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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 March, 2012 at 10.00 am

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

MEMBERSHIP

Councillors

R Charlwood	-	Moortown;
C Fox	-	Adel and Wharfedale;
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;
L Mulherin (Chair)	-	Ardsley and Robin Hood;
S Varley	-	Morley South;
	-	

Co-optees
Joy Fisher – Alliance of Service Users
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 29th February 2012 (minutes attached)	1 - 14
7			**2011/2012 QUARTER 3 PERFORMANCE REPORT** To consider a report of the Assistant Chief Executive (Customer Access and Performance) providing a summary of the quarter 3 performance data relevant to the Board and including an update on the Health and Wellbeing partnership priorities (report attached)	15 - 34

8			**LEEDS NHS PERFORMANCE REPORT** To consider a report of the Head of Scrutiny and Member Development which will provide current performance data from NHS Airedale, Bradford and Leeds, together with information on issues raised by the Board at the meeting on 21st December 2011 (report attached)	35 - 66
9			**HEALTH INEQUALITIES - LOOKED AFTER CHILDREN** To consider a report of the Head of Scrutiny and Member Development providing information relating to health inequalities for Looked after Children as part of the Board's inquiry into health inequalities (report attached)	67 - 88
10			**WORK SCHEDULE** To consider a report of the Head of Scrutiny and Member Development setting out the Board's current work programme for the 2011/2012 municipal year (report attached)	89 - 124
11			**DATE AND TIME OF THE NEXT MEETING** 18th April 2012 at 10.00am (Pre-meeting at 9.30am for all Board Members)	

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

WEDNESDAY, 29TH FEBRUARY, 2012

PRESENT: Councillor L Mulherin in the Chair

Councillors S Armitage, K Bruce, J Chapman, J Illingworth, G Kirkland, S Varley, G Wilkinson and V Morgan

CO-OPTED MEMBERS Joy Fisher, Sally Morgan and Betty Smithson

64 Chair's opening remarks

The Chair opened the meeting and welcomed everyone in attendance

65 Late Items

The Chair admitted one late item to business to the agenda (minute 75 refers). The report was not available when the agenda was despatched and required urgent consideration at the meeting because it provided an update on a number of work areas and identified potential future items of business to be agreed by the Scrutiny Board

In addition, whilst not a formal late item, the Board was in receipt of additional information relating to agenda item 7, Leeds Health and Social Care Transformation Programme Update, which set out the specific adult ambulatory pathways being considered as part of the Transformation work (minute 69 refers)

66 Declarations of Interest

The following Members declared personal/prejudicial interests for the purposes of Section 81(3) of the Local Government Act 2000 and paragraphs 8-12 of the Members Code of Conduct:

Health and Social Service Care integration – Proposal to develop integrated Health and Social Care Teams, Councillor Armitage and Councillor Morgan declared personal interests through their involvement with Swarcliffe Good Neighbours and South Seacroft Good Neighbours, respectively, in view of the work being undertaken with all stakeholders at a neighbourhood level (minute 72 refers)

In view of her role as the Local Involvement Network (LINk) representative on the Integration Board and on the National Endowment for Science, Technology and the Arts (NESTA) Board, Joy Fisher declared personal interests in the following agenda items relating to the integration proposals:

- Health and Social Care Services Integration – an overview (minute 70 refers)
- Health and Social Service Care Integration – supporting working age adults with enduring mental health issues (minute 73 refers)
- Health and Social Care Service Integration – Harry Booth House (minute 71 refers)
- Health and Social Service Care Integration – proposal to develop integration Health and Social Care teams (minute 72 refers)

67 Apologies for Absence and Notification of Substitutes

Apologies for absence were received from the following:

Councillor Charlwood
Councillor Fox – who was substituted by Councillor Wilkinson
Councillor Hussain – who was substituted by Councillor Morgan
Councillor Hyde
Paul Truswell

68 Minutes

RESOLVED - That the minutes of the Scrutiny Board (Health and Wellbeing and Adult Social Care) held on 25th January 2012 be approved

69 Leeds Health and Social Care Transformation Programme - Update

The Board considered a report of the Head of Scrutiny Support and Member Development providing an update on work being carried out by the Transformation Board which was a city-wide agreement between health and social care partners intended to deliver solutions that sustained quality whilst substantially reducing the overall cost in the city of the health and social care economy by the end of 2014. Appended to the report was a copy of the Transformation Board's programme update and an extract from a House of Commons Health Committee report relating to public expenditure, for Members' information

Attending for this item were:

- Matt Ward (Associate Director of Commissioning) – NHS Airedale, Bradford and Leeds

- Dennis Holmes (Deputy Director) – Leeds City Council, Adult Social Services
- Claire Walker – (Programme Management Officer) (Transformation Board) – NHS Airedale, Bradford and Leeds

Apologies for absence were received on behalf of Phil Corrigan (NHS Airedale, Bradford and Leeds) who was unable to attend the meeting due to a recently sustained injury

Matt Ward presented the report and outlined a number of current developments detailed in the report and along with Claire Walker and Dennis Holmes, responded to questions from the Board. The main areas of discussion were as follows:

- **Clinical value in elective care** – with the Board being informed that a reduction of around 12,000 face-to-face follow ups had been achieved since 1 April 2011, through using more appropriate and innovative follow-up care, including by telephone and primary care intervention

  It was highlighted that the alternatives to face-to-face follow-up appointments had been running for almost 12 months. Members were assured of safeguards in the process and advised that a blanket approach was not being adopted, rather it was for clinically led teams to consider the most appropriate way of following up appointments based upon the needs of the individual. Where telephone follow-ups were used, patients would be contacted by hospital staff and asked specific questions. Depending on the responses, a face-to-face appointment might be made, or a referral made to their GP if considered appropriate

- **Urgent and emergency care** – that the 49 adult ambulatory pathways had been considered and were now being prioritised around where the greatest impacts were likely to be seen

  It was confirmed that the schedule of ambulatory pathways provided was a nationally defined list of pathways and other than self harm, did not include any other mental health pathways. Other work on mental health was taking place but this was part of a different workstream

- **Older people and long term conditions** – that integrated care was being developed with the aim of providing a better experience for patients. For those with long-term conditions, this involved using available data to predict those who would be at risk of developing health problems and might benefit from a more proactive diagnostic and management of disease approach. Through early intervention and advice, the aim was to help patients to better manage their own health needs

  Members were advised that a range of sources were being used to gather local intelligence in order to help predict future illness. This

included a number of different agencies, including ALMOS and mechanisms were in place for Councillors to alert the NHS and Social Care where there were concerns about constituents

Members were further advised that structural changes in the working model were being piloted, as presented elsewhere on the agenda (minute 72 refers). This consisted of integrated teams, co-ordinated by an individual at GP practice level with a wrap around of professional disciplines in order to treat patients holistically

It was highlighted that integrated working had been achieved in the area of people with learning disabilities but that to achieve this cultural and organisational change citywide was a significant undertaking

- **Diabetes** – the improved model of care was nearly complete and reductions in associated secondary care costs had been achieved

