies of the minutes of meetings.

8. Compliance with Corporate Guidance

8.1 Adult Social Care is an active member of the corporate consultation group. The corporate consultation manager has been asked to comment on the relative strengths and weaknesses of consultation delivered by Adult Social Care in the context of the whole council and general good practice. The comments received are set out below.

8.2 "In June 2011 the Corporate Governance and Audit Committee accepted the 2011 Annual Statement on community engagement. This found that while the council carries out a great deal of community engagement work, there is a need to improve consistency and coordination across the council. A particular weakness was the provision of feedback on the outcomes of engagement to participants and the wider community.

8.3 From a corporate perspective Adult Social Care has a comparatively clear and comprehensive approach to consultation and involvement and a strong culture of involving people in service development and decision-making that is not always found in other parts of the council. However, there is always room for improvement. It should be noted that the areas for improvement listed below are not unique to Adult Social Care but the risk and impact of challenge to poor (or perceived poor) consultation processes is comparatively high for this directorate and so every effort should be made to ensure these issues are addressed now.

- We need to communicate regularly with service users and communities to inform them how we are using results of consultation. This is particularly important if time has passed since they gave their views, as not everyone will remember or recognise the link between a past consultation and a decision we make later on. We need to be confident that the recent massive changes to our context (e.g. spending reductions, government policy) haven't made past consultation evidence less valid.
- The fact that engagement work is delivered from different services within the directorate can lead to difficulties in presenting the full picture of the volume and quality of engagement work carried out.
- The directorate has strong relationships with partners due to the nature of its work, but more might be done to share consultation and involvement work, in particular on cross-cutting issues such as community assets, with other directorates. As with the rest of the council, Adult Social Care needs

to make better use of the coordination and efficiency opportunities presented by the Talking Point system.

- There is inconsistent quality of recording the findings from group discussions or interviews with Adult Social Care stakeholders. These interactions appear well managed and sensitively delivered, and have the potential to be re-used in cross-cutting work such as the Joint Strategic Needs Assessment. Poor recording of the findings limits this use, and devalues the effort that went into capturing the information. It also increases the risk of challenge to decisions, if the evidence does not adequately reflect what happened in the consultation."

9. Areas for Improvement

9.1 Adult Social Care has a sound understanding of the principles of effective consultation and engagement and some good examples of putting them into practice successfully. There are other examples of less successful consultations and the main areas for improvement identified as a result are:

- A consistent approach to consultation and involvement in Adult Social Care. This includes:
  - Having a clear set of principles about the involvement of stakeholders with particular reference to service users and carers
  - Guidance for staff about applying these principles in practice that is specific to Adult Social Care and will therefore include information about governance and resources available such as access to the Consultation and Involvement Officers
  - Checklists for staff to help ensure that they are considering the right issues before undertaking any consultation and involvement.
- An increasing number of officers are involved in or taking the lead on consultation and involvement without experience, specialist skills or training. It is therefore especially important that consultation and engagement officers are involved to provide advice and any practical assistance they can. Training is being developed with corporate colleagues that staff involved in consultation work should attend. In the first instance, officers of Adult Social Care currently involved in planning and delivering consultation activity, will receive training in the principles to be adopted as detailed in Appendix 2. This work will be rolled out across Adult Social Care within the next 4 months.
- Senior managers have strategic responsibility for consultation and involvement and are involved at key stages of the process. Appropriate officers should then take responsibility for the operational implementation of the consultation plan.
- Ensure that the consultation and involvement activity is not rushed and that there is sufficient time allocated to the process, ensuring that there is room for flexibility to meet emerging needs. For significant service changes the 12 week recommended minimum consultation period will be respected.
- Getting stakeholders, especially service users, carers and members of staff involved as early as possible; having representatives of these groups working with projects and programmes on some of the detail around the proposals and how they are presented to stakeholders is useful and helps show how transparent the process is.

- Ensuring clarity about the reasons for the consultation, especially where these relate to national policy changes and financial imperatives
- Ensuring that the consultation and involvement is genuine and that stakeholders can influence either the decision or the way that changes are implemented, is key both for the short term project or programme proposals as well as our longer terms relationship with stakeholders.

10. Corporate Considerations

10.1 Consultation and Engagement

10.1.1 This report outlined the consultation and engagement process within Adult Social Care. There are no specific proposals within this report that require consultation and engagement.

10.2 Equality and Diversity / Cohesion and Integration

10.2.1 Equality and diversity considerations are integral to the consultation process within Adult Social Care, for example ensuring that information is available in accessible formats. There are no specific proposals within this report that impact on equality, diversity, cohesion and integration.

10.3 Council Policies and City Priorities

10.3.1 Effective consultation and engagement within Adult Social Care supports the Council's priorities as set out in the Health and Wellbeing City Priority Plan and to a lesser extent the Safer and Stronger Communities Plan.

10.4 Resources and Value for Money

10.4.1 There are no specific proposals within this report that have financial implications. However, it should be noted that effective consultation and engagement on major policy issues within Adult Social Care is resource intensive and the directorate has very limited specialist staff to support this work.

10.5 Legal Implications, Access to Information and Call In

10.5.1 There are no specific proposals within this report that have legal implications. However, it should be noted that if consultation and engagement is not undertaken adequately the Council could be subject to challenge through the judicial review process.

10.6 Risk Management

10.6.1 There are no specific proposals within this report that have risk management implications. However, the potential for challenge through the judicial review process if consultation and engagement is not undertaken adequately is a risk to the Council.

11 Conclusions

11.1 Major service transformation in Adult Social Care is taking place against a backdrop of significant public sector funding constraints, growing demand for services and

increasing customer expectations. The directorate has a sound framework in place for stakeholder consultation and engagement and generally puts this into practice well. There are, however, areas that can be improved as set out in section 9 above.

12 Recommendations

12.1 Members are asked to note the contents of this report.

13 Background documents

13.1 Adult Social Care Consultation Strategy, 2006

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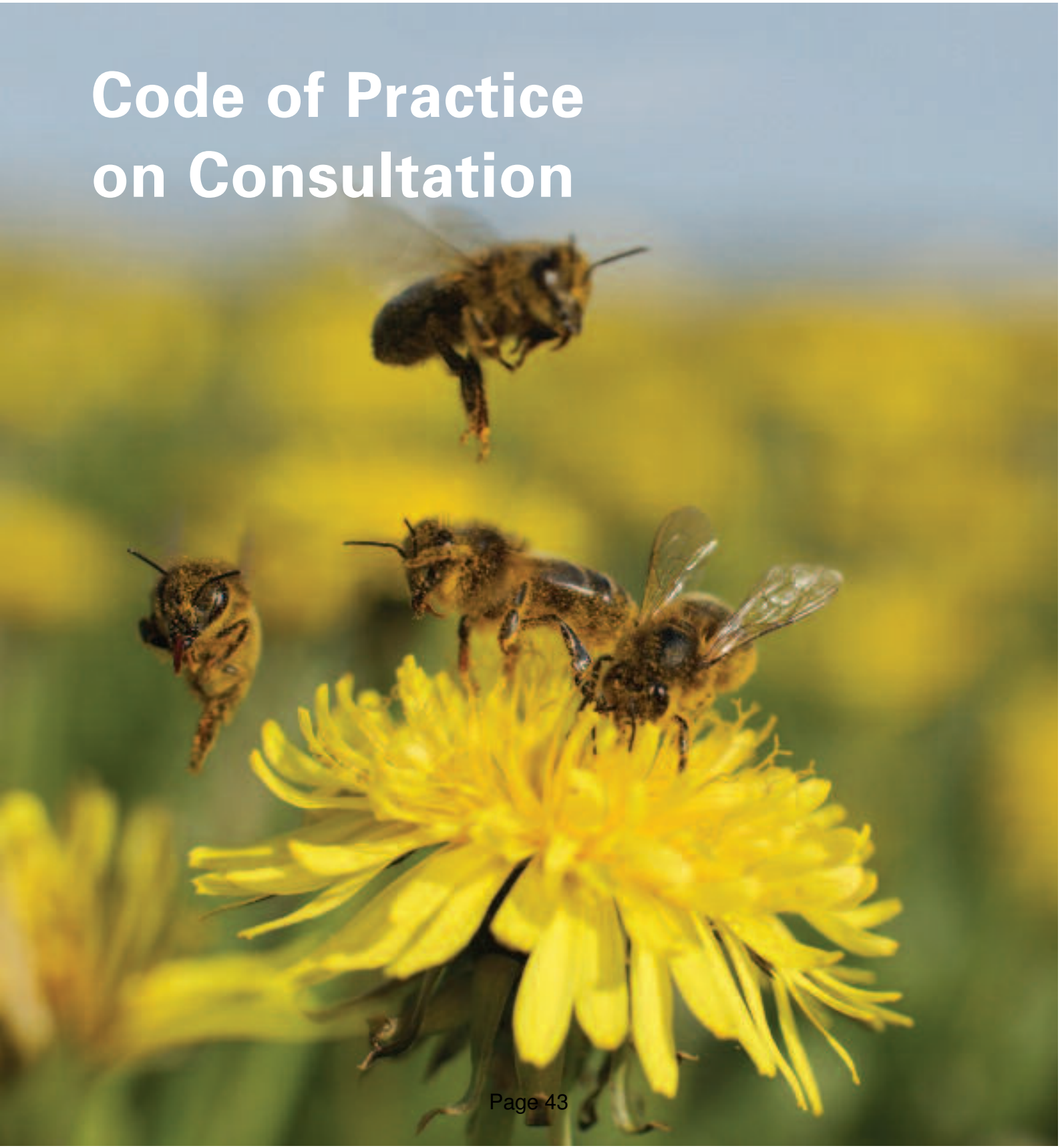
HM Government

Code of Practice on Consultation



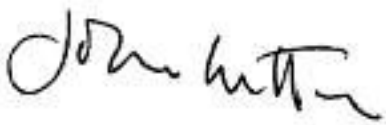
FOREWORD

This Government is committed to effective consultation; consultation which is targeted at, and easily accessible to, those with a clear interest in the policy in question. Effective consultation brings to light valuable information which the Government can use to design effective solutions. Put simply, effective consultation allows the Government to make informed decisions on matters of policy, to improve the delivery of public services, and to improve the accountability of public bodies.

The Government has had a Code of Practice on Consultation since 2000 setting out how consultation exercises are best run and what people can expect from the Government when it has decided to run a formal consultation exercise.

This third version of the Code is itself the result of listening to those who regularly respond to Government consultations. This Code should help improve the transparency, responsiveness and accessibility of consultations, and help in reducing the burden of engaging in Government policy development.

As part of the Government's commitment to effective consultation, we will continue to monitor how we consult and we appreciate feedback on how we can improve.



John Hutton
BERR SoS

July 2008

THE SEVEN CONSULTATION CRITERIA

Criterion 1 When to consult
Formal consultation should take place at a stage when there is scope to influence the policy outcome.

Criterion 2 Duration of consultation exercises
Consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and sensible.

Criterion 3 Clarity of scope and impact
Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.

Criterion 4 Accessibility of consultation exercises
Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.

Criterion 5 The burden of consultation
Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees' buy-in to the process is to be obtained.

Criterion 6 Responsiveness of consultation exercises
Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.

Criterion 7 Capacity to consult
Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience.

These criteria should be reproduced in consultation documents.

INTRODUCTION

Ongoing dialogue between Government and stakeholders is an important part of policymaking. This dialogue will, at times, need to become more formal and more public. When developing a new policy or considering a change to existing policies, processes or practices, it will often be desirable to carry out a formal, time-bound, public, written consultation exercise. This kind of exercise should be open to anyone to respond but should be designed to seek views from those who would be affected by, or those who have a particular interest in, the new policy or change in policy.[1] Formal consultation exercises can expose to scrutiny the Government's preliminary policy analysis and the policy or implementation options under consideration.

STATUS OF THE CODE

This Code sets out the approach the Government will take when it has decided to run a formal, written, public consultation exercise. It supersedes and replaces previous versions of the Code. The Code does not have legal force and cannot prevail over statutory or mandatory requirements. The Code sets out the Government's general policy on formal, public, written consultation exercises. A list of the UK departments[2] and agencies adopting the Code is available on the Better Regulation Executive's website.[3] Other public sector organisations are free to make use of this Code for their consultation purposes, but it does not apply to consultation exercises run by them unless they explicitly adopt it.

Ministers retain their existing discretion not to conduct formal consultation exercises under the terms of the Code. At times, a formal, written, public consultation will not be the most effective or proportionate way of seeking input from interested parties, e.g. when engaging with stakeholders very early in policy development (preceding formal consultation) or when the scope of an exercise is very narrow and the level of interest highly specialised. In such cases an exercise under this Code would not be appropriate. There is, moreover, a variety of other ways available to seek input from interested parties other than formal consultation.[4] Such engagement work is not the subject of this Code. When departments decide only to carry out engagement with interested parties in ways other than formal, written consultation, they are encouraged to be clear about the reasons why the methods being used have been chosen.

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[1] In order to reach certain groups this may mean going beyond the traditional, written consultation exercise - see criterion 5

[2] Reference to "department" includes reference to non-Ministerial departments and other organisations that this Code applies to. Reference to a "Minister" includes the senior decision maker(s) in those organisations, e.g. the chief executive or the board responsible for the consultation.

[3] http://www.berr.gov.uk/bre

[4] In addition to the guidance supporting this Code, useful information on alternative forms of engagement may be found at www.peopleandparticipation.net.

This Code is not intended to create a commitment to consult on anything, to give rise to a duty to consult, or to be relied on as creating expectations that the Government will consult in any particular case. The issues on which the Government decides to consult depend on the circumstances in each case.

Moreover, deviation from the Code will, at times, be unavoidable when running a formal, written, public consultation. It is recommended that departments be open about such deviations, stating the reasons for the deviation and what measures will be employed to make the exercise as effective as possible in the circumstances.

Under some laws there are requirements for the Government to consult certain groups on certain issues. This Code is subject to any such legal requirement. Care must also be taken to comply with any other legal requirements which may affect a consultation exercise such as confidentiality issues and equality schemes. More information on such matters can be found in the guidance which accompanies this Code.[5]

This Code should also be used in conjunction with the *Consultation and Policy Appraisal – Compact Code of Good Practice* which supports the Compact on Government's Relations with the Voluntary and Community Sector[6] and with the *Central-Local Government Concordat* which establishes a framework of principles for how central and local government work together to serve the public.[7]

The Better Regulation Executive in the Department for Business, Enterprise and Regulatory Reform welcomes feedback regarding the effectiveness of the Code and the accompanying guidance. If you have any comments, please feel free to contact the Better Regulation Executive at:

Better Regulation Executive
Department for Business, Enterprise and Regulatory Reform
1 Victoria Street
London
SW1H 0ET

Telephone: 020 7215 0352
E-mail: regulation@berr.gsi.gov.uk

[5] See http://www.berr.gov.uk/bre

[6] http://www.thecompact.org.uk/information/100023/publications/

[7] http://www.communities.gov.uk/publications/localgovernment/centrallocalconcordat

Criterion 1 When to consult

Formal consultation should take place at a stage when there is scope to influence the policy outcome.

1.1 Formal, written, public consultation will often be an important stage in the policymaking process. Consultation makes preliminary analysis available for public scrutiny and allows additional evidence to be sought from a range of interested parties so as to inform the development of the policy or its implementation.

1.2 It is important that consultation takes place when the Government is ready to put sufficient information into the public domain to enable an effective and informed dialogue on the issues being consulted on. But equally, there is no point in consulting when everything is already settled. The consultation exercise should be scheduled as early as possible in the project plan as these factors allow.

1.3 When the Government is making information available to stakeholders rather than seeking views or evidence to influence policy, e.g. communicating a policy decision or clarifying an issue, this should not be labelled as a consultation and is therefore not in the scope of this Code. Moreover, informal consultation of interested parties, outside the scope of this Code, is sometimes an option and there is separate guidance on this.[8]

1.4 It will often be necessary to engage in an informal dialogue with stakeholders prior to a formal consultation to obtain initial evidence and to gain an understanding of the issues that will need to be raised in the formal consultation. These informal dialogues are also outside the scope of this code.

1.5 Over the course of the development of some policies, the Government may decide that more than one formal consultation exercise is appropriate. When further consultation is a more detailed look at specific elements of the policy, a decision will need to be taken regarding the scale of these additional consultative activities. In deciding how to carry out such re-consultation, the department will need to weigh up the level of interest expressed by consultees in the initial exercise and the burden that running several consultation exercises will place on consultees and any potential delay in implementing the policy. In most cases where additional exercises are appropriate, consultation on a more limited scale will be more appropriate. In these cases this Code need not be observed but may provide useful guidance.

1.6 Consultation exercises should not generally be launched during election periods. If there are exceptional circumstances where launching a consultation is considered absolutely essential (for example, for safeguarding public health), departments should seek advice from the Propriety and Ethics team in the Cabinet Office. If a consultation is ongoing at the time an election is called, it should continue. However, departments should avoid taking action during election periods which will compete with candidates for the attention of the public.[9]

[8] See http://www.berr.gov.uk/bre

[9] For further guidance see http://www.berr.gov.uk/bre

Criterion 2 Duration of consultation exercises

Consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and sensible.