- **Home oxygen service** – aimed at improving patient care by enabling patients to more effectively manage their own health and reduce the number of hospital-based reviews needed, whilst increasing visits to homes where oxygen use could be monitored more effectively

  Members were informed that further advice would be available to clinicians and Adult Social Care staff around home oxygen, through an up-coming Oxygen Awareness Week and the importance of reiterating key messages to patients around safety and smoking cessation

It was highlighted that while the Diabetes and Home Oxygen Service projects were relatively small, the projects provided good examples of where integrated teams were working with patients to develop models of care and assessment

The Board welcomed the report, the work being undertaken and the progress reported. However, it was noted that a significant aim of the Transformation Board was to make efficiency savings within the health and social care economy by the end of 2014. This aspect was not addressed in the update provided

RESOLVED -

a) To note the report and the information presented at the meeting
b) That a further report be presented to the April 2012 meeting clearly identifying the efficiencies identified and generated through the work of the Transformation Board and the supporting projects and where resources had been reinvested to improve the patient experience

On behalf of the Scrutiny Board, the Chair sent best wishes to Phil Corrigan for a speedy recovery

70 Health and Social Care Services Integration : An overview

The Board considered the first of a series of four reports relating to the integration of health and social care services

Members considered a report of the Director of Adult Social Services providing an overview of the principal integration initiatives currently underway between Leeds City Council (predominantly through Adult Social Services) and colleagues from the NHS family of organisations within the city. Appended to the report was a document from The King's Fund relating to integrated care for patients and populations

Attending for this item were:

- Dennis Holmes (Deputy Director) – Leeds City Council, Adult Social Services
- Matt Ward (Associate Director of Commissioning) – NHS Airedale, Bradford and Leeds

Dennis Holmes outlined the background to proposed integration and stressed this was something which was being considered by Local Authorities and NHS Trusts throughout the country. It was highlighted that work in this area was seeking to address two fundamental issues, namely:

- Improving patient/service user experience – reducing duplication and providing seamless interactions with a number of different health and social care professionals
- Making better use of public money – through more integrated working arrangements, making better and more efficient use of available resources

It was emphasised that alongside the desire for better patient care and experiences, the current financial circumstances being faced by a number of public organisations had been a significant driver, leading to greater focus on public funding and how this could be made to work better for patients and reduce duplication

Whilst there were different levels of integration, one of the key challenges for Elected Members would be around governance issues and how Councillors could exercise their democratic role in this area, with the importance of this being stressed as a key to success

Over recent years, it was reported that, on a national level, significant challenges around funding streams and governance arrangements had led to a general stagnation around health and social care integration

Members commented on the report, with the main issues discussed being:

- Terms and conditions of employment, given that the Council and NHS operate different pay and grading structures and how potential tensions this could cause would be addressed

  It was reported that one of the biggest impediments of structural integration was the different working structures in the two organisations, with the view that full integration was possibly undesirable, particularly as this stage, as the focus of the service would be on staffing issues. Therefore, it was proposed to bring staff into the integrated structure while maintaining continued employment with their current employer. Arrangements would be maintained until further consideration could be given to if and how, full integration could take place

  It was also reported that both organisations had strong Trade Union representation and that there was a commitment to maintaining working conditions

- How the success of integration would be measured

  In response it was stated that success would be measured in different ways. In terms of Adult Social Care, there was an acceptance that integration would lead to less time being spent in hospital by older people through the provision of a better health and social care system

  Concerns were raised that the measurements of success related to older patients but there were no details of how younger patients with long term health conditions would benefit from integration

  Officers responded that initially older people were the priority in terms of service integration, as they represented the biggest group of service users accessing these services

- The need to ensure that the correct levels of support were in place when tackling early discharges to avoid readmission

  It was outlined that further work would be required to ensure that health professionals considering early discharge would have knowledge of the services which would be provided to the patient in terms of aftercare to better inform that decision

- The approach towards joint commissioning, in addition to integrated service delivery

  It was outlined that there was a greater commitment to viewing public money as a single source, rather than in terms of Council funding and NHS Leeds funding. As such, regular meetings between the financial directors of both organisations were taking place

- The relationship between local arrangements and national policy, including the Health Bill which was currently progressing through Parliament

  It was reported that the local proposals around service integration were considered to be appropriate from both a patient care and experience perspective and from an organisational perspective, regardless of the proposals contained in the current Health and Social Care Bill

RESOLVED - a) To note the report and associated information provided at the meeting

b) To welcome the ambition and commitment demonstrated at the meeting while recognising the significance of the likely challenges ahead

c) To maintain an overview of progress of the developments in general and any specific matters that may arise in the future

71 Health and Social Care Service Integration - Harry Booth House

The Board considered a report of the Director of Adult Social Services providing an overview of the development of the city's first intermediate care unit which would provide residential and nursing care beds jointly commissioned and delivered in partnership with Leeds Community Health Care Trust

Attending for this item were:

- Dennis Holmes (Deputy Director) – Leeds City Council Adult Social Services
- Matt Ward (Associate Director of Commissioning) – NHS Airedale, Bradford and Leeds
- Paul Morrin – (Director of Integration) – Leeds Community Healthcare NHS Trust

Dennis Holmes presented the report and informed Members that the building was currently functioning as a 40 bed residential home. Greater potential for the building had been identified which had led to discussions and agreement with the former NHS Leeds to establish an intermediate care unit providing residential and nursing care in what was an unusual and innovative partnership

The provision would comprise, 30 specialist nursing care beds and 10 residential intermediate care beds and it was hoped that this integrated service would have a positive impact on the length of time people needed to stay in hospital and at the same time preparing individuals to return to their own home and maintain their independence for as long as possible

It was planned that the new facility would be operational from 1 October 2012

In responding to queries from the Board, the following information was provided:

- Harry Booth House had been selected for this project as the building was capable of being appropriately adapted. If this provision proved successful similar schemes elsewhere would be considered. Currently it was thought 3 hubs could eventually be established across the city, but this would depend on the success of the current project and identifying suitable accommodation in the correct location
- The ethos of the facility would be to help rehabilitate people through an integrated team of Local Authority and NHS staff
- In terms of safeguards, the Deputy Director of Adult Social Care would act as a commissioner with all the processes attached to any private contract and that the Care Quality Commission, as a regulatory body, would also have a role in inspecting the premises and services provided
- The facility would provide care for older patients and that in terms of provision for younger patients needing intermediate care, few models existed, with younger people's care needs generally being managed in their own home
- In terms of lead delivery arrangements, this would be through NHS staff but with an integrated team
- As a new facility no staff would be inherited, therefore a staff specification had been drawn up which would be tested through the recruitment and selection process to ensure those appointed met the requirements of this innovative care setting
- An increase in the number of people needing care across the City was likely to lead to an increase in the skilled workforce capable of delivering that care. However, in the future those carers were likely to be employed across a broader range of organisations than at present
- In light of delays to the development of a new facility in Otley, Members' concerns about a reliance on the role of the private sector in care provision were noted

RESOLVED – a) To note the information provided in the report and discussed at the meeting

b) To maintain an overview of progress and be advised of any significant delay in delivering the project

c) That, following a suitable period of operation, a further report be provided that reviews progress and achievements

72 Health and Social Service Care Integration - Proposal to develop integrated Health and Social Care teams

The Board considered a report of the Director of Adult Social Services providing details of the work being undertaken in Leeds to improve the effectiveness of health and social care services, including the approach of using demonstrator sites to test out and develop aspects of the model of service

Attending for this item were:

- John Lennon – (Chief Officer) – (Access and Inclusion) - LCC Adult Social Care
- Matt Ward (Associate Director of Commissioning) – NHS Airedale, Bradford and Leeds
- Paul Morrin – (Director of Integration) – Leeds Community Healthcare NHS Trust
- Karl Milner – (Director of Communications and External Affairs) – Leeds Teaching Hospitals NHS Trust
- Al Sheward – (Divisional Nurse Manager) (Medicine) – Leeds Teaching Hospitals NHS Trust

John Lennon presented the report and outlined the proposals to develop integrated health and social care teams around current GP practices across the three Clinical Commissioning Groups (CCGs) in Leeds. Whilst the proposals were challenging it was felt that the move towards creating an integrated service would provide a better patient experience for service users and help facilitate a more proactive approach to the diagnosis and management of disease and long-term conditions

The importance of early intervention in managing and treating illness (risk stratification) was reiterated, as was self management of illness

Three demonstrator sites had been selected, one in each of the CCG areas, with different practice populations in a mix of inner and outer city areas. These would be based in the local communities and as close to the GP practices as possible, although there were some challenges in finding suitably sized premises in the right locations

It was outlined that there was need to progress work in this area at pace and on a large scale. It was recognised that the proposed timescales were challenging

Karl Milner stated that Leeds Teaching Hospitals NHS Trust fully supported the proposals which sat with the Trust's own strategy

The Board discussed the timescales for receipt of the first report on the work of the demonstrator sites

RESOLVED - a) To note the information provided in the report and discussed at the meeting

b) That the Director of Adult Social Services be asked to submit a progress report to the Board early in the new municipal year (i.e. June/July 2012)

(Following consideration of this matter, Councillor Armitage withdrew from the meeting)

73 Health and Social Service Care Integration: Supporting working age adults with enduring mental health issues

The Board considered a report of the Director of Social Services providing an update on progress since the Scrutiny Inquiry undertaken in 2009/2010 by the previous Board, regarding developing a more integrated service for those people with severe and enduring mental health problems who require support from both health and social care

Attending for this item were:

- John Lennon (Chief Officer, Access and Inclusion) – LCC Adult Social Care
- Lynn Parkinson (Associate Director) – Adult Service – Leeds and York Partnership NHS Foundation Trust
- Richard Clayton – (Programme Manager) – Leeds and York Partnership NHS Foundation Trust
- Richard Wall – (Head of Commissioning) (Mental Health and Learning Disabilities) – NHS Airedale, Bradford and Leeds
- Pip Goff – (Manager) – Volition

John Lennon presented the report and stated that Executive Board had agreed to delegate the specialist mental health social work function to Leeds and York Partnership NHS Foundation Trust (LYPFT) and that Council staff from Adult Social Care would be seconded to LYPFT. Management structures would also be integrated to ensure there were clear lines of accountability

The Board was informed that the first phase would commence on 1st April 2012 and that the strength of the phased model being adopted would be in bringing together people who were currently working in this area, with the next phase being to look at areas of duplication

It was also stated that this represented work in progress, with further work needed in a number of critical areas

The Chair invited Members' questions and comments and in brief summary the key areas of discussion included:

- the proposed timescales
- the importance of a streamlined system for service users and that the proposals were welcomed
- the forthcoming welfare changes and the need for people to be supported in managing these changes
- that the integrated service could provide the opportunity for innovative work to take place

- any possible conflict of interests for Social Workers embedded in a health team which was managed by a health team, particularly around the Approved Mental Health Professional (AMHP) role
- assurances around the interests of patients would always come first; this reassurance was given

RESOLVED - a) To note the information provided in the report and discussed at the meeting

b) To note the decision taken by Executive Board in December 2011 to integrate specialist mental health social care services with specialist secondary mental health services with LYPFT acting as host organisation for the partnership

c) To note the development of a partnership agreement under Section 75 of the National Health Services Act 2006 detailing the governance of the partnership between ASC and LYPFT

d) To note the secondment of social care staff to LYPFT from 1st April 2012

e) To note that further detailed work will be undertaken to ensure the ongoing balance of social care management in the partnership

f) To note the review of roles and functions of social work within the partnership

g) To note how the potential risks around Governance, Finance, HR and Performance will be managed in the phased approach to implementation as set out in the submitted report

h) To maintain a general overview of progress and any specific matters that may arise in the future

74 Decommissioning the Leeds Crisis Centre

Further to minute 32 of the Health and Wellbeing and Adult Social Care meeting held on 28th October 2011 where the Board agreed to receive a monitoring report on the closure of the Crisis Centre in 2011, Members considered the report

Attending for this item were:

- John Lennon (Chief Officer Access and Inclusion) – LCC Adult Social Care
- RIchard Wall – (Head of Commissioning) (Mental Health and Learning Disabilities) – NHS Airedale, Bradford and Leeds
- Pip Goff – (Manager) - Volition

John Lennon presented the report which outlined the impacts of decommissioning the Leeds Crisis Centre in terms of:

- The impact on patients
- The impact on staff
- The impact on external partners

Pip Goff, Manager of Volition, reported that closing the Crisis Centre had meant there was a gap in provision in terms of signposting people, however there had not been any feedback suggesting a recognisable gap in service provision. It was reported that one organisation, Women's Counselling and Therapy Service, had indicated it had received significantly more referrals and that more assessments had been done, but that this could not be attributed specifically to the closure of the Crisis Centre. John Lennon, stated that having been in contact with colleagues in the NHS, no impact of the closure of the Crisis Centre could be discerned and that additional funding had been provided by the NHS to cater for possible increased demand

Richard Wall confirmed that additional capacity had been funded by NHS Leeds and commented that this had been swiftly taken up by service users

The Chair queried the increase in the request for women's mental health services at a time when the advice from LYPFT was that significant increases were being seen in the numbers of working age men with mental health problems

The Board considered the report and whether further scrutiny activity should be considered

RESOLVED - That a further monitoring report be submitted for the Board's consideration in six months time

75 LATE ITEM - Work Schedule - February 2012

The Head of Scrutiny and Member Development submitted a report together with a copy of the Board's current work programme. Minutes arising from the Executive Board meeting held on 10th February 2012 were appended to the report, along with the Council's Forward Plan (1st February – 31st May 2012) which detailed items relating to the Board's portfolio and terms of reference. A copy of the minutes from the Health Service Developments Working Group of 7 November 2011 were also appended to the report