2.1 Under normal circumstances, consultations should last for a minimum of 12 weeks. This should be factored into project plans for policy development work. Allowing at least 12 weeks will help enhance the quality of the responses. This is because many organisations will want to consult the people they represent or work with before drafting a response to Government and to do so takes time.

2.2 If a consultation exercise is to take place over a period when consultees are less able to respond, e.g. over the summer or Christmas break, or if the policy under consideration is particularly complex, consideration should be given to the feasibility of allowing a longer period for the consultation.[10]

2.3 When timing is tight, for example when dealing with emergency measures, or international, legally-binding deadlines, or when the consultation needs to fit into fixed timetables such as the Budget cycle, consideration should be given to whether a formal, written, public consultation is the best way of seeking views. Where a formal consultation exercise is considered appropriate and there are good reasons for it to last for a shorter period (e.g. to seek views to inform the UK's negotiating position on EU proposals soon to be discussed in the Council of Ministers), the consultation document should be clear as to the reasons for the shortened consultation period and ministerial clearance (or equivalent, e.g. in non-Ministerial departments) for the shorter timeframe should be sought. In such circumstances it is important to consider the provision of additional means through which people can express their views.

2.4 When planning a consultation, it is important to take steps to raise awareness of the exercise among those who are likely to be interested. In particular, departments should consider ways to publicise consultations at the time of, or if possible before, the launch-date so that consultees can take advantage of the full consultation period to prepare considered responses.

[10] For more on this, see the accompanying guidance at http://www.berr.gov.uk/bre

Criterion 3 Clarity of scope and impact

Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.

3.1 Consultation exercises should be clear about the consultation process, i.e. what has taken place in the development of the policy prior to the consultation exercise, how the consultation exercise will be run and, as far as is possible, what can be expected after the consultation exercise has formally closed.

3.2 Consultation exercises should be clear about the scope of the exercise, setting out where there is room to influence policy development and what has already been decided, and so is not in the scope of the consultation.

3.3 Estimates of the costs and benefits of the policy options under consideration should normally form an integral part of consultation exercises, setting out the Government's current understanding of these costs and benefits. A "consultation stage Impact Assessment"[11] should normally be published alongside a formal consultation, with questions on its contents included in the body of the consultation exercise. An Impact Assessment should be carried out for most policy decisions and consultation of interested parties on the Impact Assessment and on equality assessments can bring greater transparency to the policymaking process and should lead to departments having more robust evidence on which to base decisions. It is important to read the guidance on specific impact tests, including the race equality impact assessment which is required by statute.[12]

3.4 Consideration should also be given to asking questions about which groups or sectors would be affected by the policy in question, and about any groups or sectors (e.g. small businesses or third sector organisations) that may be disproportionately affected by the proposals as presented in the consultation document. Consultation exercises can be used to seek views on the coverage of new policies, ideas of how specific groups or sectors might be exempted from new requirements, or used to seek views on approaches to specific groups or sectors that would ensure proportionate implementation.

3.5 The subject matter, any assumptions the Government has made, and the questions in the consultation should all be as clear as possible. A mixture of open and closed questions will often be desirable, and consideration should be given to offering consultees the opportunity to express views on related issues not specifically addressed in the questions.

[11] See guidance on impact assessment at http://www.berr.gov.uk/bre/policy/scrutinising-new-regulations/page44076.html
[12] See http://www.berr.gov.uk/bre/policy/scrutinising-new-regulations/preparing-impact-assessments/toolkit/page44263.html

Criterion 4 Accessibility of consultation exercises

Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.

4.1 It is essential that interested parties are identified early in the process so that consultation exercises can be designed and targeted accordingly. When consultation exercises need to reach a diverse audience, several approaches may be required. In the consultation document it should be stated what ways are available for people to participate, how exactly to get involved, and why any supplementary channels have been chosen. Over-reliance on standard lists of consultees to disseminate consultation papers can mean that key groups are excluded and others receive consultation documents that are not relevant to them.

4.2 As far as is possible, consultation documents should be easy to understand: they should be concise, self-contained and free of jargon. This will also help reduce the burden of consultation. While consultation exercises on technical details may need to seek input from experts, when the views of non-experts are also required, simpler documents should be produced.

4.3 It is vital to be proactive in disseminating consultation documents. Careful consideration should be given to how to alert potential consultees to the consultation exercise and how to get views from relevant sectors of the community and the economy. While many interested parties can usually be contacted directly, there will often be other interested parties not known to Government or who can only be reached through intermediary bodies. Working with appropriate trade, community or third sector organisations can help the Government to hear from those who would otherwise go unheard. Using specialist media or events can also help promote consultation exercises among interested groups.

4.4 Thought should also be given to alternative versions of consultation documents which could be used to reach a wider audience, e.g. a young person's version, a Braille and audio version, Welsh and other language versions, an "easy-read" version, etc., and to alternative methods of consultation. Guidance on methods to support formal consultation exercises to help reach specific groups and sectors (regional, public meetings, online tools, focus groups, etc.) is available.[13]

4.5 It is important that people can decide quickly whether a consultation exercise is relevant to them. For this reason, a standard table of basic information should be used for all consultation exercises produced by any public body. This will mean that all the key information is readily accessible when potential consultees are first presented with a new consultation document and that regular consultees will become familiar with the format.[14]

[13] See http://www.berr.gov.uk/bre

[14] For an example template which can be used to provide key information at the beginning of a consultation document, see the guidance available at http://www.berr.gov.uk/bre

Criterion 5 The burden of consultation

Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees' buy-in to the process is to be obtained.

5.1 When preparing a consultation exercise it is important to consider carefully how the burden of consultation can be minimised. While interested parties may welcome the opportunity to contribute their views or evidence, they will not welcome being asked the same questions time and time again. If the Government has previously obtained relevant information from the same audience, consideration should be given as to whether this information could be re-used to inform the policymaking process, e.g. is the information still relevant and were all interested groups canvassed? Details of how any such information was gained should be clearly stated so that consultees can comment on the existing information or contribute further to this evidence-base.

5.2 If some of the information that the Government is looking for is already in the public domain through market research, surveys, position papers, etc., it should be considered how this can be used to inform the consultation exercise and thereby reduce the burden of consultation.

5.3 In the planning phase, policy teams should speak to their Consultation Coordinator and other policy teams with an interest in similar sectors in order to look for opportunities for joining up work so as to minimise the burden of consultations aimed at the same groups.

5.4 Consultation exercises that allow consultees to answer questions directly online can help reduce the burden of consultation for those with the technology to participate. However, the bureaucracy involved in registering (e.g. to obtain a username and password) should be kept to a minimum.

5.5 Formal consultation should not be entered into lightly. Departmental Consultation Coordinators and, most importantly, potential consultees will often be happy to advise about the need to carry out a formal consultation exercise and acceptable alternatives to a formal exercise.[15]

[15] Guidance on alternative means of seeking input are available. See http://www.berr.gov.uk/bre

Criterion 6 Responsiveness of consultation exercises

Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.

6.1 All responses (both written responses and those fed in through other channels such as discussion forums and public meetings) should be analysed carefully, using the expertise, experiences and views of respondents to develop a more effective and efficient policy. The focus should be on the evidence given by consultees to back up their arguments. Analysing consultation responses is primarily a qualitative rather than a quantitative exercise.

6.2 In order to ensure that responses are analysed correctly, it is important to understand who different bodies represent, and how the response has been pulled together, e.g. whether the views of members of a representative body were sought prior to drafting the response.

6.3 Consultation documents should, where possible, give an indication as to the likely timetable for further policy development. Should any significant changes in the timing arise, steps should be taken to communicate these to potential consultees.

6.4 Following a consultation exercise, the Government should provide a summary of who responded to the consultation exercise and a summary of the views expressed to each question. A summary of any other significant comments should also be provided. This feedback should normally set out what decisions have been taken in light of what was learnt from the consultation exercise. This information should normally be published before or alongside any further action, e.g. laying legislation before Parliament.[16] Those who have participated in a consultation exercise should normally be alerted to the publication of this information.

6.5 Consideration should be given to publishing the individual responses received to consultation exercises.

6.6 The criteria of this Code should be reproduced in consultation papers alongside the contact details of the departmental Consultation Coordinator. Consultees should be invited to submit comments to the Consultation Coordinator about the extent to which the criteria have been observed and any ways of improving consultation processes.

[16] Where Statutory Instruments are being brought forward it is a requirement to include within the accompanying Explanatory Memorandum a summary of the consultation exercise and its outcome (*Statutory Instrument Practice* paragraph 4.12 refers http://www.opsi.gov.uk/si/statutory-instrument-practice.htm)

Criterion 7 Capacity to consult

Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience.

7.1 Every organisation to which this Code applies should appoint a Consultation Coordinator. The Consultation Coordinator should be named in consultation documents as the person to contact with any queries or complaints regarding consultation process (the policy lead should be the contact point for queries regarding content).

7.2 Policy officials who are to run a consultation exercise should seek advice from their Consultation Coordinator early in the planning stages.

7.3 Government departments should monitor the effectiveness of their consultation exercises. Learning from consultation exercises should be shared with the department's Consultation Coordinator who will facilitate the sharing of lessons learned within the department and between departments and agencies.

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Department for Business, Enterprise
and Regulatory Reform
3rd Floor, 1 Victoria Street
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Tel: 020 7215 0352
Website: www.bre.berr.gov.uk

Publication date: July 2008

URN 08/1097

APPENDIX 2

Adult Social Care: Consultation Strategy Principles

Consultation should be underpinned by a set of principles that guide officers in the planning and undertaking of activities:

- Clarity

    - We will be clear about the purpose, scope and sphere of influence of each consultation exercise we undertake.
    - We will identify the diversity of knowledge requirements of the consultation process.
    - The respective roles and responsibilities of the participants (input) and the Department (as decision makers) will be made clear at the outset.
    - All restrictions and limitations on the decision will be clearly stated
    - We will use plain language and avoid jargon
    - We will provide clear information prior to the consultation event
    - The principles will be attached to any consultation document that is used to inform people/groups of events so that they are clear about the commitment made by the Department to this process.

- Time

    - Engagement should be undertaken as early as possible in the policy making process for the outcomes to have a genuine influence on decisions, policy and service development.
    - Sufficient time will be given to allow participants to respond.

- Inclusive

    - The methods we use will take account of the different communities and their needs; they will be appropriate for the intended audience.
    - Prepare and undertake consultation exercises in a manner that is inclusive of people from `not yet reached` groups.[1]

- Accessible

    - Information will be available in a variety of formats and languages
    - Every effort will be made to bring the consultation to the attention of stakeholders
    - E-consultation will seek to enhance the process of consultation and not disenfranchise the people of Leeds or other Stakeholders.
    - The place and timing of events will meet the needs of the Stakeholder groups.

[1] `Not yet reached` refers to those individuals or groups that we have difficulty providing a service to or (and) we have difficulty in consulting with. One can think of traditional groups such as BME, but we must also include children, people with a disability and older people. We would seek to target these groups/individuals.

- Transparent

    - Consultation will take place before a decision has been taken so as to inform the decision making process.
    - The links between the consultation activity and the decision making process will be made explicit.
    - We will give feedback on the outcome of the process including why (should we need to) the outcomes did not follow suggestions.

- Needed

    - Consultation will only be conducted where it is clear why the information is needed and how it will be used.
    - We will avoid replication and duplication of consultation has already been undertaken and answers that exist will be taken into account before any further consultation is underway.

APPENDIX 3

Scrutiny Board (Health and Well-being and Adult Social Care) Inquiry around Consultation

Patient and public involvement and engagement in the NHS in Leeds

1 Introduction

The NHS in Leeds has been asked to submit to Scrutiny Board (Health and Wellbeing and Adult Social Care) a summary of the current and future NHS obligations around public involvement and engagement, and the current approach taken towards engagement and involvement.

The NHS in Leeds is committed to working with the Scrutiny Board to demonstrate how it involves patients, their carers and the wider public in commissioning and providing services

1.1 **Section 1** of this paper gives a brief outline of the overall commitment of the NHS in Leeds to patient and public involvement (PPI) and engagement. As the NHS changes in the future, the commissioners and providers of health services will be working more closely together with partners, such as the local authority.

1.2 **Section 2** gives a short overview of the internal processes applied within NHS Leeds, Leeds Teaching Hospitals NHS Trust, Leeds Partnerships Foundation Trust and Leeds Community Healthcare NHS Trust.

There are also two further brief references. The first is to the Specialist Commissioning Group for the Yorkshire and Humber region, and the second is the Service Change Assurance Process (SCAP). The SCAP is an internal process of NHS Yorkshire and the Humber, the strategic health authority, and the Department of Health which all NHS trusts have to comply with in the event of any major service change.

2 Section 1

2.1 Current NHS obligations around PPI and engagement

The NHS in Leeds recognises that to develop the best and most effective services possible for local people we need to work in partnership with patients, the public and all other stakeholders. This will help to:

- Develop more patient focussed and patient led services by gaining insight from people who experience the service first hand.
- Deliver improved outcomes around health and wellbeing by understanding what is important to people.
- Help to tackle inequalities by engaging with vulnerable groups and communities that are seldom heard and responding to their needs.
- Put people and communities at the centre of commissioning by understanding and meeting the real needs of patients, staff and communities.
- Be recognised as an organisation that proactively seeks and builds continuous and meaningful engagement with the public and patients, to shape services and improve health.

2.2 Duty to involve and consult

The 2006 NHS Act, section 242 (updated December 2007), places a statutory duty on all NHS trusts to proportionally involve (through informing, engaging or consulting) patients and the public on:

- planning services they are responsible for;
- developing and considering proposals for changes in the way those services are provided; and
- decisions to be made that affect the operation of those services.

Where there is a proposal for substantial development or variation of health services, Section 244 of the Act sets out the duty on NHS organisations to consult the local Scrutiny Board (Health).

In the revised Operating Framework 2010-2011 the Secretary of State for Health identified four additional key tests for service change, which are designed to build confidence within the service, with patients and communities. These require existing and future service change proposals to demonstrate:

- support from GP commissioners;
- strengthened public and patient engagement;
- clarity on the clinical evidence base; and
- consistency with current and prospective patient choice.

2.3 Patient and Public Involvement in the future

Clinical commissioning groups –previously GP consortia - will be required under the proposed new sections 13L and 14P of the Health and Social Care Bill to make arrangements for involving the public. These sections are modelled closely on the existing duty as outlined above.

Key additions include the following:

- Clinical commissioning groups will be required to include a description of the arrangements they have in place to meet their duties around public and patient involvement in their constitution.
- Clinical commissioning groups will be required to set out in their annual commissioning plans how they propose to discharge their duty to involve and consult the public in relation to their proposals for the coming year.

2.4 Clinical Senates

Commissioners will be supported by clinical networks advising on single areas of care, such as cancer, and new 'clinical senates' in each area of the country that will provide multi-professional advice on local commissioning plans. Both will be hosted within the NHS Commissioning Board.

2.5 HealthWatch England

Under the terms of the Health and Social Care Bill HealthWatch England will be established and will be a statutory, distinctive part of the Care Quality Commission (CQC) . It will:

- provide leadership, advice and support to Local HealthWatch
- provide advice to the NHS Commissioning Board, Monitor and the Secretary of State
- have powers to propose a CQC investigation of poor services

2.6 Local HealthWatch

Local HealthWatch is being created by developing the role of existing LINks (Local Involvement Networks).

It will:

- ensure that the views and feedback from people who use services, carers and members of the public are integral to local commissioning;
- provide advocacy and support to people and help them to make choices about services; and
- provide intelligence for HealthWatch England about the quality of providers.

2.7 Health and Wellbeing Board

Under the terms of the new health bill, confirms that local authorities will have a duty to establish Health and Wellbeing Boards. These Boards are intended to lead on improving the strategic coordination of commissioning across NHS, social care, and related children's and public health services.

Each board must include the following:

- at least one local authority councillor,
- the director of adult social services for the local authority,
- the director of children's services for the local authority,
- the director of public health for the local authority,
- a representative of the local healthwatch organisation for the area of the local authority,
- a representative of each relevant commissioning consortium,
- and such other persons, or representatives of such other persons, as the local authority thinks appropriate.

A representative of the NHS Commissioning Board must also sit on the board when local authorities are drawing up joint strategic needs assessments and related strategies

2.8 Foundation Trusts

All NHS Trusts are required to become Foundation Trusts by 2014. A foundation trust remains part of the NHS with care for all, free at the point of use. However, it is an independent legal entity with greater freedom to manage its own affairs with a board of directors, and a council of governors elected by the membership.

It is authorised by, accountable to and regulated by an independent regulator, Monitor, and maintains the same quality standards as all other NHS organisations, regulated by the Care Quality Commission

The governance of an FT is more inclusive through governors and members who represent patients, carers, the local community, staff and stakeholders

The board of governors is elected from the membership and the board of governors has responsibility for electing a future chair and non executive directors and approving the appointment of any future chief executive

Through membership and the board of governors, there will be an increased level of communication with patients and the public and stakeholders, and stronger links will be formed with local people ensuring their needs will be at the heart of what the organisation does.