A summary of the main areas of inquiry was also detailed in the report

Proposals for working group meetings to consider issues around health inequalities were discussed. These were outlined as:

- 9 March 2012 – Minimise the impact of poverty on health of under 5s (scheduled to meet at Hunslet Club)
- 16 March 2012 – Action on housing, transport and environment to improve health and wellbeing (scheduled to meet at New Wortley Community Centre)

It was outlined that further details would be provided to all Board Members as soon as possible

A query was raised about the current position in respect of the national review of Children's Congenital Cardiac Services, with the Chair stating that a further court hearing would be held on 19th or 20th March, following an appeal by the Safe and Sustainable Review Team with the possible options flowing from that being outlined, dependent upon the outcome of the legal case

RESOLVED - a) To note the summary of the main areas of inquiry provided in the report, along with the appended information

b) To agree the work schedule as presented in Appendix 1

76 Date and Time of the Next Meeting

Wednesday 21st March 2012 at 10.00am (pre-meeting for all Board Members at 9.30am)

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Report author:
Heather Pinches
Tel: 43347

Report of Assistant Chief Executive (Customer Access and Performance)

Report to Scrutiny Board (Health and Wellbeing and Adult Social Care)

Date: 21 March 2012

Subject: 2011/12 Quarter 3 Performance Report

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: N/A	☐ Yes	☒ No

Summary of main issues

1. This report presents to Scrutiny a summary of the quarter 3 performance data relevant to the Adult Social Care and Health Scrutiny Board including and update on the Health and Wellbeing partnership priorities. Members will note that NHS Airedale, Bradford and Leeds have provided a separate performance report including their key performance information which is on the same agenda. A number of key performance issues have been highlighted for Members attention.

Recommendations

2. Members are recommended to:

   - Note the quarter three performance information and the issue raised of the residential care homes and consider if they are satisfied with the work underway to address this.
   - Note the positive progress in relation to the Adult Social Care budget.
   - Identify any further reports or information that they may require to fulfil their scrutiny role in relation to the delivery of the outcomes for Adult Social Care and Health.

1 Purpose of this report

1.1 This report presents to Scrutiny a summary of the quarter three performance data for 2011-12 which provides an update on progress in delivering the relevant priorities in the Council Business Plan 2011-15 and City Priority Plan 2011-15.

2 Background information

2.1 A set of delivery plans for the Council and the city were adopted by Council in July 2011 and this report provides an update setting out the progress in delivery of these plans. The plans and performance management arrangements that form the basis of this report have been developed alongside the revised partnership boards for the city in a whole system approach. Members will note that the delivery of City Priority Plan priorities are shared with partners across the city while the Council Business Plan sets out the Council's contribution to these shared priorities. As such this report provides both an overview of the performance relating to the City Priority Plan as well as setting out progress in delivering the council priorities including the council's contribution to the city priorities. Similarly the related report on the agenda from NHS Airedale, Bradford and Leeds includes their own priorities as well as their contribution to these partnership plans.

2.2 The performance management arrangements include a number of reports including:

- Performance Reports – these are produced quarterly for the each of the City Priority Plan priorities and for the 5 Cross-Council Priorities in the Council Business Plan. They are a one page summary of progress in delivering the priority including a RAG rating of overall progress. Where possible the headline indictor is shown in a graph to clearly indicate progress and the reports include a look forward to the actions due over the next 3-6 months. We have adopted the principles of outcomes based accountability in these reports.
- Directorate Priorities and Indicators – a directorate scorecard has been produced for each directorate which sets out the high level progress against each of the directorates priorities and indicators in the Council Business Plan. These are all available on the intranet and published on the Council's website. It also includes the directorates contribution to the cross council priorities and indicators. For Scrutiny purposes these scorecards have been divided up so that each Scrutiny Board receives an update on the priorities within the remit of their Board recognising that these do not necessarily align directly to the Council's directorates in all case. Members will note that this does mean that some priorities will go to two or more Scrutiny Boards and Boards are asked to consider working jointly on any follow up inquiries or nominate a lead Board.
- Self Assessment – each directorate has the opportunity in this section to raise any other performance issues that might not be directly represented within the directorate priorities and indicators.

2.3 These reports are designed to provide a high level overview of performance issues related to the City Priority and Council Business Plans only. Members will need to use this information and the discussion in their boards to identify what further reports and more detailed information they might require in order to fulfil their scrutiny role. Therefore, these reports are designed to be a starting point for the work of the board.

2.4 This report includes three appendices:

- Appendix 1a – Performance Reports for the 4 City Priority Plan Priorities for the Health and Wellbeing Board.
- Appendix 1b – Adult Social Care Directorate Priorities and Indicators

3 Main issues

Performance Overview

City Priority Plan (CPP)

3.1 There are 4 priorities in the Health and Wellbeing City Priority Plan and 1 is assessed as red, 2 are amber and 1 is green. This is a deterioration in overall progress ratings as the performance report card on choice and control is now assessed as amber compared to the green rating reported at Quarter 2. Those that are assessed as red or amber are:

- Make sure that people who are the poorest improve their health the fastest (red)
- Help protect people from the harmful effects of tobacco (amber)
- Give people choice and control over their health and social care services (amber)

3.2 The change in the overall progress rating of the choice and control performance report is largely due to the roll out of personal budgets – see para 3.4 below.

Council Business Plan

Directorate Priorities and Indicators

3.3 There are 12 Directorate Priorities which support the delivery of the Health and Wellbeing priorities and these are drawn from the Adult Social Care directorate. Of these none are red, 4 are amber and 8 are green. These are supported by 7 performance indicators that can be reported at quarter three of these 1 is red, 3 are amber, 3 are green. The red indicator is:

- Increase percentage of service users and carers with control over their own care budget

3.4 In terms of this indicator 5,303 people have personal budgets, this equates to 33% of those included in the NI130 cohort. Of these 1,759 are using cash payments to purchase services themselves, this equates to 11% of service users. Benchmarking data from 2010/11 shows Leeds is inline with the average. There are recognised issues with NI130, and alternatives are being proposed regionally and nationally. A regional approach used by Putting People First puts the actual proportion of people using personal budgets at 41% of those people receiving services which could be delivered through personal budgets.

3.5 Together with the Stamford Forum Leeds are developing an approach to extend the use of personal budgets through the Combining Personalisation with Community Engagement (CPCE) project. CPCE is aligned to the DH's Building Community Capacity programme of work which exemplifies best practice in developing community based social capital to enhance existing resources. The CPCE project will develop three Neighbourhood Networks to become skilled brokers of self directed support, commissioning services from and for the local community to achieve earlier, less costly interventions.

3.6 Members will also note that substantial progress has been made over the last quarter in terms of reducing the in year budget overspend – this is now rated amber and further progress is anticipated during Q4. The directorate are expecting a year end position close to budget balance.

Key performance issues for Adult Social Care and Health Scrutiny Board

i) Residential Care Homes

3.7 The Care Quality Commission has recently identified that improvements are needed in 2 residential care homes run by the council because government standards were not being met. The issues identified included staff training, knowledge and understanding of the safeguarding procedures and gaps in care records. Action has been taken to resolve all the identified issues.

4 Corporate Considerations

4.1 Consultation and Engagement

4.1.1 This report provides an update on performance information and therefore it is not a decision requirement public consultation, however, all performance information is provided to the public via the council's website.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 This report provides an information update only and therefore it is not a decision which required due regard to be given to equality and diversity. However, due regard for equality was given during the development of the City Priority Plan and Council Business Plan.

4.2.2 Members will note that these reports provide a high level update only in terms of equalities issues relating to the priorities. However, member may wish to consider if they would like more detailed information or analysis in this area.

4.3 Council Policies and City Priorities

4.3.1 This report provides an update on progress in delivering the council and city priorities in line with the council's performance management framework.

4.4 Resources and Value for Money

4.4.1 There are no specific resource implications from this report; however, it includes a high level update of the Council's financial position as this is a cross council priority within the Business Plan.

4.5 Legal Implications, Access to Information and Call In

4.5.1 All performance information is publically available and will be published on the council and Leeds Initiative websites.

4.6 Risk Management

4.6.1 The Performance Reports include an update of the key risks and challenges for each of the priorities. This is supported by a comprehensive risk management process in the Council to monitor and manage key risks. CLT continue to review the corporate risk register alongside the performance information which ensures that the Council's most significant risks are effectively identified and managed.

5 Conclusions

5.1 This report provides an overall summary of the current performance issues relating to the priorities from our strategic plans which are relevant to the Board. These reports cannot cover everything but aim to provide an overview which the Board can use to inform their future work programme.

6 Recommendations

6.1 Members are recommended to:

- Note the quarter three performance information and the issue raised of the residential care homes and consider if they are satisfied with the work underway to address this.
- Note the positive progress in relation to the ASC budget.
- Identify any further reports or information that they may require to fulfil their scrutiny role in relation to the delivery of the outcomes for Adult Social Care and Health.

7 Background documents[1]

- City Priority Plan 2011-15
- Council Business Plan 2011-15
- Council and City Performance Management Framework (Draft)

[1] The background documents listed in this section are available for inspection on request for a period of four years following the date of the relevant meeting. Accordingly this list does not include documents containing exempt or confidential information, or any published works. Requests to inspect any background documents should be submitted to the report author.

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Meeting: Health and Wellbeing Board

Population: All adults in Leeds

Outcome: people live longer and have healthier live

Priority: Help protect people from the harmful effects of tobacco.

Why and where is this a priority

Smoking is the single biggest preventable cause of ill health and mortality being one of the most significant contributing factors to life expectancy, health inequalities and ill health, particularly cancer, coronary heart disease and respiratory disease.

AMBER

Story behind the baseline

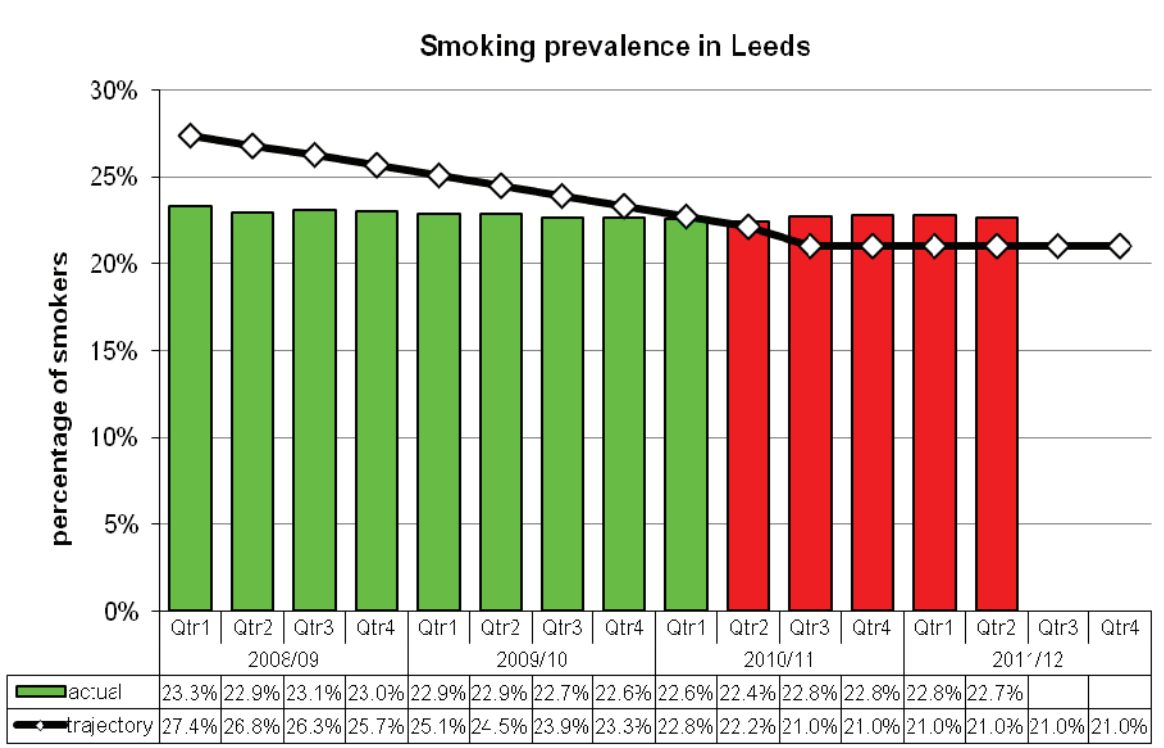
Headline Indicator: Reduce the number of adults over 18 that smoke.

- Smoking prevalence (as recorded by GP practice registers) has declined steadily since 2006 and is now remaining static between 22 and 23%.
- Smoking prevalence in the MSOA deprivation quintiles has remained relatively constant over the last two years. There have been some rises and falls but these have only by around 1% and there is no clear trend from these either upwards on downwards. This reflects the general national picture although some areas are reporting increasing smoking prevalence rates.
- There is a link between smoking prevalence and deprivation with the prevalence in the least deprived quintile being around 13% and the prevalence in the most deprived quintile being over twice that, around 33%. The other three quintiles are relatively evenly spaced between these two, in order of deprivation.
- The new national action plan has suggested aspirational prevalence levels of:
- Adult smoking prevalence 18.5% or less by 2015
- Smoking prevalence among young people 12% or less by 2015
- Smoking during pregnancy 11% or less by 2015
- However prevalence rates nationally have remained static over the last 2 years

- Current investment in tobacco control activity in Leeds is maintaining a constant prevalence, however some areas within the region are reporting increased levels of smoking

- To reduce smoking prevalence by 1% in Leeds would mean 6230 fewer people smoking who otherwise would be.

Figures received from the smoking cessation service (both 4 week and 52 week quit rates) indicate that the current level of service provision could potentially achieve approximately 40% of the 6230 fewer smokers required to reduce prevalence by 1% over a 3 year period. This indicates that other tobacco control initiatives will be necessary if reduced prevalence is to be achieved.