2.8.1 Leeds Teaching Hospitals NHS Trust (LTHT)

Leeds Teaching Hospitals NHS Trust (LTHT) application towards Foundation Trust status began with the initial public consultation over three months at the end of 2009. Responses to the consultation were very valuable and changes were made as a result of listening to what people said. Member recruitment is ongoing.

The application process is a very formal one, and work on this will accelerate during 2011 with the intention of applying formally to the Department of Health in October 2011. LTHT hopes this will lead on to approval of the application during 2012.

2.8.2 Leeds Community Healthcare NHS Trust (LCH)
On 1 April 2011 Leeds Community Healthcare NHS Trust was established as an independent NHS organisation in its own right having worked at 'arms length' from NHS Leeds since April 2009. LCH is aiming to become an NHS community foundation trust in 2013. **!**A major public consultation will be launched on these plans in October 2012

2.8.3 Leeds Partnerships NHS Foundation Trust, formerly known as Leeds Mental Health Teaching NHS Trust, was awarded NHS Foundation Trust status on 1 August 2007.

3 SECTION 2

An outline of the current approaches and internal processes of each local NHS organisation.

All NHS trusts follow a similar approach to involve patients, their carers, the public and stakeholders in their work.

3.1 NHS LEEDS – COMMISSIONER OF HEALTH SERVICES

The role of NHS Leeds is:

- To co-ordinate the consultation process with the Scrutiny Board for the NHS in Leeds
- To be assured that an appropriate level of engagement and / or consultation is planned when commissioning new services or proposing changes to existing health services.

3.2 Policy
NHS Leeds' Patient, Carer and Public Involvement strategy sets out key standards in patient, carer and public involvement for commissioners and providers of health services in Leeds. We are committed to work in partnership with our key stakeholders and in particular by placing patients, carers and members of the public firmly in the centre of all our decision making.
This work is central to the Government's aim to:

- put patients at the centre of the NHS;
- highlight patients' experience as a key driver for change; and
- develop accountable organisations

NHS Leeds has a clear process in place with staff across the organisation which is led and supported by the communications and engagement team. The team provides training, advice and resource to commissioning staff and independent primary care contractors about when and how to involve their patients, public and wider stakeholders in any proposals for service change.

3.3 Guidance for staff – NHS Leeds

- **Be clear about why there is a need to change**
  Before you begin your service change project, the evidence of why you need to change should be clear; for example, external influences and changes to policy, the outcome of engagement work, contract changes, routine feedback from patients or other users and quality and safety issues. Where possible, you must aim to include any clinical evidence that exists, such as directors' reports and any relevant local or regional reports. Other evidence could include social marketing research, and check with your PPI lead if there is any other supporting data, for example, around service user experiences

  We have created a template for you to complete which will help you to work through all stages of your service change proposal. This also provides the key pieces of information the Scrutiny Board needs to be able to consider your proposal appropriately.

- **Get the right people involved**
  Before you begin, consider who needs to be involved to make this work. You will need to set up a project team which at a minimum should include a senior manager and clinical lead for the proposal. You should also include your communications, PPI and diversity and vulnerable groups lead. Your Involving People Panel * representative should be included in the project to give you valuable independent patient assurance. Don't forget to consider other partners who need to be involved in the project. Make sure you have Board level sign up as appropriate.

- **Who should I engage with?**
  To help you identify your stakeholders, you will need to undertake a stakeholder mapping exercise. This will help you to understand their needs and how to prioritise them during the project. This work will also help to develop a communications and engagement plan to support your project.

  You especially need to focus on those groups who may experience negative impacts as a result of your proposed change. To help you

identify who these may be you should complete the Equality Impact Assessment (EIA) screening tool.

- **Discussing the level of service change**
  Your project group should discuss the proposed changes and the impact they will have on staff, patients, services users, carers and other key stakeholders. You can use the **Definitions of reconfiguration proposals and stages of engagement/consultation** to help you do this and also work with your communications and engagement leads who will be able to support you.

  If your proposal is at level two we will need to inform the Scrutiny Board (Health) that it is happening and assure them of our ongoing patient engagement plans. If the proposal is at level three or four, then this proposed level will need to be agreed with Leeds City Council's Scrutiny Board (Health).

- **Time plans – when to engage**
  Before your project starts you will already have gathered a large amount of evidence through on-going patient and public involvement. Depending on the level of change, you will need to engage with appropriate stakeholders as you are developing your plans. Their comments, feedback and concerns should be reflected in the final proposal. You must engage with stakeholders before any decisions are taken on what the final proposal looks like.

- **Working with Scrutiny Board**
  It is important that you log your proposal with the Service Change and Development Group as early as possible. Proposals for service change - including commissioning new services - are taken to the Scrutiny Board (Health and Well-being and Adult Social Care), Health Services Development Group (HSDG). Level two and three proposals are for information but the Scrutiny Board must be consulted on level four proposals.

  The Scrutiny Board will decide whether or not they agree with your decision on the level of change, whether the plans for engagement / consultation with patients, the public and other stakeholders are satisfactory and also whether the proposal is in the interests of health services in the area. The Scrutiny Board has the power to refer any issues with level four substantial variations to the Secretary of State for Health if this criteria is not met.

- **Communications and engagement action plan**

You will need to create a communication and engagement action plan your PPI and communications leads will help you with this. This plan will include timescales for any additional pre engagement work that you need to help develop your plans, the formal engagement / consultation phase, and compiling your final report. It will also include details who to engage / consult with, what publicity or supporting documents that you should provide and when and how to distribute these.

For very major proposals at level four, you will need to complete a number of documents as listed in the Yorkshire & Humber Strategic Health Authority's Service Change Assurance Process (SCAP) (see point 7)

We recommend that it is best practice for all service change/development schemes to review and complete the self assessment at critical points in the programme, regardless of how small or large the change is.

However, compiling the evidence should be proportional to the size, complexity and risk of the scheme and for smaller schemes would not need to be submitted to NHS Yorkshire and the Humber.

- **Collecting information and feeding back**
  When you have considered the views of your stakeholders, you will need to demonstrate which factors have influenced you to arrive at your final decision.

  The way you feedback will depend upon the degree of your service change and the methods you used to gather people's views. It will also depend upon your audience and their specific needs, and should be written into your communications and engagement plans. Examples may include issuing press releases, posting findings on relevant internet pages, sending letters to your original participants, publishing a formal report or delivering a presentation.

4 LEEDS TEACHING HOSPITALS NHS TRUST

4.1 Policy

The Trust Patient, Carer and Public Involvement Policy is based on statutory and regulatory requirements and national policy, in particular the NHS Constitution.

The policy recognises the statutory duty to ensure meaningful involvement/consultation of patients, carers and the public on:

- Decisions affecting the operation of service
- Planning of service provision
- Development and consideration of proposals about service changes

The Trust policy outlines responsibilities at various levels in the Trust including: Trust Board, Executive Directors, Divisional General Managers, corporate services and, particularly, Directorate Managers and Matrons. These latter groups have devolved responsibility for implementation of Trust policy. The policy contains a detailed checklist of the duties they must carry out.

4.2 Guidance

The principles enshrined in the policy are inclusivity, integrated, relevant/appropriate, and operating at every level.

A detailed guidance document advising on process for stakeholder and public consultation is provided to support staff in implementing Trust policy. It describes the continuum of involvement from regular and routine interaction on a personal basis between staff and patients or carers through to formal public consultation based on Cabinet Office guidance for 'substantial variations' in services.

Guidance sets out the need to use a range of different methods to engage. It makes clear that involvement is required not only in supporting Trust decisions but in developing options as well as assuring the maximum possible positive impact of changes on patients.

4.3 Developing approach

The process that we are developing and strengthening internally is illustrated by the following model:

4.4 Governance

A new Patient Experience Sub-Committee has been established that reports to the Clinical Governance Committee. The Sub Committee will take a lead role in overseeing assurance related to involvement and engagement activities.

The LTHT Quality assurance process and tool requires senior managers and clinicians to evidence that patients, services users and carers have been involved in any service re-design activity. The tool also requires evidence of equality impact assessment.

The Trust continues to develop relationships with the local Scrutiny Board, Local Involvement Network (LINk), patient panels and user groups, voluntary and third sector groups across the city.

There will be increased focus to support the development of the Trust's Involvement & Engagement Strategy and activity programme in 2011-12.

The development of this work will evolve in a number of work programmes:

- Establishment of an Involvement & Engagement Group to take forward the development of this work
- Joint staff and stakeholder event on 14th October to explore the key priorities of our Involvement Strategy
- Jointly developing and agreeing "Rules of Engagement" to underpin our involvement activity
- Scoping of different involvement approaches for our various patient groups
- Developing a robust mechanism to capture, share and review involvement activity across the Trust

5 LEEDS PARTNERSHIPS NHS FOUNDATION TRUST

Summary of current approaches and internal processes for public involvement and engagement in Leeds Partnerships NHS Foundation Trust

5.1 Leeds Partnerships NHS Foundation Trust (LPFT) has an Involving People Policy which sets out the Trust's commitment to involve people who use our services, their carers and the public in developing and improving services. It sets out the standards and processes to ensure a high quality and consistent approach across the organisation. LPFT also has a Communication and Engagement Plan that sets out the organisation's plan up until 2015, for to communicating, involving and engaging with all our stakeholders.

5.2 For service development proposals and changes LPFT adopt Prince 2 project management principles for all level 2-4 changes, this utilises the following steps;

- Identify the proposed service change
- Appoint a Communications & engagement lead
- Draft and implement the project plan (routinely include LINk, Scrutiny, governors, members, and other relevant partners)
- Report regularly to the project board

To facilitate our five year strategy *'Improving health, improving lives'* there are seven means goals supporting the implementation. Means goal 2 is 'We *involve people in planning their care and in improving services'*. This means goal is managed through the Involving People Standing Support Group and the Involvement Leads Forum. Each operational service has a designated lead for involvement, to support this work.

To enhance the learning from the National Service User Survey, the organisation has introduced a standardised patient experience survey, distributed at the transition in the care pathway. A Carers survey supporting the standards within the local Carers Charter is also distributed at the same time. This standardised survey is replacing existing local surveys and will monitor both performance and service user satisfaction.

There are a series of involvement and engagement events delivered to service users, carers, Trust members and the public. This series of events enables the organisation to consult and involve stakeholders at both a corporate and a strategic level.

As a Foundation Trust the recruitment and engagement of our members is an intrinsic element of the public involvement and engagement activity. LPFT is working in partnership to support both local and national anti-stigma campaigns, and the Time to Change campaign has been embraced as part of our organisational engagement message. Work is currently underway to support a partnership approach to a similar anti-stigma campaign in Leeds for Learning Disabilities.

The Council of Governors, made up of service users, carers and members of the public is responsible for setting the strategic direction of the organisation, and leading the approach for involvement and engagement.

6 LEEDS COMMUNITY HEALTHCARE

6.1 Leeds Community Healthcare has issued the template (overleaf) to staff. Additional support and advice is provided to staff by the patient and public involvement team.

Leeds Community Healthcare NHS
NHS Trust

Service change planning guide

We have legislative requirements and Department of Healthcare guidance to follow to ensure that patients, their carers and families as well as the general public are involved in planning NHS services. This includes when proposed changes affect services - no matter how small or extensive those proposed changes may be.

Please remember that we can only develop high quality services for patients when we combine our expertise and their experience.

Follow this simple guide to help you through the process – it starts with a summary of the legislation and guidelines we all should work to.

The NHS Act 2006 – section 242

Places a duty on the NHS to either involve and consult patients and the public in the planning of services or provide them with information regarding proposed changes.

White Paper - *Equity and excellence: Liberating the NHS*, July 2010

"The Government's ambition is to achieve healthcare outcomes that are among the best in the world. This can only be realised by involving patients fully in their own care, with decisions made in partnership with clinicians."

David Nicholson key areas supporting service reconfiguration – 20 May / 29 July 2010 letters

Service change and reconfiguration processes need to demonstrate:

- Support from GP commissioners
- Strengthened public / patient and local authority engagement plans
- Greater clarity for the clinical evidence base underpinning proposals
- Proposals should consider developing and supporting patient choice

Levels of change as identified by the Overview and Scrutiny Committee (Health) - and suggested engagement activities

Category 1

Informal discussions with patients, service users, carers, patient groups on potential need for changes to services and solutions - **such as a minor time change to a clinic e.g. 9am to 10.30am.**

Category 2

Formalised engagement to seek patient / service user / carers and patient groups views on the issue and potential solutions - **such as moving a clinic to a different day of the week e.g. from Monday to Thursday.**

Category 3

Engagement of patients / service users / carers and the public are in planning and decision making - **12 week engagement - such as changing the choices where patients can attend clinics in terms of location, times, days of the week etc.**

Category 4

Formal consultation required - **minimum 12 weeks - such as closing a city-wide service, or completely reconfiguring a service that would impact on the whole population of the city.**

Please use the skills and experience of the Communications, Patient and Public Involvement, Equality and Diversity and Human Resources teams so that you consider all the potential people [stakeholders] and issues affected by the proposed changes - here's how those teams can support you and your service:

Communications

- Support development of communications plan
- Support to complete Overview and Scrutiny [Health] documentation
- Advice on content, layout and format for letters, leaflets etc
- Proof reading and sense checking of materials
- In-house design service – leaflets, posters, banners etc plus links with commercial printers
- Guidance on logo use and branding – and good practice for communications materials
- Provide resources to help you through the process e.g. templates and grids or past examples of other team's work
- Corporate link with key stakeholders across the city e.g. GP consortia, Leeds City Council [including Leeds Scrutiny Board [Health], MPs and councillors
- Draft / distribute press releases, handle media enquiries, monitor, evaluate and respond to media coverage
- Include information on the LCH website

Patient and Public Involvement

Focus on:

- Listening
- Responding
- Learning

PPI activity is determined by the level of the change being proposed.

We can support you at all stages of engagement including:

- Develop a joint communications and engagement plan
- Complete a thorough stakeholder analysis
- Develop engagement activity
- Provide training to complete effective public consultations
- Liaise on your behalf with Leeds Involvement Network (LINk) and Leeds Involving People (LIP)
- Collating responses, produce reports and / or action plans following consultations

Advice on how feedback during consultations can also be used for other purposes e.g. Quality Framework reporting, Leeds Approach, CQuIN and QIPP.

Equality and Diversity

Provide guidance around Equality Act 2010.

Those subject to the Equality Duty must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation
- Advance equality of opportunity between different groups
- Foster good relations between different groups.

Support your team to produce a Service Equality Impact Assessment to:

- Identify the real and possible inequalities people will experience if we go ahead with redesign or change of the service
- Mainstreams equality thinking and planning

Human Resources

- Support for team leaders / managers in determining if proposed service changes will affect staff
- Supporting managers with facilitating meetings with staff around proposed changes
- Developing consultation processes for staff who may be affected by changes to the service - such as their working days, hours, for example
- Working with unions / staff side representatives around proposed changes and how they may affect staff terms and conditions
- Supporting the entire team through the implementation of the service change from a workforce perspective
- Providing guidance on employment law and legislation including details around Agenda for Change terms and conditions
- Advising staff and managers on policy interpretation e.g. pay protection, employment security and redeployment.

Please plan carefully and provide plenty of notice to the teams outlined above - six months before your proposed change is advised to ensure any consultation activity is undertaken thoroughly and comprehensively.

7 ADDITIONAL INFORMATION

7.1 Specialist Commissioning Group

Services that are defined as specialist by the Department of Health are commissioned by a Specialised Commissioning Group for Yorkshire and Humber which is currently hosted by NHS Barnsley.
Health Scrutiny Boards across the region have arrangements in place for a Joint Health and Overview Scrutiny Committee for Yorkshire and the Humber to scrutinise major projects. Local commissioners of services will conduct the appropriate level of engagement / consultation based on the impact on patients in their own area.

7.2 NHS Yorkshire and the Humber

Service Change Assurance Process (SCAP)

Any health trust proposing a level four major variation service change is required to undergo SCAP which is managed by the Yorkshire and Humber Strategic Health Authority. This process includes:

- completing a Service Change Self Assessment (SCAP) ensuring all documents and evidence is in place;
- undergoing a Gateway Review; and
- receiving notification to proceed.

SCRUTINY BOARD (HEALTH AND WELL-BEING AND ADULT SOCIAL CARE)
HEALTH SERVICE DEVELOPMENTS WORKING GROUP

TERMS OF REFERENCE

1.0 Background

1.1 The Health and Social Care Act (2001), subsequently reinforced and amended by the NHS Act (2006) and the Local Government and Public Involvement in Health Act (2007), places a duty local on NHS Trusts, Primary Care Trusts and Strategic Health Authorities to make arrangements to involve and consult patients and the public in:

- Planning service provision;
- The development of proposals for changes; and,
- Decisions about changes to the operation of services.

1.2 The requirement to consult on service changes and/or developments, also includes a duty to consult the Health Scrutiny Board where the NHS Body has under consideration any proposal for:

- a major development of the health service; or,
- a major variation in the provision of such a service in the local authorities area.