What do key stakeholders think

A new tobacco control action plan for Leeds is being developed which will help to identify the key stakeholders to involve. Integrated into the plan will be an action to conduct a full stakeholder process to help develop an effective Tobacco Control Alliance for Leeds

What we did

- Worked with a number of 3rd sector organisations as part of the 'Leeds Let's Change' programme which aims to increase the numbers of people currently accessing support to change unhealthy behaviours.
- To date, 17 practices have signed up to become part of the Leeds Let's Change programme with a further 26 being approached in 2012. This first phase of the programme aims to ensure all practices within deprived Leeds are engaged and active with the programme.
- A full programme of training has commenced which is open to all frontline staff who may be in a position to support and motivate people access support in changing behaviour including stopping smoking. So far 2 training courses have been delivered with a further 26 being planned through out next year.

What worked locally /Case study of impact

A regionally funded marketing campaign was developed to signpost the public into clinics within the communities with high smoking prevalence.

The service highlighted areas with high foot fall for designated trained promoters to engage with the public and book directly into local clinics. This increased the awareness of the service and access to the clinics, it also gave the service an opportunity reach smokers who may not access services.

Within the pregnancy service, the team have recently trained a small number of midwives to undertake CO monitoring routinely for all their pregnant women.

This gives an opportunity to raise the issue of smoking and refer on to the service for support. Nice guidance suggests that all pregnant women should have carbon monoxide test and routinely be referred at each appropriate intervention. Due to a lack of resource we are unable to provide all midwives with monitors to record carbon monoxide levels

New Actions

- Work has commenced on drafting a citywide action plan which will aim to reduce smoking prevalence. We are currently engaging with possible contributors to the plan and ascertaining the actions which are likely to have the greatest impact and return on investment.
- The Leeds Let's Change programme will be officially launched in January with an event for professionals and a series of promotional community events which are being supported by a media campaign
- Consultation for plain packaging of tobacco has now been delayed until next spring; a co-ordinated response to the consultation will be developed. This will ideally involve a diverse range of stakeholders including community groups, councillors, GPs etc. to have the greatest impact.
- A new service level agreement for locally commissioned smoking cessation services within primary care is currently being finalised, which will update the current SLA to take into account changes within smoking cessation and improve standards and quality assurance of services

Data Development

- Data is collected on a quarterly basis from GP registers to monitor prevalence in the general population and via midwifery services to monitor smoking prevalence among pregnant women. Although the quantity of data collected form these sources have improved over the years there is limited available information to fully understand the demographic breakdown for the population as a whole although this has improved in terms of pregnant women
- Data is collected from stop smoking services to monitor the numbers of people accessing services and the outcome at 4 and 52 weeks. The data can provide a detail insight re.the demographic profile of service users.
- Data regarding smoking and young people is currently collected through the annual 'Every Child Matters' survey which is completed by children in yrs 5,6,7,9,and 11. Although again this has limitations in demographic details.

Risks and Challenges

- Since 2009 there has been no citywide steering group to drive the tobacco agenda forward, the group is to be reconvened following the development of the action plan with identified leads for each of the priority areas of work, however, due to the nature of tobacco control and the need for a comprehensive programme, success will be dependant on the commitment and involvement of key partners and stakeholders.
- The disbanding of the regional government office which organised collaborative work across Yorkshire and the Humber such as the SOS smoking in pregnancy scheme. A Regional Social Marketing Manager post has remained and is currently employed by Wakefield Council
- Lack of additional funding and competing priorities continue to pose a risk to the programme although the research programme will contribute to developing capacity and ensuring existing resource is utilised to the best possible effect

Meeting: Health and Wellbeing Board **Population:** All adults in Leeds

Outcome: People are supported by high quality services to live full, active and independent lives.

Priority: Support more people to live safely in their own homes.

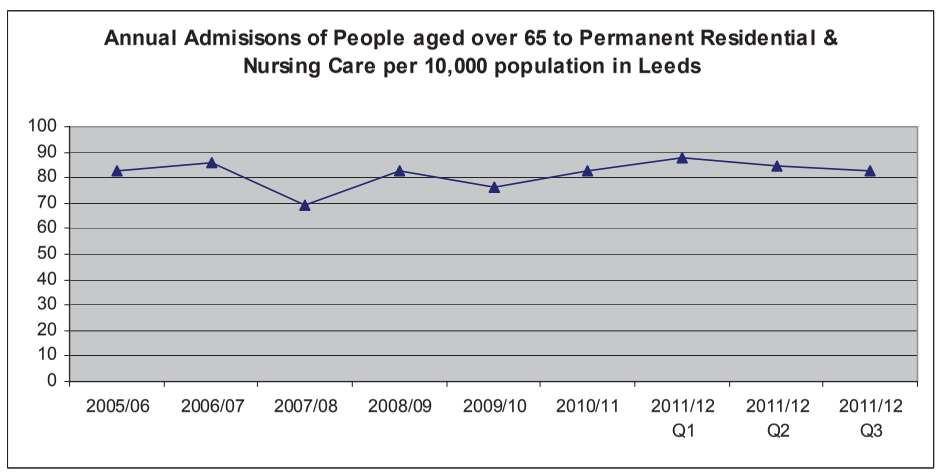
Why and where is this a priority: The vision for the future is to enable people, regardless of age, with complex health and social care needs, including those with mental health needs, to be cared for at home or closer to home avoiding the need for unplanned hospital attendances and admissions and reducing the need for long term admission to residential or nursing care homes.

GREEN

Story behind the baseline

Headline Indicator: Reduce the rate of emergency admissions to hospital.

Reduce the number of older people admitted permanently to residential & nursing care homes care homes.



(Source:) ESCR

Although there are annual fluctuations, there has been an overall downward trend in the number of older people starting to require financial support by the Local Authority for permanent admission to care homes over the last six years. In 2005/6 985 people received support and in 2010/11 this had reduced to 910. This admission rate has been better than the national average and inline with regional figures until 2010/11. The upward trend continued into quarter 1 of 2011/12 but has been declining for the last two quarters. The number of older people living in residential and nursing care has however remained very static since 2008/9, as has the number of weeks residential and nursing care financially supported by the Council. This is because the average length of stay has reduced from 656 days (nursing) and 674 days (residential) in 08/09 to 538 (nursing) and 552 (residential) in 10/11. This suggests that older people are retaining independence for longer periods and are requiring care home support at later stages in their lives.

Over the last few years the city has faced a number of challenges which have increased pressures upon the Local Authority to support people with their care. These include rising demographic pressures; an increasing number of older people who had previously funded their own residential and nursing care exhausting their own resources, and ongoing changes to the health delivery infrastructure generating short term pressures on community services as hospital ward places are reduced and investment is transferred into community alternatives.

Development and agreement of a data set for performance information in relation to emergency admissions to hospital is still ongoing.

What do key stakeholders think

The key messages emerging from stakeholders so far are:

Help people to continue to live independently in their own homes by meeting local needs locally, providing support closer to peoples homes means public money can be used more efficiently. People need access to high quality information to allow them to make informed choices about how and where they receive care.

What we did

Financial approval for work on a Wellbeing Centre at Holt Park has now been approved by the Department of Health following a successful business case. Building work starts from January 9th.

Through the Leeds Health and Social Care Transformation Programme the following key actions have been undertaken:

- The procurement of a Yorkshire and Humber wide 111 service to include a West Yorkshire wide consult and treat service commenced. A programme of engagement is underway. Public engagement in relation to the location of the GP out of hours service started on the 4th December and will conclude on 4th March 2012.
- Through the Integrated Health and Social Care Team project, demonstrator sites are being established in Kippax/Garforth, Pudsey and Meanwood. Formal launches are being undertaken with frontline staff. Local project groups have been established to drive delivery within the three demonstrator sites.
- The rollout of risk stratification is being prioritised for practices within the demonstrator sites, education and engagement plans include members of the Integrated Health and Social Care Teams. This will allow the identification of those most at risk of hospital admission and who could benefit from early diagnosis and treatment.

What worked locally /Case study of impact

Reablement - David's story: "Without the encouragement and support from the SkILs team I would have had to go into a home".

After an operation and a spell in hospital David was advised to have at least three months' bed rest. He wasn't mobile enough to be able to get in and out of bed, go to the toilet, or shower himself. Mark from the Skills for Independent Living (SkILs) team has been helping to care for David with a combination of physiotherapy at the hospital, equipment around the home, such as grab rails, perching stool, some personal care and 'telecare' – electronic equipment including medication prompts and smoke/gas detectors. This gives David the reassurance he needs to live independently in his own home.

New Actions

A joint action plan will be implemented to align reablement and intermediate care services and is overseen by a steering group. The group is currently examining examples of fully integrated services to inform future actions. Adult Social Care and NHS Leeds have agreed to jointly commission a resource at Harry Booth house as part of a wider integrated Community Intermediate Care (CIC) bed provision and will become operational from June 2012.

Procurement of a Yorkshire and Humber wide 111 service to continue, Invitation to Tender to be issued March 2012.

Outcomes of the public engagement exercise to inform the location of the GP out of Hours Service.

The Integrated Health and Social Care Teams project, will prepare for the co-location of staff within the demonstrator sites.

The roll out of risk stratification education and engagement within demonstrator sites is expected to be completed by March 2012.

Development of a joint information sharing protocol is underway which will underpin the sharing of information across the Integrated Health and Social Care Teams.

The NHS and social care are progressing understanding approaches, to assisted technology services.

Data Development

Work to develop intelligence systems and sharing across social care and health continue and will be important in determining the impact of transformation work within different parts of the system.

Risks and Challenges

- There is a risk of inadequate resources being available to support Leeds Health and Social Care Transformation Programme and project infrastructure and the implementation stage of the projects given the current capacity available.
- Failure to develop and maintain effective partnership working and processes at both locality and city-wide strategic level between Leeds City Council and its partners to reduce health inequalities.
- Adults' Social Care Services fails to deliver the whole of its Business Systems Transformation Programme.
- Insufficient or poor quality Business Intelligence has a detrimental effect on the ability of ASC to meet its overall objectives.

Meeting: Health and Wellbeing Board

Population: All adults in Leeds

Outcome: People are supported by high quality services to live full, active and independent lives services.

Priority: Give people choice and control over their health and social care services

Why and where is this a priority The vision for the future is to enable people, regardless of age, with complex health and social care needs, including those with mental health needs, to be cared for at home or closer to home and to have increased choice and control over their health and social care services

Overall Progress:

AMBER

Story behind the baseline:

Leeds like many other cities has a large population whose needs include both social care and health services. Long term conditions account for 70% of health and social care costs, and almost three quarters of the gap in life expectancy between those living in the most deprived areas of Leeds and Leeds overall.

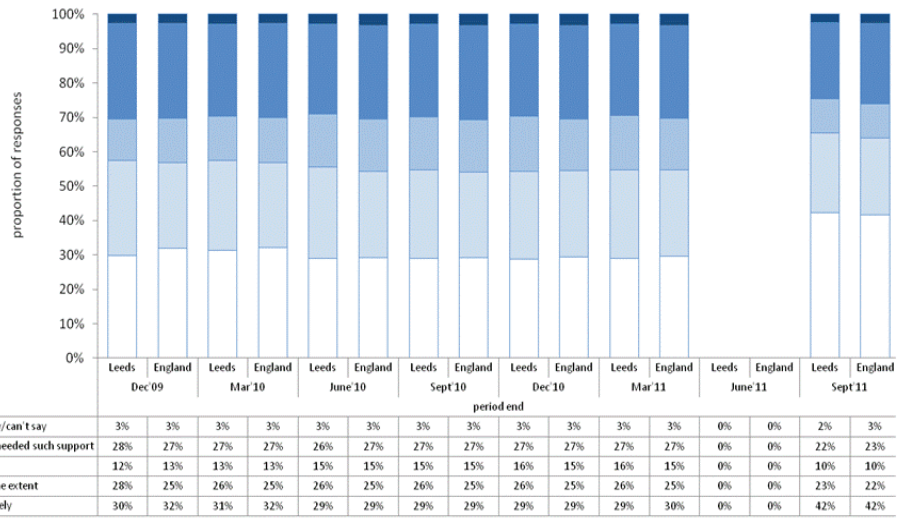
The statistics for Leeds follow the national trend of a slight increase in the negative experience people are feeling in terms of the support they are receiving to manage their long term condition.

'Transforming Social Care' LAC (DH) (2008) outlined the national policy for all people to be given the opportunity to design their support or care arrangements in a way that best suits their specific needs. At the end of 2009/10 17% of all service users had had this opportunity. By the end of 2010/11 this had increased to 29% of all service users (4,550 people) and by December 2011, the percentage has increased to 33% (5,303 people).

Available benchmarking data suggests that Leeds performance is inline with the average nationally.

Headline Indicator: Increase the proportion of people with long-term conditions feeling supported to be independent and manage their condition.

National and Local patient responses to the GP survey Question
Had enough support from local services to help manage long-term health condition(s)



	Dec'09 Leeds	Dec'09 England	Mar'10 Leeds	Mar'10 England	June'10 Leeds	June'10 England	Sept'10 Leeds	Sept'10 England	Dec'10 Leeds	Dec'10 England	Mar'11 Leeds	Mar'11 England	June'11 Leeds	June'11 England	Sept'11 Leeds	Sept'11 England
Don't know/can't say	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	0%	0%	2%	3%
I have not needed such support	28%	27%	27%	27%	26%	27%	27%	27%	27%	27%	27%	27%	0%	0%	22%	23%
No	12%	13%	13%	13%	15%	15%	15%	15%	16%	15%	16%	15%	0%	0%	10%	10%
Yes, to some extent	28%	25%	26%	25%	26%	25%	26%	25%	26%	25%	26%	25%	0%	0%	23%	22%
Yes, definitely	30%	32%	31%	32%	29%	29%	29%	29%	29%	29%	29%	30%	0%	0%	42%	42%

data source: GP Survey results http://www.gp-patient.co.uk/

What do key stakeholders think:

The key messages emerging from stakeholders so far are:

Help people to continue to live independently in their own homes by meeting local needs locally, providing support closer to peoples homes means public money can be used more efficiently. People need access to high quality information to allow them to make informed choices about how and where they receive care.