2.0 Scope

2.1 The levels of service variation and/or development are not defined in legislation and it is widely acknowledged that the term 'major variation or development of health services' is subjective, with proposals often open to interpretation.

2.2 To assist Health Overview and Scrutiny Committees, and to help achieve some degree of consistency, the Centre for Public Scrutiny (CfPS) published a scrutiny guide, *Substantial Variations and Developments of Health Services*[1]. Based on this guidance, and through discussions between NHS Leeds and the Health Scrutiny Board, the following locally developed definitions and examples of service change/ development have been agreed and are summarised in Table 1 (below).

Table 1: Summary of levels of change

Degree of variation	Colour code	Contact with Scrutiny
Category 4 – major (substantial)variation (e.g. introduction of a new service)	**Red**	**Consult**
Category 3 – significant change (e.g. changing provider of existing services)	**Orange**	**Engage**
Category 2 – minor change (e.g. change of location within same hospital site)	**Yellow**	**Inform**
Category 1 – ongoing improvement (e.g. proposals to extend or reduce opening hours)	**Green**	**No**

[1] Published in December 2005 and available from the publications section of the CfPS website: http://www.cfps.org.uk/

2.3 The definitions of reconfiguration proposals and stages of engagement/consultation are detailed in Annex 1.

2.4 The overall purpose of the Working Group is to provide an environment that allow local NHS bodies to have an on-going dialogue with Scrutiny, regarding changes and development of local health services. Therefore, the role of the working group can be summarised as follows:

- Considering, at an early stage, any future proposals for service changes and/or developments of local health services, including:
  - Whether or not the relevant Trust's plans for patient and public engagement and involvement seem satisfactory[2]; and,
  - Whether the proposal is in the interests of the local health service.
- Maintaining on overview and on-going involvement in current service change proposals and associated patient and public engagement and involvement activity, including details of any stakeholder feedback and how this is being used to shape the proposals.
- Reviewing the implementation of any agreed service change and/or development, including any subsequent service user feedback.
- Referring any matters of significant concern to the Scrutiny Board, for consideration.

2.5 It should be recognised that the statutory duty to consider major changes remains the responsibility of the Scrutiny Board itself. As such, any major changes and/or variations identified will automatically be referred to the Scrutiny Board for consideration.

2.6 Where a major change and/or development is identified, the view of the Working Group on the relevant Trust's plans for patient and public engagement and involvement, and on whether the proposal is in the interests of the local health service will usefully inform the deliberation of the Scrutiny Board when considering such matters.

3.0 Frequency of meetings

3.1 At its meeting on 22 July 2011, the Scrutiny Board (Health and Well-being and Adult Social Care) agreed the following (initial) meeting dates:

- 5 September 2011 (10am)
- 7 November 2011 (10am)
- 9 January 2012 (10am)
- 5 March 2012 (10am)

3.2 However, due to the nature of the work and the potential timing of proposed service changes and/or developments, it is recognised that the Working Group will adopt a flexible approach and may choose to meet outside this timetable.

3.3 It should also be recognised that the purpose of meeting on a bi-monthly basis is not only to ensure the early engagement of members of the Scrutiny Board with regard to emerging service changes and/or developments, but to ensure the continued involvement in relation to previously identified matters.

[2] This early engagement with Scrutiny will allow the Working Group to discuss and agree the proposed degree of variation, prior to the commencement of any patient and public engagement and involvement activity

4.0 Membership

4.1 At its meeting on 22 July 2011, the Scrutiny Board (Health and Well-being and Adult Social Care) agreed to operate an open membership of all members of the Board for the duration of the current municipal year (2011/12).

5.0 Key stakeholders

5.1 The following key stakeholders have been identified as likely contributors to the Working Group:

- NHS Leeds
- Leeds Teaching Hospitals NHS Trust (LTHP)
- Leeds Partnerships NHS Foundation Trust (LPFT)
- Leeds Community Healthcare NHS Trust
- Director of Adult Social Services (or nominee)
- Director of Public Health (or nominee)

6.0 Monitoring arrangements

6.1 The Scrutiny Board will be kept fully appraised of the activity of the Working Group and regular updates, including reports and minutes from the Working Group, will be provided.

July 2011

Definitions of reconfiguration proposals and stages of engagement/consultation

Definition & examples of potential proposals	Stages of involvement, engagement, consultation			
	Informal Involvement	Engagement		Formal consultation
Major (substantial) variation or development Major service reconfiguration – changing how/where and when large scale services are delivered. Examples: urgent care, community health centre services, introduction of a new service, arms length/move to CFT				**Category 4** Formal consultation required (minimum twelve weeks) **(RED)**
Significant variation or development Change in demand for specific services or modernisation of service. Examples: changing provider of existing services, pathway redesign when the service could be needed by wide range of people			**Category 3** Formal mechanisms established to ensure that patients/service users/ carers and the public are engaged in planning and decision making **(ORANGE)**	Information & evidence base
Minor change Need for modernisation of service. Examples: Review of Health Visiting and District Nursing (Moving Forward Project), patient diaries		**Category 2** More formalised structures in place to ensure that patients/ service users/ carers and patient groups views on the issue and potential solutions are sought **(YELLOW)**	Information & evidence base	
Ongoing development Proposals made as a result of routine patient/service user feedback. Examples: proposal to extend or reduce opening hours	**Category 1** Informal discussions with individual patients/ service users/ carers and patient groups on potential need for changes to services and solutions **(GREEN)**	Information & evidence base		

OSC involved

OSC may be involved

Note: based on guidance within the Centre for Public Scrutiny *Major variations and developments of health services, a guide*

Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 24 74707

Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Well-Being and Adult Social Care)

Date: 21 September 2011

Subject: Leeds Local Involvement Network – Annual Report (2010/11)

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

Summary of main issues

1. The purpose of this report is to provide the Scrutiny Board with the Annual Report of Leeds Local Involvement Network (LINk) (2010/11). The Leeds LINk Annual Report (2010/11) covering the period 1 April 2010 to 31 March 2011 is attached at Appendix 1. This represents the third annual report produced by Leeds LINk.

2. Representatives from Leeds LINk have been invited to attend the meeting to both present the Annual Report and discuss any pertinent issues with the Scrutiny Board.

3. LINks are accountable to the public and to the Secretary of State for Health. As such, every year all LINks are required to publish an annual report, which will also be sent to the Care Quality Commission, to relevant Overview and Scrutiny Committees (Scrutiny Boards), Primary Care Trusts (NHS Leeds) and the Strategic Health Authority (NHS Yorkshire and the Humber).

4. Locally, in August 2008, the Shaw Trust was appointed as the host organisation to support the work of the Leeds' LINk. Since that time it has been working with the LINk to get a wide range of people and organisations involved. The LINk was formally launched on 9 June 2009. The role of a LINk is to promote involvement; to find out what people like and dislike about local services; monitor the care provided by services; and use LINk powers to hold services and service providers to account. In summary, this will be achieved by:

    - Asking local people what they think about local health and social care services, and providing a chance to suggest ideas to help improve services;
    - Investigating specific issues of concern to the community;

- Using powers to hold providers and commissioners to account and get results;
- Asking for information and get an answer in a specified amount of time;
- Using authorised representatives to 'enter and view' premises to see if services are working well;
- Making reports and recommendations and receive a response.

5. In presenting the LINk's Annual Report (2009/10), it is intended that this will:
    - Continue to raise awareness of the role and work of Leeds' LINk (both publicly and among members of the Scrutiny Board),
    - Provide members with more detail of Leeds' LINk activity during its third year, alongside any future plans; and,
    - Provide an opportunity for a discussion between the Scrutiny Board and representative members of Leeds' LINk, regarding the general relationship between the two bodies, and any issues of coordinating respective work programmes.

6. Provisions of the Local Government and Public Involvement in Health Act 2007, provides the LINk with powers to refer both health and social care matters to the relevant Scrutiny Board. In turn, this places responsibility on the appropriate Scrutiny Board to acknowledge any such referrals and keep the LINk informed about what actions, if any, will be taken.

Recommendations

7. The Scrutiny Board is asked to consider Leeds' LINk's Annual Report (2010/11) and determine any matters that will inform the Scrutiny Board's future work programme and relationship with Leeds LINk.

Background documents

8. Local Government and Public Involvement in Health Act 2007

Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 24 74707

Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Well-Being and Adult Social Care)

Date: 21 September 2011

Subject: Shadow Health and Wellbeing Board for Leeds

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

Summary of main issues

1. The purpose of this report is to update members of the Scrutiny Board on local developments arising from the proposed NHS reforms, initially outlined in Government White Paper: Equity and Excellence: Liberating (July 2010).

2. Attached is a report presented to Executive Board (on 7 September 2011), which highlights the proposed changes to the NHS since the publication of Equity and Excellence: Liberating the NHS in July 2010 including the Government's response to the recommendations from the 'listening exercise' carried out by the NHS Future Forum. Also highlighted is the most recent published guidance on the local authority commissioning responsibilities for public health services from April 2013.

3. It also outlines work undertaken around the development of a shadow Health and Wellbeing Board for Leeds and progress on the Leeds Joint Strategic Needs Assessment (JSNA), which will become central to the new local NHS commissioning landscape following the forthcoming NHS reforms.

4. The attached report also outlines the ongoing work to develop the Health and Wellbeing plan as a forerunner to the mandatory Health and Wellbeing Strategy required from 2012/13

5. At its meeting on 7 September 2011, Executive Board resolved:

   (a) That the progress which has been made in developing a shadow Health and Wellbeing Board for Leeds be noted.

(b) That the recent clarification of public health functions to be transferred to the Local Authority be noted along with the intention to submit further reports on issues and implications once further information is known.
(c) That the progress which has been made in delivering the work programme identified in the first JSNA report in April 2009 be noted along with the implications of the new role of the JSNA as central to the new commissioning structures.
(d) That it be noted that a further update on the JSNA will be published in the autumn as part of the State of the City report.
(e) That the ongoing refinement of the priorities and indicators within the City Priority Plan, following NHS Leeds Board, partnership and scrutiny contributions, be agreed.

Recommendations

6. To consider the information presented and determine any specific matters that warrant further scrutiny and/or identify any specific matters for consideration at a future meeting

Background documents

7. None

Leeds CITY COUNCIL

Report author: Christine Farrar
Tel: 2243057

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

Report to Executive Board

Date: 7 September 2011

Subject: Shadow Health and Wellbeing Board for Leeds

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

Summary of main issues

1. This report highlights the proposed changes to the NHS since the publication of *Equity and Excellence: Liberating the NHS* in July 2010 including the recently published Government's response to the recommendations from the 'listening exercise' carried out by the NHS Future Forum. Also highlighted is the most recent published guidance on the local authority commissioning responsibilities for public health services from April 2013.
2. The report focuses on the development of a shadow Health and Wellbeing Board for Leeds and progress on the Leeds Joint Strategic Needs Assessment (JSNA). The first JSNA was produced in 2009 and further work has taken place on: forecasting; locality data; ethnicity and broader determinants of health. This will all be analysed in a refresh of the JSNA in July 2011.
3. The future role of the JSNA will be central to the new local commissioning landscape following the forthcoming NHS changes involving the development of Clinical Commissioning Consortia and the creation of Health and Well Being Boards and a requirement for a Joint Health and Well Being Strategy.
4. The report outlines the ongoing work to develop the Health and Wellbeing plan as a forerunner to the mandatory Health and Wellbeing Strategy required from 2012/13.

Recommendations

The Executive Board is asked:

1. To note the progress that has been made in developing a shadow Health and Wellbeing Board for Leeds.

2. To note the recent clarification of public health functions to be transferred to the Local Authority and the submission of further reports on issues and implications once further information is known.

3. To note the progress that has been made in delivering the work programme identified in the first JSNA report in April 2009 and the implications of the new role of the JSNA as central to the new commissioning structures.

4. To note that a further update on the JSNA will be published in the autumn as part of the State of the City report.

5. To agree the ongoing refinement of the priorities and indicators in the City Priority Plan following NHS Leeds Board, partnership and scrutiny contributions.

1 Purpose of this report

1.1 The purpose of this report is to update the Executive Board on the changes to the NHS following the publication of *Equity and Excellence: Liberating the NHS* and, in particular, the progress to establish a shadow Health and Wellbeing Board for Leeds.

1.2 The report also includes the development of the Joint Strategic Needs Assessment (JSNA) since 2010 and the emerging themes. It highlights the future central role of the JSNA within the new Health and Wellbeing Boards and Joint Health and Wellbeing Strategy.

2 Background information

2.1 *Equity and Excellence: Liberating the NHS* was published in July 2010 and, following consultation, the new legislative framework was issued later that year along with the NHS Outcomes Framework, the Public Health White Paper and accompanying documents.

2.2 The main changes proposed were:

- Establishment of GP consortia to take over the local commissioning of NHS services from PCTs
- The establishment of a NHS Commissioning Board which would commission some services nationally and to which the GP consortia would be accountable
- Transfer of health improvement function to local authorities and the establishment of Public Health England (PHE). Directors of Public Health to be joint appointments between PHE and Local Authorities.

- Establishment of HealthWatch, at local and national level, to represent the voice of patients and the public replacing Local Involvement Networks (LINks).
- Abolition of Primary Care Trusts and Strategic Health Authorities
- Establishment of statutory Health and Wellbeing Boards to bring together commissioning plans locally for NHS, Social Care, Public Health and Children's services. Also responsible for delivering the JSNA and using that to develop a Joint Health and Wellbeing Strategy

2.3 The Health and Social Care Bill was introduced to Parliament on 19th January 2011 and many concerns were expressed by different professional groups about the proposed changes and the speed of change for what has been described as the biggest reorganisation of the NHS since its foundation. By April the government announced a 'pause' in the Bill's progress to enable a listening exercise to take place overseen by the NHS Future Forum – an independent group of the country's leading NHS professionals and patient representatives, led by Professor Steve Field. Tom Riordan, Leeds City Council's Chief Executive, has been a member of this Forum.

2.4 They reported their conclusions on 13th June and the government produced its initial response on 14th June in which it accepted the recommendations of the NHS Future Forum and will be announcing relevant changes to the Health and Social Care Bill before it continues through Parliament. The full government response was published on 20th July.

2.5 The key changes include:

- **Reaffirming that Ministers are accountable overall -** The original duty to promote a comprehensive health service will remain.
- **Wider involvement in clinical commissioning** - GP consortia will be called 'clinical commissioning groups'. They will have governing bodies with at least one nurse and one specialist doctor. Commissioners will be supported by clinical networks advising on single areas of care, such as cancer, and new 'clinical senates' in each area of the country that will provide multi-professional advice on local commissioning plans. Both will be hosted within the NHS Commissioning Board.
- **Stronger accountability** - The governing bodies of clinical commissioning groups will have lay members and will meet in public. Foundation trusts will have public board meetings. Health and wellbeing boards will have a stronger role in local councils, with the right to refer back local commissioning plans that are not in line with the health and wellbeing strategy. There will be clearer duties across the system to involve the public, patients and carers.
- **Safeguards on competition** - Monitor's core duty will be to protect and promote the interests of patients – not to promote competition as if it were an end in itself. There will be new safeguards against price competition, cherry-picking and privatisation.
- **Support for integrated care** - There will be stronger duties on commissioners to promote (and Monitor to support) care that is integrated around the needs of users – for example, by extending personal health budgets and joint health and

social care budgets, in light of the current pilots. The NHS Commissioning Board will promote innovative ways to integrate care for patients.

- **A more phased transition** - Commissioning groups will all be established by April 2013 – there will be no two-tier system. But where a group is not yet ready, the NHS Commissioning Board will commission on their behalf. Monitor will continue to have transitional powers over all foundation trusts until 2016 to maintain high standards of governance during the transition. There will be a careful transition process on education and training, to avoid instability – more details will be announced in the autumn.

3 Main issues

3.1 PCT clusters

The Department of Health (DH) will establish a stronger and more unified approach to the clustering of PCTs across the country, to best support transition towards a single national commissioning board and give them the assurance they are looking for on the oversight of delivery. The DH has issued a single operating model for clusters. Leeds will cluster with Bradford from October 2011.

3.2 Clinical Commissioning Groups

3.2.1 There were three Practice Based Commissioning consortia (Leodis, Calibre and H3+) in Leeds and they are working together as a national pathfinder. NHS Leeds are continuing to work closely with the GP consortia as national guidance unfolds to ensure they can begin the transfer of commissioning responsibilities and develop robust governance structures. A fourth consortium has been confirmed, Leeds Alliance, and representatives have joined the Clinical Management Executive which meets on a fortnightly basis, and is made up of consortia representatives and NHS Leeds Directors. The final number of Commissioning Groups will be dependent on guidance to be published regarding the optimal population size to be covered by the groups.

3.2.2 Working across West Yorkshire, the clusters have also been identifying possible areas where, in the future, commissioning support functions for the purchase of Health services could potentially be undertaken across a wider area than Leeds to maximise an economy of scale

3.3 Public Health

3.3.1 The Department of Health (DH) has published a Public Health White Paper and other related consultation documents. Leeds undertook a series of consultation events, including with the Children's Trust Board, Health Improvement Board, GPs, voluntary community and faith sector. The purpose was to both provide a response to the consultative documents but also raise the profile of the forthcoming public health changes.

3.3.2 Our consultation highlighted the opportunities for Leeds with the creation of Public Health England, and the local lead for health and wellbeing being transferred to Leeds City Council plus an enhanced role for the new GP led Commissioning Groups. The consultation also highlighted that the proposals would lead to potential

fragmentation, complex funding and commissioning routes and significant issues over roles, responsibilities and accountabilities.

3.3.3 The Department of Health has received almost double the responses expected. The significance of the issues raised has meant that the DH will not produce its expected "command" paper on the route forward. Instead a high level policy statement has been published which provides more details on:

- mandatory services the Council will be required to provide (commissioning responsibilities for Public Health attached at Appendix 1)
- the role of local authorities and the Director of Public Health in health improvement, health protection and population healthcare
- grant conditions for the Public Health grant
- the establishment of Public health England
- clear principles for emergency preparedness, resilience and response
  The clarification on a number of issues is welcome. However, there remain a number of issues which need further development. Further engagement is anticipated which will produce updates on the following:
- the public health outcomes framework
- the operating model of Public health England, describing how it will work with the system to improve health outcomes
- Public Health in local government and the Director of Public health
- Public health funding
- Workforce, including the arrangements for terms and conditions and regulation of public health officials

3.3.4 A priority will be to determine the revised timetable for change and transfers following publication of this DH policy statement. This will in turn be used to shape the current local work plan and timetable.

3.4 **HealthWatch**

3.4.1 The Government announced in June that the timetable for change has been revised and the plan is now for HealthWatch England and Local HealthWatch to be established in October 2012. A HealthWatch Transition Plan has been developed by the Department of Health (DH) and distributed to Local Authorities and LINk organisations. This is the first in a series of transition documents that the DH hopes to produce to support the evolution from LINks to Local HealthWatch organisations.

3.4.2 Local Authorities will be under a duty to ensure that there is an effective and efficient local HealthWatch organisation in their area. However, there have been some mixed messages from the Department of Health about how Local Authorities will go about this. The main 'confusion` has been in relation to whether the Local Authorities will (be required to) undertake an open procurement exercise, or whether the expectation will be that the local HealthWatch organisation will be the evolved local Link.

3.4.3 In Leeds, we are looking to support the Link to develop into the Local HealthWatch organisation. A HealthWatch Development Group has just been established that will include the key stakeholders who will be involved in shaping and defining what the

Leeds HealthWatch organisation will look like. This includes Adult Social Care, Scrutiny Board representation, other Leeds City Council as appropriate, NHS Leeds, Leeds Partnership Foundation Trust, Leeds Teaching Hospitals Trust, Care Quality Commission, Third Sector, patients, service users and the general public. Leeds has submitted a proposal to be a local HealthWatch Pathfinder, in partnership with the Host and the LINk, and should be informed of the outcome by the end of June.

3.4.4 The Council will continue to contract with the existing LINks Host organisation (Shaw Trust) over the transition period. From October 2012, it is probable that Host organisations will cease to exist, with local HealthWatch organisations becoming "corporate bodies" and therefore being able to employ their own members of staff. There is the possibility of TUPE applying. However, our local HealthWatch organisation could decide to retain a Host organisation, which could be through a sub-contracting arrangement.

3.5 Health and Wellbeing Board

3.5.1 Leeds Initiative

Following the publication of the NHS White Paper *Equity and Excellence: Liberating the NHS*, senior officers from NHS Leeds, GP consortia and Leeds City Council have been meeting to discuss the establishment of the proposed statutory Health and Wellbeing Board.

These discussions have coincided with a review of the Leeds Initiative structures (the local strategic partnership) to ensure that they are fit for purpose for the future. The work to update the Vision for Leeds 2030 and the City Priority Plans 2011 to 2015 provides an opportunity, alongside key changes in the financial and policy context for local government, to look again at how priorities are identified, resourced and performance managed across the city.

3.5.2 Shadow Health and Wellbeing Board

Discussions between GP representatives, NHS Leeds and Leeds City Council on partnership arrangements started in November 2010 and have included agreeing the priorities for the health and wellbeing city priority plan.

The development work has focussed on understanding the different organisations' roles and cultures and new ways of working together that will achieve better outcomes for the people of Leeds. Existing partnership arrangements, including the three local partnerships, are being reviewed in light of the establishment of this new Board.

The existing GP consortia, Councillors and Directors will have a final meeting in July prior to the shadow Board coming into being in October. This steering group agreed the need to keep the board small with a core membership of NHS and LA commissioners and HealthWatch representing the public voice. It will be chaired by the leader of the Council.

Draft interim terms of reference have been prepared and are attached at appendix 2. These are similar to the ones for all the 5 boards that sit beneath the Leeds Initiative Board but also include the specific functions from the government's response to the NHS Future Forum recommendations. This includes a greater commitment to joint commissioning and integrated provision of services. It must be noted that these terms of reference will be subject to further refinement once the functions are fully defined within the Health and Social Care legislation when enacted.

The NHS Future Forum recommendations have implications for the board as they recommend a strengthening of its functions once it becomes a statutory body. The terms of reference and governance arrangements will be revised accordingly.

Leeds was approved as an early implementer for Health and Wellbeing Board in March 2011 and is part of a learning network with others in the region.

3.5.3 **Joint Health and Wellbeing Strategy**

The work to develop and agree the City Priority Plan for Health and Wellbeing 2011 to 2015 provides a good basis for the development of a full Joint Health and Wellbeing Strategy in 2012. This will be based on the evidence and consultation work already carried out but will also be informed by the refresh of the Joint Strategic Needs Assessment.

The main partners have agreed the focus in the plan on four top priorities: tackling health inequalities; promoting health lifestyle choices; developing integrated health and social care services that reduce the need for people to go into hospital or residential homes; and improving the patient experience of care.

3.6 **Joint Strategic Needs Assessment**

3.6.1 The present Health and Social Care Bill going through Parliament gives the Joint Strategic Needs Assessment a central role in the new health and social care system. It will be at the heart of the role of the new Health and Well Being Boards and is seen as the primary process for identifying needs and building a robust evidence base on which to base local commissioning plans. In the future the JSNA will be undertaken by local authorities and GP consortia through health and wellbeing boards. Local Authorities and GP consortia will each have an equal and explicit obligation to prepare the JSNA, and to do so through the health and wellbeing board. There will be a new legal obligation on NHS and local authority commissioners to have regard to the JSNA in exercising their relevant commissioning functions.

3.6.2 The first JSNA for the City of Leeds was produced in 2009. It confirmed that the priorities identified in the Leeds Strategic Plan (2008-11) and NHS Leeds's Strategy were the right priorities to be tackled at that current time. These included:

- 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

3.6.3 However, the analysis 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 Infant mortality. 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 following sections set out work undertaken since the 2010 update.

3.6.4 Review of Needs Assessments - The JSNA is not a one off process but is part of a continuous cycle of commissioning and requires updating and revisiting regularly. In 2010 a review was undertaken of the key needs assessments that had been carried out since that first JSNA report. The outcome of this process has led to development of a template for future needs assessment within the city that will ensure improved quality and better consistency. Work is also underway to identify areas where more in-depth needs analysis is being undertaken or still required. Comprehensive needs assessment for both Alcohol and Mental Health are currently being completed.

3.6.5 Forecasting and Modelling - The JSNA is required to not only consider present needs of the population but also to consider the future in terms of changes in demographics and their influence on need and also changes due to the impact of public policy or in trends of particular conditions/disease/lifestyle factors. Two pieces of work have been undertaken to address these future needs.

3.6.6 Locality data - One of the issues raised in the original Leeds JSNA was the need for locality level data. 108 local profiles have since been produced each covering around 8000 population (at Medium Level Super Output Area Level).This is now being enhanced by using the Acorn market segmentation tool and health, social services and council data to further develop the profiles. These profiles will be available in September.

3.6.7 Quantitative and Qualitative data - Working is underway on a pilot to use National data set piloting using data from Citizen Advice Bureau to join up with voluntary sector data sets. This has been highlighted as good practice in a recent Local Government publication. Through the Strategic Involvement Group, qualitative data has been collated and is now being analysed by the Joint Information Group.

3.6.8 Ethnicity data - Since 2009 a Directly Enhanced Service agreement has been in place with GP practices to encourage more accurate ethnic monitoring. The PCT has also invested in the Mosaic origin system which 'allocate' surnames to specific ethnic groups.

3.6.9 Wider Determinants and Health - A study has been completed entitled 'Assessing the Wider Impact of Housing Conditions in Leeds. An interim Report has been published by Sheffield Hallam University and York University. There are four key messages – all with recommendations within the report. These cover the issues of the importance of the root causes of population health and health inequalities, fuel poverty; safety and Independence; and security

3.6.10 Further workshops have been taking place to analyse the data and identify the emerging themes for the city. Further work is needed before clear priorities for action are identified in the refreshed JSNA due to be completed by September. The main issues being considered so far are:

- Overall population growth including more children and more older people as well as an uneven distribution of growth
- Issues for specific population groups e.g. migrants, different localities, child poverty, etc.
- Wider determinants of health e.g. the impact of crime on wellbeing, inequalities in health
- Premature mortality and ill health due to certain disease e.g. cancer, cardiovascular disease, chronic respiratory disease, mental health, etc.
- Access to and use of services and the need for these to be more local

3.6.11 The future work of the JSNA will be significantly supported and strengthened in the event of members supporting the report on this agenda entitled 'Building intelligence capacity for the city and city region'. The importance of accurate information, research and intelligence will be vital to effectively prioritising the resources to improve health and wellbeing needs of the city. The value of additional capacity to support the wider analysis of intelligence sources cannot be underestimated.

4. City Priority Plan 2011 -15

4.1 Wide consultation has been undertaken to develop the city priority plan for health and wellbeing. Contributions in respect of improving the overall health of the population were drawn together at a recent workshop across the partnership and further discussed at the scrutiny meeting of the 22 July 2011.

4.2 As a result of the debate, and subsequent NHS Leeds Board agreement, it has been recommended that minor adjustments to the wording of the document will strengthen the imperative to reduce overall inequalities in health. This is set out in the table below:

The four-year priorities	Headline indicators
Help protect people from the harmful effects of tobacco. ~~Make sure that more people make healthy lifestyle choices.~~	Reduce the number of adults over 18 that smoke.
Support more people to live safely in their own homes.	Reduce the rate of emergency admissions to hospital. Reduce the rate of admission to residential care homes.
Give people choice and control over their health and social care services.	Increase the proportion of people with long-term conditions feeling supported to be independent and manage their condition.
Make sure that people who are the poorest improve their health the fastest.	Reduce the differences in life expectancy between communities Reduce the difference in **healthy** life expectancy between communities* ~~Improve the number of children from the poorest 20% in Leeds who are ready to start school by age five.~~

5. Next steps

5.1 Leeds will have the first meeting of a shadow Health and Wellbeing Board in October 2011, with it formally being required to be in place as a sub committee of the Council by April 2013. The steering group met at the end of July to discuss the final proposals.

5.2 In light of new guidance, the JSNA will be required to be refreshed to inform a high level Joint Health and Wellbeing Strategy for Leeds.

5.3 The development of a Joint Health and Wellbeing Strategy (further guidance will be issued on this) which will be the overarching framework within which commissioning plans are developed. It will cover the NHS, Social Care, Public Health, Children's services and could potentially consider wider health determinants such as housing, or education.

6. Corporate Considerations

6.1 Consultation and Engagement

The Vision for Leeds has been published after extensive engagement with stakeholders and continues to be refined. The preparation of the Health and Wellbeing Strategy for 2012/13 will be subject to full consultation and will follow the

framework adopted in the Council to include the involvement of Scrutiny, the Executive Board and Full Council

6.2 Equality and Diversity / Cohesion and Integration

The JSNA has at it's heart the commitment to identifying need and highlighting issues of inequality and disadvantage in the city. The subsequent Health and Wellbeing plan will ensure the prioritisation of spending and action plans required to address the issues identified

6.3 Council Policies and City Priorities

This report highlights the element of the City Strategic plan in relation to improving the Health and Wellbeing of the citizens of Leeds. It sets out key elements of partnership working and service development which will be required to deliver the key priorities over the next 4 years.

6.4 Resources and Value for Money

The report highlights that there will be a significant transfer of resource and responsibility when the Local Authority becomes statutorily accountable for the Public health function. In view of the further work required before there is clarity in respect of the allocation and accountability, further reports will be submitted when this detail is known.

6.5 Legal Implications, Access to Information and Call In

As an Executive Board report any decisions made will be subject to call in.

6.6 Risk Management

The NHS changes in the way Health Services are commissioned and, ultimately, provided represent some of the most far reaching changes since the launch of the welfare state. The Local Authority will play a pivotal role in establishing the Health and Wellbeing Boards and ensuring that population needs are addressed in a transparent and integrated, way. The engagement and coordination of Health commissioners along with Public, Private and Voluntary Sector Health and Social Care providers is critical to the success of our aspirations to improve the health of the City.

The fundamental empowerment of the citizen to make their voice heard and influence the prioritisation, delivery and quality of service is a major task of HealthWatch as a key partner on the Health and Wellbeing board. It is a Local Authority duty to ensure this happens

The Board will meet in shadow form during 2011/12 during which time the risks associated with the changes will be evaluated and mitigation identified.

7. Conclusions

7.1 There has been a good basis of development work between GPs and the Council to establish a shadow Health and Wellbeing Board in Leeds in September 2011 and good support for it being an early implementer. The discussions now need to take on board the implications from the national changes resulting from the 'listening exercise.

7.2 The government has set out in the NHS White Paper the importance of the JSNA as being central to the new commissioning landscape for both the Local Authority and Health. Work to refresh the JSNA data set will begin in July and continue using both national and local information and new national guidance. The JSNA will then be used by the future Health and Well Being Board to develop a new Joint Health and Well Being Strategy for Leeds from April 2012.

8. Recommendations

The Executive Board is asked:

8.1 To note the progress that has been made in developing a shadow Health and Wellbeing Board for Leeds.

8.2 To note the recent clarification of public health functions to be transferred to the Local Authority and the submission of further reports on issues and implications once further information is known

8.3 To note the progress that has been made in delivering the work programme identified in the first JSNA report in April 2009 and the implications of the new role of the JSNA as central to the new commissioning structures

8.4 To note that a further update on the JSNA will be published in the autumn as part of the State of the City report.

8.5 To agree the ongoing refinement of the priorities and indicators in the City Priority Plan following NHS Leeds Board, partnership and scrutiny contributions.

9. Background documents

9.1 Forum for Future summary report on the proposed changes to the NHS

9.2 Government Changes in Response to the NHS Future Forum

9.3 Healthy Lives, Healthy People: Update and way forward

Annex A: proposed commissioning responsibilities for public health

A.1 *Healthy Lives, Healthy People: consultation on the funding and commissioning routes for public health* set out proposals for what activity should be funded from the public health budget, and who the principal commissioner might be for that activity.

A.2 Respondents largely supported our proposals, in particular, many local authorities welcomed their new responsibilities for public health. Respondents pointed to the strengths of local authorities commissioning public health services at the heart of communities, building on their knowledge, and tackling the wider determinants of health. We are minded for the most part to move forward on that basis.

A.3 However, we have listened to concerns raised during consultation, particularly around the potential for fragmentation of responsibilities, and are amending our plans accordingly. We have amended our criteria for deciding commissioning routes for public health to take account of concerns raised around fragmentation. In reviewing our proposals, we followed four fundamental principles:

- Effectiveness - getting the biggest positive impact on health;
- Localism - empowering local communities;
- Efficiency - getting the best value for money; and
- Equity and comprehensiveness - reducing health inequalities and increasing fairness in the provision of services.

A.4 In terms of fragmentation of commissioning responsibility, in the areas where concerns were raised, we will:

- ask the NHS Commissioning Board to commission all immunisation programmes, to ensure a single commissioner, but ensure that Directors of Public Health have a defined role in supporting reviewing and challenging delivery of services;
- consider what role Directors of Public Health should have with regard to national screening programmes, which will be commissioned by the NHS Commissioning Board on behalf of Public Health England.

A.5 Our proposal for local authorities to commission comprehensive sexual health services was broadly very well received, but concerns were raised about fragmenting commissioning responsibility if the NHS Commissioning Board was to commission HIV treatment separately from the rest of sexual health services. We consider that it remains appropriate for the NHS to commission HIV treatment alongside its responsibilities for commissioning treatment for other infectious diseases, but will examine ways to ensure that prevention work does not become isolated from treatment services.

A.6 Some consultees expressed concerns about splitting responsibility for commissioning children's public health services from pregnancy to 5 from those for 5-19. In light of these concerns we wish to reflect specifically on the detail of how our proposals should be implemented. In the medium term, we remain committed to transferring commissioning of children's public health services from pregnancy to 5 to local authorities and intend to

complete this in 2015. In the short-term, we believe that the commitment to raise numbers of health visitors by 2015 is best achieved through NHS commissioning and thus will retain our existing proposal that the NHS Commissioning Board should lead commissioning in this area in the short-term. However, we wish to engage further on the detail of the proposals, particularly in respect of transition arrangements and the best way to begin to involve local authorities in local commissioning of these services in partnership with the NHS.

A.7 In addition, we are minded to revise our existing proposals as follows:

- we consider that specialist services for female genital mutilation should be commissioned by the NHS, rather than splitting them from core services;
- we will consider further our proposals for how best to align commissioning responsibility for Sexual Assault Referral Centres with the best possible outcomes following lessons learnt as part of the early implementer programme to transfer police funding for healthcare in police custody to the NHS;
- we think that specialist dental public health expertise should be part of Public Health England rather than local authorities, so as to manage resources more effectively.

A.8 We are reflecting further on where the best place for commissioning responsibility should rest for campaigns around early diagnosis, such as a potential national bowel cancer symptom campaign.

A.9 In consultation, many respondents asked for greater clarity around roles and responsibilities for dealing with health protection incidents and emergencies. Annex B provides more detail on our proposed arrangements.

A.10 In light of the above, and subject to further engagement, the new responsibilities of local authorities would include local activity on:

- tobacco control;
- alcohol and drug misuse services;
- obesity and community nutrition initiatives
- increasing levels of physical activity in the local population
- assessment and lifestyle interventions as part of the NHS Health Check Programme;
- public mental health services;
- dental public health services;
- accidental injury prevention;
- population level interventions to reduce and prevent birth defects;
- behavioural and lifestyle campaigns to prevent cancer and long term conditions;
- local initiatives on workplace health;
- supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation programmes;
- comprehensive sexual health services[8];
- local initiatives to reduce excess deaths as a result of seasonal mortality;

[8] To note, this includes testing and treatment for sexually transmitted infections, contraception outside of the GP contract, termination of pregnancy, and sexual health promotion and prevention.

- role in dealing with health protection incidents and emergencies as described in Annex B;
- promotion of community safety, violence prevention and response; and
- local initiatives to tackle social exclusion.

A.11 In addition to their new public health responsibilities, local authorities are ideally placed to maximise the opportunities to develop holistic approaches to improve health and wellbeing, embracing the full range of local services for which they are responsible. For example, Directors of Public Health joining up with Directors of Adult Social Services to commission specific services for older people and those who care for them. Local authorities will also be able to work with other local agencies such as working with local employers or working with local criminal justice and community safety agencies to reduce drug and alcohol dependency and tackling the harmful use of alcohol[9]. They will also be able to tackle wider issues, such as air quality and noise. Funding awarded through the Local Sustainable Transport Fund[10] will enable local authorities to stimulate local growth, at the same time as cutting carbon and delivering other environmental and public health benefits by improving access to employment, shops and other local services through sustainable modes of transport.

A.12 The public health budget will also fund the NHS to commission certain public health services, in light of the above, and subject to further engagement. This includes immunisation programmes, contraception in the GP contract, screening programmes, public health care for those in prison or custody and children's public health services from pregnancy to age 5 (including health visiting). The NHS will also commission and deliver many more interventions that improve public health funded, from within the NHS budget over and above this. For example, public health is a core part of every clinical encounter and many public health outcomes could not be achieved without the ongoing contribution of the NHS, for example, through providing brief interventions in primary and secondary care.

A.13 In carrying out their functions, all commissioners must have due regard to the need to: eliminate discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act; advance equality of opportunity between those who share a protected characteristic and those who do not; and foster good relations between people who share a protected characteristic and those who do not. In practice this means: removing or minimising disadvantages experienced by anyone with a protected characteristic; taking steps to meet the needs of people who share a protected characteristic and those who do not; and encouraging people with a protected characteristic to participate in public where their participation is low. There is also a separate provision which makes it clear that, in terms of disability, there is a need to consider the need to make reasonable adjustments.

A.14 We will ask local authorities, the shadow NHS Commissioning Board (once established) and emerging clinical commissioning groups to plan on the basis of the respective responsibilities set out above, whilst taking further time to engage with stakeholders to ensure we have the detail right in relation to the specific areas of children's public health services (from pregnancy to age 5), the role of Directors of Public Health in supporting the

[9] We will be publishing a cross government alcohol strategy later this year.
[10] http://www.dft.gov.uk/news/press-releases/dft-press-20110705

NHS in commissioning immunisation and screening programmes, and responsibility for promoting early diagnosis.

Shadow Health and Wellbeing Board
Interim Terms of Reference

1. Purpose

The purpose of the shadow Health and Wellbeing Board is to improve health and care services, and the health and wellbeing of local people. It will provide strong leadership and support effective partnership work on delivering the aspirations of the Vision for Leeds. In particular its key objective is to join up activities to maximise outcomes, and to create a culture where partnership work in the interests of local people is built into the way all agencies, sectors and organisations act. It will support the vision and outcomes below.

Leeds will be a healthy and caring city for all ages where:

- people live longer and have healthier lives;
- people are supported by high quality services to live full, active and independent lives; and
- inequalities in health are reduced, for example, people will not have poorer health because of where they live, what group they belong to or how much money they have.

The Board will lead the long term strategy for the city in health and wellbeing and co-ordinate the partnership actions to achieve the priorities in the City Priority Plan and, from 2012, the new Joint Health and Wellbeing Strategy.

2. Governance arrangements

This Health and Wellbeing Board will report on its work to the Leeds Initiative Board which will provide strategic direction. The Leeds Initiative is not a separate legal entity. Each partner within the Leeds Initiative retains its own functions and responsibilities. It provides a focus for the agreement of shared action, and constructive challenge to make sure that the partnership work improves outcomes. To meet this objective this Board will performance manage the delivery of the City Priority Plan.

The Health and Wellbeing Board will act as an advisory body to Leeds City Council's Cabinet, NHS Cluster Board and the Clinical Commissioning Groups in the context of the relevant section of the Health and Social Care Bill. The Health and Wellbeing Board will take on statutory responsibilities from April 2013 and will then operate as an executive body of Leeds City Council. It will be subject to oversight and scrutiny by the existing statutory structure for overview and scrutiny of the local authority. The terms of reference and constitution will be reviewed during this interim period.

3. Roles

The chair shall be the Leader of Leeds City Council.

A 'Memorandum of Understanding' will be developed to provide the framework for identifying roles, responsibility, authority and accountability. It will enable the Board to develop mechanisms for policies, strategies, dispute resolution, etc.

Senior leadership will be provided by the Director of Adult Social Services, the Director of Public Health and the Director of Children's Services of Leeds City Council and will be supported by a senior officer executive group. Support functions will be the responsibility of Adult Social Care directorate and Leeds Initiative office.

4. Responsibilities

The main responsibilities of the Board will be to:

- Identify needs and priorities across Leeds and refresh and publish the joint strategic needs assessment;

- Develop and publish a joint health and wellbeing strategy to provide a framework for commissioners' plans on health care, social care, public health and children's health services and to advise and influence partner organisations;
- Have oversight of the use of public sector resources across the relevant services with a focus on integration across the outcomes spanning health care, social care and public health
- Promote joint commissioning of services between health, social care and public health with pooled or aligned budgets;
- Maximise opportunities for integrating health and social care around the needs of individuals and promoting the joining up with wider local authority services that impact on health and wellbeing such as housing, education and planning;
- Promote integration and partnership working to deliver service changes and priorities;
- Communicate with and involve local people through its work in assessing local needs and developing a joint health and wellbeing strategy and support how they can exercise choice and control over their personal health and wellbeing;
- Raise awareness of and tackle health inequalities across all the partnership structures;
- Contribute to the work of the NHS Commissioning Board;
- To influence local, regional and national government policy initiatives linked to health and wellbeing.

5. Linkages

This Board is one of five strategic partnership boards reporting to Leeds Initiative Board (Children's Trust, Sustainable Economy and Culture, Housing and Regeneration, Safer and Stronger Communities). Together these bodies are responsible for the Vision for Leeds and the City Priority Plans. The Health and Wellbeing Board will link with the agendas of other partnership boards on cross-cutting issues, particularly health inequalities.

It also will have links to a wider network of partnerships some of which it will commission to deliver areas of its agenda:

- Three Area Health and Wellbeing Partnerships
- Health and Social Care Service Transformation Board
- Health Improvement Board
- Healthy Leeds Network (provider forum)
- Children and Adult Safeguarding Partnership Boards
- Learning Disabilities Partnership Board
- Joint Information Group
- Strategic Involvement Group
- Health Protection Board (proposed)
- Third Sector Leeds Network

Through the three area partnerships, it will link to the locality working developments by Area Leadership Teams which will be led directly by the Leeds Initiative Board.

The Health and Wellbeing Board will also have access to expertise on specific conditions and pathways of care through the proposed clinical networks and senates which be established under the remit of the NHS Commissioning Board.

6. Core Membership

1. Leader, Leeds City Council (Chair)
2. Executive Member for Adult Health and Social Care, Leeds City Council
3. Executive Member for Children's Services, Leeds City Council
4. Main Opposition Leaders Leeds City Council (Conservative and Liberal Democrat)
5. Clinical Commissioning Groups (Accountable Officer for each)
8. NHS Commissioning Board (NHS Leeds as interim)
9. Director of Public Health, NHS Leeds/Leeds City Council
10. HealthWatch - Public and service users and carers (LINk as interim)
11. Third Sector Leeds

The above list is the core membership and reflects the expected statutory provisions and the main funding partners. Other partners in Leeds who contribute to the achievement of the Vision and objectives for this theme in the City Priority Plans will be involved through the delivery partnerships at city wide or local level or through the establishment of other groups to support the work of the Board comprising a range of stakeholders, including providers.

7. Officers in Attendance

Director of Adult Social Services, Leeds City Council
Director of Children's Services, Leeds City Council

Officers from Leeds City Council, Leeds Initiative, and other partners will be invited to attend the Board at the discretion of the Chair. Their role will include to advise the group, prepare agendas, minutes, reports and briefings for the Board, and follow up actions arising from discussions and decisions made by the Board.

8. Equality, Communication and Engagement

The Board shall have due regard to equality in all its activities, and shall take steps to demonstrate it has consulted with communities appropriately in all its decisions

The Board and its related groups will communicate and engage with local people in how they can achieve healthy lifestyles and be supported to exercise choice and control over their personal health and wellbeing. The Board will:

- Develop and implement a communications and engagement plan for the work of the Board, including how the work of the Board will be influenced by stakeholders and the public, including seldom heard groups, and how the Board will discharge the specific duties with respect to consultation on service changes;
- Represent Leeds in relation to health and wellbeing issues at local, sub-regional, regional, national and international level;
- Debate issues of mutual interest and concern, including cross-cutting issues, share examples of good practice and taking key decisions as necessary.

9. Meetings

The Board will meet four times a year with additional workshops as required.

The quorum for the meeting shall be a quarter of the membership including at least one elected member from LCC and one representative from the Clinical Commissioning Groups.

Meetings are open to the public but papers, agendas and minutes will be published on the Leeds Initiative website promptly. A forward plan of meetings will be published on the Leeds Initiative website.

NB These terms of reference will be subject to ongoing review during the passage of legislation to further clarify the role and purpose of the board.

5th August 2011 version

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Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 24 74707

Report of Head of Scrutiny and Member Development

Report to Scrutiny Board (Health and Well-Being and Adult Social Care)

Date: 21 September 2011

Subject: Work Schedule – September 2011

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

Summary of main issues

1. In July 2011, the Board identified the following priority areas for inclusion in its work schedule during the current municipal year:
    - Reducing smoking in the over 18s (as detailed in the Board's Terms of Reference agreed by Council);
    - Service Change and Commissioning in Adult Social Care (as detailed in the Board's Terms of Reference agreed by Council);
    - Reducing avoidable admissions to hospital and care homes (as detailed in the Board's Terms of Reference agreed by Council);
    - The transformation of Health and Social Care Services (as detailed in the Board's Terms of Reference agreed by Council);
    - Consultation (across adult social care and health);
    - Health inequalities; and,
    - Leeds Crisis Centre (follow-up on the work from the previous Adult Social Care Scrutiny Board).

2. These areas are reflected in the draft work schedule attached as Appendix 1, which has been provisionally completed pending on-going discussions with the Board. It should be noted that the work schedule is likely to be subject to change throughout the municipal year.

3. Also attached at Appendix 2 and 3 respectively are the minutes of Executive Board 27th July 2011 and the Council's current Forward Plan relating to the Board's portfolio and terms of reference.

Recommendations

4. To consider the information presented and agree/ amend the draft work schedule (as appropriate).

Background documents

5. None used

APPENDIX 1

Scrutiny Board (Health and Well-Being and Adult Social Care)

Work Schedule for 2011/2012 Municipal Year

	Schedule of meetings/visits during 2011/12		
	July	**August**	**September**
Area of review (detailed in the Scrutiny Board Terms of Reference)			
Reducing smoking in the over 18s	Consider potential scope at SB 22/07/11		
Service Change and Commissioning in Adult Social Care	Consider potential scope at SB 22/07/11		* partly covered as part of consultation report.
Reducing avoidable admissions to hospital and care homes	Consider potential scope at SB 22/07/11		
The transformation of Health and Social Care Services	Consider potential scope at SB 22/07/11		Position statement at SB 21/9/11
Board initiated piece of Scrutiny work (if applicable			
Future options for long term Residential and Day Care Services for Older People		WG – 30/08/11	
Consultation (across adult social care and health)			Initial reports from Leeds City Council (Corporate and Adult Social Care) and NHS Leeds at SB 21/9/11*
Health inequalities			
Leeds Crisis Centre			

Key: SB – Scrutiny Board (Health and Well-Being and Adult Social Care) Meeting WG – Working Group Meeting

APPENDIX 1

Scrutiny Board (Health and Well-Being and Adult Social Care)

Work Schedule for 2011/2012 Municipal Year

	Schedule of meetings/visits during 2011/12		
	July	**August**	**September**
Recommendation Tracking			
Performance Monitoring			

Key: SB – Scrutiny Board (Health and Well-Being and Adult Social Care) Meeting WG – Working Group Meeting

APPENDIX 1

Scrutiny Board (Health and Well-Being and Adult Social Care)

Work Schedule for 2011/2012 Municipal Year

	Schedule of meetings/visits during 2011/12		
	October	**November**	**December**
Area of review (detailed in the Scrutiny Board Terms of Reference)			
Reducing smoking in the over 18s			
Service Change and Commissioning in Adult Social Care		WG – 7/11/11	
Reducing avoidable admissions to hospital and care homes		SB 25/11/11 – report (scope to be determined)	
The transformation of Health and Social Care Services			
Board initiated piece of Scrutiny work (if applicable			
Future options for long term Residential and Day Care Services for Older People			
Consultation (across adult social care and health)			SB 21/12/11 – report (scope to be determined)
Health inequalities	SB – 28/10/11 – JSNA update	SB 25/11/11 – report (Work of early years – TBC)	SB 21/12/11 – report (scope to be determined)
Leeds Crisis Centre			

Key: SB – Scrutiny Board (Health and Well-Being and Adult Social Care) Meeting WG – Working Group Meeting

APPENDIX 1

Scrutiny Board (Health and Well-Being and Adult Social Care)

Work Schedule for 2011/2012 Municipal Year

	Schedule of meetings/visits during 2011/12		
	October	**November**	**December**
Recommendation Tracking		SB – 25/11/11 – Quarter 2 report	
Performance Monitoring	SB – 28/10/11		

Key: SB – Scrutiny Board (Health and Well-Being and Adult Social Care) Meeting WG – Working Group Meeting

APPENDIX 1

Scrutiny Board (Health and Well-Being and Adult Social Care)

Work Schedule for 2011/2012 Municipal Year

	Schedule of meetings/visits during 2011/12		
	January	**February**	**March**
Area of review (detailed in the Scrutiny Board Terms of Reference)			
Reducing smoking in the over 18s	SB report – Tobacco Reduction Strategy – 25/1/12		
Service Change and Commissioning in Adult Social Care	WG – 9/1/12		WG – 5/3/12
Reducing avoidable admissions to hospital and care homes		SB 29/2/12 – report (scope to be determined)	
The transformation of Health and Social Care Services		SB 29/2/12 – Update report	
Board initiated piece of Scrutiny work (if applicable			
Future options for long term Residential and Day Care Services for Older People			
Consultation (across adult social care and health)			
Health inequalities			
Leeds Crisis Centre	SB report – 25/1/12		

Key: SB – Scrutiny Board (Health and Well-Being and Adult Social Care) Meeting WG – Working Group Meeting

APPENDIX 1

Scrutiny Board (Health and Well-Being and Adult Social Care)

Work Schedule for 2011/2012 Municipal Year

	Schedule of meetings/visits during 2011/12		
	January	**February**	**March**
Recommendation Tracking			
Performance Monitoring	SB – 25/1/12 – Quarter 3 report		

Key: SB – Scrutiny Board (Health and Well-Being and Adult Social Care) Meeting WG – Working Group Meeting

APPENDIX 1

Scrutiny Board (Health and Well-Being and Adult Social Care)

Work Schedule for 2011/2012 Municipal Year

	Schedule of meetings/visits during 2011/12		
	April	**May**	
Area of review (detailed in the Scrutiny Board Terms of Reference)			
Reducing smoking in the over 18s			
Service Change and Commissioning in Adult Social Care			
Reducing avoidable admissions to hospital and care homes			
The transformation of Health and Social Care Services			
Board initiated piece of Scrutiny work (if applicable			
Future options for long term Residential and Day Care Services for Older People			
Consultation (across adult social care and health)			
Health inequalities			
Leeds Crisis Centre			

Key: SB – Scrutiny Board (Health and Well-Being and Adult Social Care) Meeting WG – Working Group Meeting

APPENDIX 1

Scrutiny Board (Health and Well-Being and Adult Social Care)

Work Schedule for 2011/2012 Municipal Year

	Schedule of meetings/visits during 2011/12		
	April	**May**	
Recommendation Tracking			
Performance Monitoring			

Key: SB – Scrutiny Board (Health and Well-Being and Adult Social Care) Meeting WG – Working Group Meeting

EXECUTIVE BOARD

WEDNESDAY, 27TH JULY, 2011

PRESENT: Councillor K Wakefield in the Chair

Councillors J Blake, A Carter, M Dobson, R Finnigan, S Golton, P Gruen, R Lewis, A Ogilvie and L Yeadon

30 Exempt Information - Possible Exclusion of the Press and Public

RESOLVED – That the public be excluded from the meeting during consideration of the following parts of the agenda designated as 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 1 to the report referred to in Minute No. 47 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that it relates to the financial or business affairs of the Council and it is therefore considered not to be in the public interest to disclose this information, as it would be likely to prejudice the Council's current negotiations.

(b) Appendix 1 to the report referred to in Minute No. 48, under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that this information relates to the financial or business affairs of a particular person and of the Council. It is therefore considered that since this information was obtained through one to one negotiations for the disposal of the property/land, then it is not in the public interest to disclose this information at this point in time. It is considered that whilst there may be a public interest in disclosure, much of this information will be publicly available from the Land Registry following completion of this transaction and consequently the public interest in maintaining the exemption outweighs the public interest in disclosing this information at this point in time.

(c) The appendix to the report referred to in Minute No. 53, under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that it relates to the financial or business affairs of a particular person, and of the Council. This information is not publicly available from the statutory registers of information kept in respect of certain companies and charities. It is considered that since this information was obtained through one to one negotiations for the disposal of the property/land then it is not in the public interest to disclose this information at this point in time. 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 other similar transactions in that prospective purchasers of other similar properties would have access to information 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 publicly available from the Land Registry following completion of this transaction and consequently the public interest in maintaining the exemption outweighs the public interest in disclosing this information at this point in time.

(d) Appendix 2 to the report referred to in Minute No. 54, under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that the condition of the exemption is that in all of the circumstances the public interest in exempting should outweigh the public interest in disclosing. In the Council's judgment, the commercial information relating to this proposal should not be disclosed as the interests of potential bidders could be prejudiced if these financial terms became available to them.

(e) Appendices 1 and 2 to the report referred to in Minute No. 55, under the terms of Access to Information Procedure Rule 10.4(3) and appendix 3 to the report referred to in the same minute, under the terms of Access to Information Procedure Rules 10.4 (3) and (5). This is due to the fact that the appendices contain commercially sensitive information on the City Council's approach to procurement issues, and commercially sensitive pricing and information about the commercial risk position of the City Council's proposed Preferred Bidder, where the benefit of keeping the information confidential is considered greater than that of allowing public access to the information.

31 Declaration of Interests

Councillors Wakefield, Dobson and Ogilvie all declared personal interests in the item entitled, 'Design and Cost Report: Lotherton Estate Improvements', due to being Leeds Card holders (Minute No. 35 refers).

Councillors Finnigan, Blake and R Lewis all declared personal interests in the item entitled, 'Investment Partnership for South Leeds', due to being members of the Investment Partnership for South Leeds. (Minute No. 44 refers).

Councillors Ogilvie and Dobson both declared personal interests in the item entitled, 'Three Year Grant Funding for Culture', due to being members of the Leeds Initiative – Sustainable Economy and Culture Board. (Minute No. 34 refers).

Councillor R Lewis declared a personal interest in the item entitled, 'Arms Length Management Organisations (ALMO) and Tenant Management Organisations Annual Reports for 2010/11', due to being a member of the Outer West ALMO Area Panel. (Minute No. 56 refers).

Councillors Golton and Finnigan both declared personal interests in the items respectively entitled, 'Primary Basic Need 2012 – Outcome of Statutory Notices for the Expansion of Primary Provision in 2012' and 'Primary Basic Need Programme – Permission to Consult on Proposals for Expansion of Primary Provision in 2013 and 2014', due to their respective positions as governors of Primary Schools. (Minute Nos. 58 and 59 refer respectively).

Further declarations of interest were made at a later point in the meeting (Minute Nos. 55 and 56 refer respectively).

32 Minutes

RESOLVED – That the minutes of the meeting held on 22nd June 2011 be approved as a correct record, subject to the inclusion of the comments made by Councillor A Carter in respect of Minute No. 22 entitled, 'Housing Appeals – Implications of the Secretary of State's Decision relating to Land at Grimes Dyke, East Leeds', in which he emphasised the need to postpone the immediate release of all the Phase 2 and 3 housing allocations within the UDP, as recommended within the report, until after the outcomes from the related Inquiry undertaken by the Scrutiny Board (Regeneration) had been considered.

33 Matters Arising from the Minutes

In respect of Minute No. 22(g), ''Housing Appeals – Implications of the Secretary of State's Decision relating to Land at Grimes Dyke, East Leeds', the Chair suggested that a forthcoming visit to be made by Greg Clarke MP, Minister for Cities, would provide an opportunity for an all party lobbying exercise to be undertaken in respect of issues such as the land banking practices of developers.

LEISURE

34 3 Year Grant Funding for Culture

The Chief Libraries, Arts and Heritage Officer submitted a report responding to requests from the large arts organisations to provide longer term funding arrangements. In addition, the report reviewed current approaches and looked to reflect the new strategic priority plan and impact of other agencies' decisions on future funding arrangements, whilst also proposing the introduction of a new, more robust and transparent process.

Members suggested that a report was submitted to a future meeting of the Board outlining the actions being taken to work with young people in order to identify, nurture and retain the sporting and musical talent within the city, in conjunction with the Leeds Arena development.

The report provided details of the equality impact assessment which had been undertaken in respect of the proposals.

RESOLVED –

(a) That the introduction of 3 year grant funding to cultural organisations be approved.

(b) That the introduction of Culture Leeds grants be approved.

35 Design and Cost Report: Lotherton Estate Improvements

The Director of City Development submitted a report seeking an injection into the capital programme for various improvement works at Lotherton Estate, which would be funded by prudential borrowing from additional income raised via changes to the current charging policy.

Members made several comments on the proposals regarding the site improvements and charging policy and suggested that a further report was submitted to the Board, which enabled the outcomes arising from the consultation exercise to be fully considered.

The report provided details of the equality impact assessment which was being undertaken in respect of the proposals.

RESOLVED –

(a) That an injection of £160,000 in to the capital programme for improvements at Lotherton be approved, which will be funded by prudential borrowing from additional income raised from changes to the current charges for Lotherton.

(b) That the authority to incur expenditure of £160,000 on improvements to Lotherton be approved.

(c) That the charges for entry to all facilities on the Estate be approved.

(d) That, following the conclusion of the consultation, any change to the Phase 1 improvements be delegated to the Director of City Development with concurrence of the Executive Board Member (Leisure).

(e) That a further report be submitted to the Board, which enabled the outcomes arising from the consultation exercise undertaken to be fully considered.

ADULT HEALTH AND SOCIAL CARE

36 Charges for Non-Residential Adult Social Care Services

Further to Minute No. 141, 15th December 2010, the Director of Adult Social Services submitted a report regarding the outcome of the consultation exercise undertaken in respect of charges for non-residential services, whilst making recommendations for changes to such charges.

Members highlighted the need to ensure that consideration was given to the frequency of reviews undertaken on this matter and suggested that details

were provided to Board Members of those Local Authorities which had also altered their charges, in addition to information on the potential impact for Leeds arising from the Dilnot Commission's report.

In noting the cross party support for this matter, the Chair proposed that cross party discussions continued, so that the proposals could be progressed effectively.

The report provided details of the equality impact assessment which had been undertaken in respect of the proposals.

RESOLVED –

a) That the outcomes of the consultation and the way in which they have been addressed, as set out within sections 4.6 to 5.7 of the submitted report, be noted.

b) That the outcomes of the equality impact assessment and the way in which they have been addressed, as set out within sections 7.1 to 7.4 of the submitted report, be noted.

c) That the changes to charges for non-residential services, as set out in sections 5.4 to 5.7 of the submitted report, effective from 1st October 2011, be approved.

d) That the revised Adult Social Care Charging and Contributions Policy Framework, as set out within Appendix 6 of the submitted report be approved.

e) That the further review of charges and the financial assessment methodology, together with the associated consultation process, as set out within sections 5.15 and 5.16 of the submitted report, be approved.

f) That a further report on the outcomes of the further consultation process and proposals regarding charges and the financial assessment methodology be submitted to a future meeting of the Board.

37 Leeds Safeguarding Adults Partnership Annual Report 2010/2011

The Director of Adult Social Services submitted a report introducing the fourth annual report of the Leeds Safeguarding Adults Partnership Board and providing an update on the work of the Leeds Safeguarding Adults Partnership.

Copies of the Leeds Safeguarding Adults Partnership Board Annual Report for 2010/2011 had been circulated to Board Members for their consideration.

Professor Paul Kingston, Independent Chair of the Safeguarding Adults Partnership Board, was in attendance at the meeting and provided an introduction to the report.

In responding to enquiries, officers undertook to provide Board Members with a breakdown of the statistics regarding the locations of alleged abuse in respect of private and public service providers.

RESOLVED – That the content of the attached 2010/11 annual report be noted and that the work programme of the Adult Safeguarding Partnership Board for 2011/12 be endorsed.

RESOURCES AND CORPORATE FUNCTIONS

38 Financial Health Monitoring 2011/12 - First Quarter Report

The Director of Resources submitted a report presenting the Council's financial health position after three months of the 2011/12 financial year.

Enquiries were made into the current position of the Children's Services and Adult Social Care budgets. In response, Members were provided with information where available, with the undertaking that further detail regarding Children's Services would be provided in due course. In general, it was noted that more detailed information relating to those areas facing particular budgetary pressures would be made available at future meetings. Emphasis was then placed upon the Council's current financial pressures and assurances were given that the management of such budgetary pressures remained a priority.

RESOLVED –

(a) That the projected financial position of the authority after three months of the financial year be noted.

(b) That directorates continue to develop and implement action plans which are robust and which will deliver a balanced budget by the year end.

39 Treasury Management Annual Report 2010/11

The Director of Resources submitted a report providing a final update on Treasury Management Strategy and operations in 2010/11.

On behalf of the Board, the Chair thanked all of those officers who had been involved in the work of the Treasury Management Strategy and operations over the past year.

RESOLVED – That the treasury management outturn position for 2010/11 be noted.

40 Capital Programme Update 2011 - 2014

The Director of Resources submitted a report providing an update on the financial position for 2011/12 as at June 2011, which included details of capital resources, a summary of schemes which had been upgraded from 'Amber' status to 'Green' since February and which provided a summary of progress made on some major schemes. In addition, the report sought specific approvals to enable some schemes to progress.

Responses were received to Members' enquiries regarding the ICT related projects which were detailed within the submitted report.

RESOLVED –

a) That the latest position on the general fund and HRA capital programmes be noted.

b) That the transfer of schemes from the Amber to the Green programmes as set out in section 3.3 of the submitted report be noted.

c) That the bringing together of a number of ICT schemes within the approved capital programme to form the ICT Essential Services Programme(ESP), with a total value of £5,800,000, as set out in Appendix C of the submitted report, be noted.

d) That authority be given to incur expenditure of £2,130,000 on the migration to Microsoft technologies from Novell, as included in Appendix C to the submitted report.

e) That authority be given to incur expenditure of £950,000 on the Storage Consolidation element of the ESP as included in Appendix C to the submitted report.

f) That an injection into the capital programme of £4,389,500 to progress phase 1 of the Changing the Workplace programme be approved.

g) That approval be given to the promotion of £168,900 from the reserved to the funded capital programme, in order to allow the demolition of the former Parklees (ASC) building to proceed.

h) That an injection into the capital programme of £50,000 be approved in order to provide a grant to Clifford Parish Council.

41 Annual Risk Management Report

The Director of Resources submitted a report which providing an overview of the Council's corporate risks and the risk management work which had been undertaken by the Risk Management Unit (RMU) in the last year in support of the Council's Risk Management Framework. In addition, the report highlighted future areas of work to improve the management of risk and provided assurances on the strength of the risk management arrangements currently in place.

RESOLVED –

(a) That the contents of the report, the risks on the corporate risk register and the progress made on enhancing the Council's risk management arrangements be noted.

(b) That Executive Board Members continue to review and challenge the arrangements, particularly in relation to strategic decision-making and the delivery of the authority's new City and Council strategic priorities.

DEVELOPMENT AND THE ECONOMY

42 The Strategy for Kirkgate Markets

Further to Minute No. 123, 15th December 2010, the Director of City Development submitted a report providing an update on the findings from a public consultation exercise undertaken earlier in the year, on the petition organised by the Friends of Kirkgate Market Group and outlining the measures taken by the Council to address the issues raised. In addition, the report set out the strategy for Kirkgate Market in order to ensure the market was sustainable.

Having received responses to Members' enquiries regarding rental levels and the potential input of independent retailers into the running of the market, the Chair highlighted the levels of support for the long term future of the market which had been received.

The report noted that full equality impact assessments would be carried out on the different forms of arms-length companies and in determining the optimum size of the market.

RESOLVED –

(a) That the Board restates its commitment to the long term future and success of Kirkgate Market.

(b) That the vision and objectives for Kirkgate Market, as set out within Section 4 of the submitted report, be endorsed.

(c) That the strategy for Kirkgate Market, as set out within Appendix II of the submitted report be endorsed, specifically in respect of the proposals to:-

i) move the management and ownership of Kirkgate Market to an arms length company and establish a Project Board and engage expert opinion to consider and recommend the form this should take;

ii) start consultation with staff and the Trades Unions to inform the recommendations to Executive Board;

iii) determine the optimum size for the indoor and open markets, after taking expert advice, and determine the necessary steps to reach that size.

43 Response to the Scrutiny Inquiry Report on the Future of Kirkgate Market

The Head of Scrutiny and Member Development submitted a report summarising the responses to the recommendations of the former Scrutiny Board (City Development) arising from its inquiry entitled 'Review of the Future of Kirkgate Market'.

RESOLVED – That the directorate responses to the recommendations of the former Scrutiny Board (City Development) arising from its inquiry into the future of Kirkgate Market be noted.

44 Investment Partnership for South Leeds

Further to Minute No. 9, 17th June 2009, the Director of City Development submitted a report presenting an update on the work undertaken to date, providing an overview of the Investment Strategy, whilst providing details of the consultation which had been undertaken and the forthcoming launch event for the strategy.

RESOLVED –

(a) That the contents of the submitted report, together with the production of the Investment Strategy for South Leeds be welcomed, subject to the issues raised in paragraph 3.6 of the submitted report.

(b) That the continuation of more detailed work to support the preparation of the Core Strategy and subsequent Site Allocations Development Plan Document be agreed.

(c) That a review of the governance arrangements, as the work referred to in paragraph 7.2 of the submitted report progresses, be agreed.

45 Consolidation of Enterprise Assets in Chapeltown

The Director of City Development submitted a report on the proposed transfer of the Chapeltown Enterprise Centre, on a 99 year peppercorn lease basis to Unity Enterprise, and the extension of the management agreement for Leeds Media Centre to Unity Enterprise, as part of the Chapeltown Enterprise Network project.

The report provided details of the equality impact assessment which had been undertaken in respect of the proposals.

RESOLVED –

(a) That the proposal from Unity Enterprise be noted.

(b) That a 99 year full repairing and insuring lease be provided for the Chapeltown Enterprise Centre to Unity Enterprise on a peppercorn basis, subject to:-

i) no revenue grant support being payable;

ii) that the agreed refurbishment works are successfully completed.

(c) That a 10 year service level agreement be provided to Unity Enterprise to manage Leeds Media Centre, subject to:-

i) no revenue grant support being payable;

ii) that the rent payable by Unity Enterprise is nil;

iii) that the targets and outputs as part of the service level agreement are in line with those contained within the existing service level agreement for 2011/12.

46 Permit Scheme for Road and Street Works

The Director of City Development submitted a report on the proposed permit scheme and detailing the expected benefits of the initiative. In addition, the report also sought approval for the submission of an application to the Secretary of State regarding the operation of the permit scheme.

In response to Members' enquiries regarding the remit of the scheme, it was stated that such matters would be kept under review.

The report provided details of the equality impact assessment which had been undertaken in respect of the proposals.

RESOLVED – That officers be authorised to make an application to the Secretary of State to implement the permit scheme, as outlined within the submitted report.

47 Future Options for Design Services

Further to Minute No. 182, 9th March 2011, the Director of City Development submitted a report presenting a recommendation about the future provision of Architectural Design Services (ADS) following the extensive investigation of two options previously identified by the Board.

The report presented the following two options, which Executive Board had previously instructed officers to explore further:-

Option 1 - to explore to the establishment of a joint venture arrangement with Norfolk Property Services (NPS) as the preferred route.

Option 2 - to explore alongside this in more detail, the option to separately procure design services using existing frameworks where appropriate e.g. Office of Government Commerce (OGC).

Members highlighted the need for this matter to be progressed without delay.

The report provided details of the equality impact assessment which had been undertaken in respect of the proposals.

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

RESOLVED –

(a) That Option 1 be pursued and that the establishment of a Joint Venture Company with Norfolk Property Services (NPS) be supported in principle.

(b) That, subject to the agreement of detailed terms, the Director of City Development be given delegated authority to finalise contractual terms with NPS and to establish appropriate interim arrangements.

(c) That, should negotiations with NPS not be satisfactorily concluded, Option 2 be pursued, with a further report being brought back to Executive Board should this situation arise.

48 Development Proposals for the Sovereign Street Site

The Director of City Development submitted a report informing of the outcomes from the consultation on the Draft Planning Statement for the Sovereign Street site and providing an update on the progress made to date on the potential to create a new city centre greenspace, in conjunction with a mixed use development on the site.

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

RESOLVED –

(a) That the progress made in relation to the development proposals for the Sovereign Street site be noted.

(b) That the revised Sovereign Street Planning Statement be approved as a guide to future development proposals for the Sovereign Street site.

(c) That the draft Heads of Terms agreed with KPMG and Sovereign Leeds Ltd, as detailed within exempt appendix 1 for site A be approved, and that authority be delegated to the Director of City Development in order to negotiate the detailed terms.

(d) That a further six month exclusivity period be granted, for KPMG to complete their due diligence on the site and to complete the Agreement for lease.

(e) That the marketing of the two remaining development sites be commenced upon completion of the Development Agreement with KPMG, expected in September 2011.

(f) That the principle of using part of the KPMG receipt to deliver the proposed greenspace be approved.

(g) That approval is given to appropriate land from highways to planning purposes to allow easements and other rights be overriden pursuant to S237 of the Town and Country Planning Act 1990 on the proposed KPMG (Site A).

(h) That an injection into the Capital Programme and the authority to spend up to £100,000 of feasibility funding be approved, for the design

brief and scheme development which will enable the procurement of the new greenspace.

49 Low Emission Zones - Council Resolution 6 April 2011

The Director of City Development submitted a report addressing the request of Full Council for a feasibility study to be undertaken into the establishment of a Low Emission Zone in Leeds.

RESOLVED –

(a) That the content of this response to Full Council's resolution requesting a study into the feasibility of establishing a Low Emission Zone in Leeds be noted.

(b) That the bid which has been made to DEFRA in respect of funding be noted and endorsed.

(c) That, subject to the DEFRA funding bid being successful, the further development of proposals for an initial feasibility study be approved, with a further progress report being received in due course.

50 National High Speed Rail Strategy Consultation

The Director of City Development submitted a report detailing the proposed response to the Government's consultation on a National High Speed Rail Strategy.

Members emphasised the need for the lobbying process in respect of this matter to continue.

RESOLVED –

(a) That the contents of the submitted report be noted.

(b) That support for the Government's high speed rail strategy and network proposals be confirmed.

(c) That the proposed response to the national high speed rail consultation, as appended to the submitted report, be approved.

51 Proposal to confirm an Article 4 Direction to require planning permission for a change of use from Use Class C3 to C4 in selected areas of Leeds

The Director of City Development submitted a report summarising the responses from the recent public consultation exercise in relation to the proposed Article 4 Direction in Leeds, and sought approval to confirm the Article 4 Direction.

In response to Members' enquiries, officers undertook to look into those geographical areas highlighted which were not referenced within the report.

RESOLVED –

(a) That the contents of the submitted report and the responses received in relation to the Article 4 Direction public consultation exercise be noted.

(b) That the principle of confirming the Article 4 Direction to cover the area proposed be approved and that the Chief Planning Officer be delegated the necessary authority to confirm the Direction.

52 Planning Applications Highways Issues (White Paper 16)

The Director of City Development submitted a report responding to full Council's resolution of 6th April 2011 requesting that Executive Board instructed the Council's Highways Department to ensure that consultation with Ward Members took place with regard to planning applications' highways matters prior to the Highways Department passing formal comment to planning officers.

The Chief Executive stated that correspondence had been received from Councillor Cleasby in respect of this matter, who had requested that the recommendations detailed within the submitted report be replaced by the resolution which had been formally agreed by Council on the 6th April 2011.

RESOLVED – That in light of the representations received in respect of this matter, the report be withdrawn from the agenda, with a further report being submitted for consideration in due course.

53 Site of the Former Wyther Park Primary School Victoria Park Avenue Armley Leeds LS5

The Director of City Development and the Director of Environments and Neighbourhoods submitted a joint report which sought approval to sell the subject site on the provisionally agreed terms, contained within the exempt appendix to the submitted report, which included deferring payment of part of the receipt until completion of the development.

Following consideration of the Appendix to the submitted report, designated as exempt under Access to Information Procedure Rule 10.4(3) which was considered in private at he conclusion of the meeting, it was

RESOLVED –

(a) That the site of the former Wyther Park Primary School be sold on a deferred payment basis, on the terms outlined within the submitted report.

(b) That approval be given to the use of the deferred payment received in a Local Investment Plan priority scheme.

ENVIRONMENTAL SERVICES

54 Solar Photovoltaic Panels Initiative - Corporate Buildings

The Director of City Development submitted a report regarding proposals to develop a scheme to install a maximum of £3,010,000 of investment in solar photovoltaic systems on Council buildings, including schools, which would generate an income over 25 years.

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

RESOLVED –

(a) That the project proposal for installing photovoltaic in corporate buildings, including schools, be approved.

(b) That the injection of £3,010,000 into the Capital Programme to be fully funded by Unsupported Borrowing be approved.

(c) That delegated authority be given to the Director of Resources to authorise expenditure of up to any value on a scheme by scheme basis, up to a total of £3,010,000, which will be subject to a prior approval of a Business Case for each site by the Director of Resources.

(d) That the Director of City Development be given delegated authority to approve the award of the contract and building selection.

NEIGHBOURHOODS, HOUSING AND REGENERATION

55 Little London, Beeston Hill and Holbeck PFI Housing Project: Confirmation of Amended Project Scope and Affordability

The Director of Environment and Neighbourhoods submitted a report providing an update on the outcome of the Government Value for Money Review of the national housing PFI programme and its impact upon the Little London, Beeston Hill and Holbeck PFI project, the resultant changes required to the project scope, the affordability of the project following such changes and on the recent Key Decision taken by the Director of Environment & Neighbourhoods.

Members received an update on the current position of the project.

The report provided details of the equality impact assessment which had been undertaken in respect of this matter.

Following consideration of the appendices 1 and 2 to the submitted report, designated as exempt under Access to Information Procedure Rule 10.4(3), and appendix 3 to the same report, designated as exempt under Access to Information Procedure Rules 10.4 (3) and (5), which were considered in private at he conclusion of the meeting, it was

RESOLVED –

(a) That the outcome of the government value for money review be noted.

(b) That the overall changes and cost variations to the project be noted.

(c) That the re-submission of an amended Pre-Preferred Bidder Final Business Case under the Director Delegation Scheme as detailed in paragraph 7.1 of the submitted report, be noted.

(d) That the revised overall affordability position, as detailed in exempt appendix 2 of the submitted report, be noted.

(e) That it be noted (without affecting the resolutions of the meeting of this Board on 9th March 2011 including those granting authority to enable the Project to reach financial close) that it is anticipated that a further report be brought to a future Board meeting in due course with details of the Pre-Financial Close affordability.

(Councillors Finnigan and Dobson both declared personal interests in relation to this matter, due to their respective positions as Aire Valley Homes ALMO Board Members).

56 Arms Length Management Organisations and Tenant Management Organisations Annual Reports for 2010/2011

The Director of Environment and Neighbourhoods submitted a report presenting the in 2010/11 Annual Reports for the Arms Length Management Organisations (ALMOs) and Belle Isle Tenant Management Organisation (BITMO) which highlighted the achievements and performance results for the previous year.

The Board welcomed the four Chief Executives of the ALMOs and BITMO, who were in attendance to provide additional detail and answer any questions.

Following Members' enquiries regarding tenants' perception of the ALMOs and BITMO, it was proposed that a report was submitted to a future meeting of the Board in respect of such matters and the work being undertaken to improve tenants' satisfaction levels.

RESOLVED –

(a) That the contents of the 2010/11 ALMO and BITMO annual reports and supporting papers be noted.

(b) That a report be submitted to a future meeting of the Board regarding tenants' satisfaction levels, and the work being undertaken to improve such levels.

(Councillors Finnigan, Dobson and Blake all declared personal interests in relation to this matter, due to their respective positions as either Aire Valley

Homes ALMO Board Members or Belle Isle Tenant Management Organisation Board Members).

57 Gypsies and Travellers - Progress on Scrutiny Board Inquiry Recommendations

Further to Minute No. 168, 11th February 2011, the Director of Environment and Neighbourhoods submitted a report providing an update on the work undertaken following the Board's consideration of the response to the inquiry undertaken by the former Scrutiny Board (Environment and Neighbourhoods) Inquiry into site provision for Gypsies and Travellers in Leeds.

Members made enquiries into the content of the report, when compared to the current governmental guidance relating to site development for Gypsies and Travellers and due to the fact that the government was currently consulting on new planning policy for such sites. In response, Members received assurances in respect of their enquiries, including those in respect of external funding proposals, whilst officers undertook to circulate the relevant governmental guidance on this matter as appropriate. In addition, it was proposed that a further report was submitted to the Board in due course when the new governmental planning policy for Gypsy and Traveller sites had been released.

RESOLVED –

(a) That the contents of the submitted report be noted.

(b) That the instigation of a search for a new site or sites, in accordance with the principles set out at paragraph 3.9 and 3.10 of the submitted report, be approved.

(c) That a further report be submitted to the Board in due course when the new governmental planning policy for Gypsy and Traveller sites had been released.

(Under the provisions of Council Procedure Rule 16.5, Councillor A Carter required it to be recorded that he voted against the decisions taken above, whilst Councillor Golton required it to be recorded that he abstained from voting on these matters).

CHILDREN'S SERVICES

58 Primary Basic Need 2012 - Outcome of statutory notices for the expansion of primary provision in 2012

Further to Minute No. 203, 30th March 2011, the Director of Children's Services submitted a report outlining the representations received as part of the consultation exercise on the proposals for expansion of primary provision from September 2012 and seeking a final decision on the proposals.

RESOLVED –

(a) That the capacity of Wykebeck Primary School be expanded from 315 places to 420 places on its existing site.

(b) That the former South Gipton Community centre site be earmarked for the expansion of Wykebeck Primary School.

(c) That the capacity of Bracken Edge Primary School be expanded from 315 places to 420 places on its existing site.

(d) That the age range of Carr Manor High School be changed from 11-18 to 4-18 years, with a reception admission limit of 30, with land next to the school being used for the primary provision.

59 Primary Basic Need Programme - Permission to consult on proposals for expansion of primary provision in 2013 and 2014

The Director of Children's Services submitted a report detailing the requirement for primary school places in the academic year 2013/14 and beyond, presenting a range of proposals to address the identified need and seeking permission to consult on some specific options and identifying further work required on others, prior to any statutory consultation.

Members received responses to their specific enquiries regarding particular school sites or geographical areas of Leeds.

RESOLVED –

(a) That it be noted that Bramley St Peter's will be expanded from 315 to 420 places, with no requirement for a statutory process.

(b) That formal consultation to expand existing schools be approved, as follows:-

i) Rawdon St Peter's Primary School from 315 to 420 places,

ii) Morley Newlands Primary School from 420 to 630 places;

(c) That approval be given to the undertaking of formal consultation on two new 420 place primary schools, to be established on the site of the former South Leeds Sports Centre and on land at Florence Street, with the sites being earmarked for this purpose.

(d) That further reports detailing the outcomes of these consultation exercises, and any further proposals to cover any remaining shortfall, be submitted to the Board at a later date.

DATE OF PUBLICATION: 29TH JULY 2011

LAST DATE FOR CALL IN OF ELIGIBLE DECISIONS: 5TH AUGUST 2011 (5.00 P.M.)

(Scrutiny Support will notify Directors of any items called in by 12.00 p.m. on 8th August 2011)

Leeds
CITY COUNCIL

FORWARD PLAN OF KEY DECISIONS
(relating to Health & Wellbeing and Adult Social Care Scrutiny Board)

1 September 2011 – 31 December 2011

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)
Learning Disability Framework Procurement The award of the Framework Agreement to provide supported living services for people with learning disabilities	Director of Adult Social Services	1/9/11	Adult Commissioning Board	The report requesting the award of the Framework Agreement to provide supported living services for people with learning disabilities from December 2010 for a period of 2 years until December 2012 with an option to extend for a further 1x12 month and 1x12 month periods	Director of Adult Social Services janet.wright@leeds.gov.uk
12 month extension period for the Independent Sector Home Care contracts and for the Independent Living Options Contracts Request to invoke Contract Procedure rule 2.5. To extend contracts for the Independent Sector home care services within their terms	Director of Adult Social Services	1/9/11	Home care programme board	Extension Report	mark.phillott

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)
Proposals to amend fee levels in independently provided care homes for older people in Leeds To approve the commencement of negotiations with independent sector home providers in the city in relation to fee structures	Executive Board (Portfolio: Adult Health and Social Care)	7/9/11	Executive Member ASC, Sector Providers, relevant other council directorates	The report to be issued to the decision maker with the agenda for the meeting	dennis.holmes@leeds.gov.uk
Better Lives for Older People: Future options for long term residential and day care services To note the outcome of the consultation and make decisions on the future of residential and day care services in the light of the response.	Executive Board (Portfolio: Adult Health and Social Care)	7/9/11	Full consultation process runs from January 2011 to 5 August 2011	The report to be issued to the decision maker with the agenda for the meeting	dennis.holmes@leeds.gov.uk

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)
Transforming day opportunities for adults with learning disabilities Agreement to re-provide day services to adults with a learning disability	Executive Board (Portfolio: Adult Health and Social Care)	7/9/11	Service users carers and staff have been consulted and the results of this are contained in the report	The report to be issued to the decision maker with the agenda for the meeting	Michele Tynan michele.tynan@leeds.gov.uk
Holt Park Well Being Centre - Revised Final Business Case Approval of the revised Business Case including the project scope and the required financial contribution from the City Council over the life of the project	Executive Board (Portfolio: Adult Health and Social Care)	7/9/11		The report to be issued to the decision make with the agenda for the meeting	David Outram, Leeds Development Agency david.outram@leeds.gov.uk

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)
Learning Disability Day Services Modernisation and Changing Places Programme Approval of implementation programme for the acceleration of the modernisation of day services for adults with learning disabilities	Executive Board (Portfolio: Adult Health and Social Care)	7/9/11	Customers, carers and staff in existing services and wider stakeholders including elected members	The report to be issued to the decision maker with the agenda for the meeting	andy.rawnsley@leeds.gov.uk

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)
Award of contract to Leeds Partnerships Foundation Trust for the care and support services to adults with learning disabilities To invoke contract procedure rule 31.4 (to allow waiver of contracts procedure rule 13)	Director of Adult Social Services	1/10/11	In 2008 the Department of Health announced a national programme to transfer all funding and commissioning of social care for adults with learning disabilities from the NHS to Local Authorities under the auspices of Valuing People Now. Following a period of national consultation statutory bodies were required locally to agree the amounts for transfer with a principle of no betterment for either party. Relevant local Boards were informed of the requirement as detailed. From 2011/12 allocations previously made to the NHS are made directly to local authorities. The contract referred to formed part of this overall transfer of funding being a social care service formally commissioned by NHS Leeds	Report to the Director	janet.wright@leeds.gov.uk

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)
Mental Health Partnerships between Adult Social Care and Leeds Partnerships NHS Foundation Trust To approve recommendations for a new model of health and social care partnership in delivering mental health services	Executive Board (Portfolio: Adult Health and Social Care)	2/11/11	Service users, carers and staff are being involved in the process of developing the proposed model of service via consultation events, questionnaires and involvement in workstreams. If proposals are approved formal consultation will take place with staff and unions around the proposed changes - this will be led by the HR workstream. Communication and Engagement workstream will produce a communication plan detailing consultation with all stakeholders prior to and during implementation.	The report to be issued to the decision maker with the agenda for the meeting	kim.adams@leeds.gov.uk