What we did

- Leeds has mainstreamed self-directed support via care management for new service users with eligible care needs during 2010/11.
- Refresher training on self-directed support has now taken place for all assessment teams.
- A project board has been established to undertake work from the Combining Personalisation and Community Engagement pilot. Dedicated social work support has been identified to support the project. This will enable community based services to extend services funded by self-directed support.
- A cross directorate project team has been established to review specific actions required to develop care options and housing for older people.

Through the Leeds Health and Social Care Transformation Programme, the following key actions have been undertaken:

- The Integrated Health and Social Care Teams project is establishing demonstrator sites in Kippax/Garforth, Pudsey and Meanwood. Roll out of the risk stratification tool is being prioritised to practices within the 3 demonstrator sites.
- The Diabetes project to provide services closer to home for those with type 2 diabetes has now been fully integrated in to business as usual. Key elements and lessons learnt from this project have been captured.
- Staff have received training in the use of blood gas analysers for patients receiving Home Oxygen

What worked locally /Case study of impact Self Directed Support - For the last six months Olive has been using a personal budget to employ a team of five personal assistants. “The main difference the personal budget has made is that we can dramatically improve Mum's quality of life during the day and there’s a lot more flexibility. For example, previously an agency worker spent just half an hour providing lunch – Mum needs an hour for a meal. Mum gets up to all sorts of activities with her daytime personal assistant – reading and looking through books together, singing along to the old timers, doing simple jigsaws even feeding the ducks on the Wharfe or visiting the garden centre. Compare that to just sitting staring at the TV. The personal assistants are hand-picked and really care. And Mum gets to see the same friendly faces. In many ways they treat her like their own mum rather than there just being a procession of strangers who watch the clock and rush in and out.

New Actions

- Work is currently being undertaken to assess the needs of and identify suitable alternative services for older people and mental health service users of day services whose current service provision is to be decommissioned. Progress has included finding people suitable community based alternatives with the Neighbourhood Networks and the Community Alternatives Team. This work is due for completion by June 2012.
- A cross directorate project team aims to analyse the demand and supply for older peoples housing and care options and take a report to Executive Board in March 2012.
- The Integrated Health and Social Care Teams project, will prepare for the co-location of staff within the demonstrator sites.
- The roll out of risk stratification education and engagement within demonstrator sites is expected to be completed by March 2012.
- A city wide Home Oxygen workshop is planned for February 2012, which will include staff from the district nursing service, intermediate care services and Adult Social Care.

Data Development

- Work to develop intelligence systems and sharing across social care and health continues and will be important in determining the impact of transformation work within different parts of the system.

Risks and Challenges:

- Self Directed Support is not financially sustainable.
- Failure to transform services mean that the need for self-directed support is not met.
- Failure to develop and maintain effective partnership working and processes at both locality and city-wide strategic level between partners to reduce health inequalities.
- The Directorate fails to efficiently and effectively manage the changing workforce requirements to deliver personalised services within available financial resources.

Meeting: Health and Wellbeing Board

Population: All people in Leeds

Outcome: inequalities in health are reduced, for example, people will not have poorer poorest improve their health because of where they live, what group they belong to or how much money they have

Priority: Make sure that people who are the health the fastest.

Why and where is this a priority: 20 % of the population of Leeds live in the 10% most deprived Super Output Areas (SOAs) in England accounting for approximately 150,000 people. There are also significant numbers of vulnerable people living across Leeds. There are range of social, economic and environmental factors that affect their health and wellbeing and which are contributing to the growing health inequalities within Leeds for men and women by areas of deprivation:

- There is a 10.1 year gap in life expectancy for men between City & Hunslet and Harewood (71.6 years:81.7years)
- There is a 9.6 year gap in life expectancy for women between City & Hunslet and Adel/Wharfedale (76.1year:85.7years)

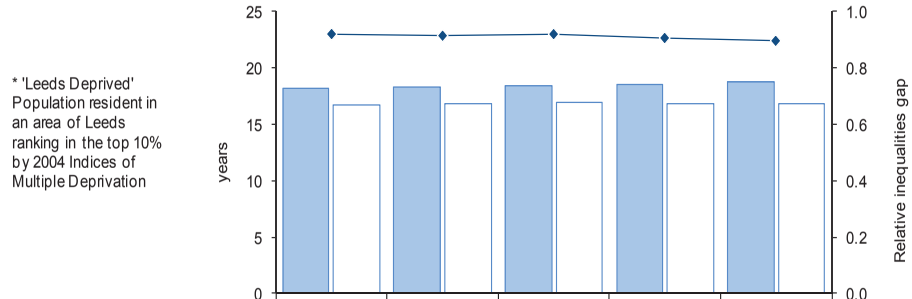
Overall Progress: RED

Headline Indicator

- Reduce the differences in life expectancy between communities
- Reduce the difference in healthy life expectancy between communities

Story behind the baseline: Overall life expectancy in Leeds is increasing however there is a much lower level of life expectancy for those living the most deprived areas of Leeds and the absolute gap between these statistics is increasing. The key causes of premature mortality are cardiovascular disease, cancer, and respiratory disease. All premature mortality data for these diseases in Leeds have a significant gap between the rates in the non deprived areas and the deprived areas of Leeds. For some diseases such as respiratory and stroke mortality rates are showing an increase (see individual disease data for detail). Causes of mortality from these diseases are multifaceted and include the impact of the wider determinants of health such as housing, transport, employment and poverty, as well an individual's lifestyle (in relation to smoking/alcohol/physical activity and healthy eating) , and their access to appropriate and effective services.

Life Expectancy at 65, 2002-2004 to 2007-2009, three year averages, Leeds, Leeds Deprived



	2003 - 2005	2004 - 2006	2005 - 2007	2006 - 2008	2007 - 2009
Leeds	18.2	18.3	18.4	18.5	18.8
Leeds Deprived population	16.7	16.8	16.9	16.8	16.8
Relative Gap Leeds Deprived* vs Leeds	0.92	0.91	0.92	0.91	0.90

data source: Hospital Episode Statistics (HES); GP registered populations

What do key stakeholders think

Public consultation exercises have been recently completed to understand attitudes of people living in the more deprived populations of Leeds to inform service development for early diagnosis of cancer, healthy living services, NHS Health Check, and use of leisure facilities. The findings have been used, and will be used, to increase the access and acceptability of services, interventions and information for target groups.

What we did

Healthy Built Environment and Transport:

- Recommendations from the Rapid Health Impact Assessment carried out with a wide range of stakeholders integrated into the Core Strategy.
- Consultation response on LCC Open Space Assessment completed
- Initial discussions to explore South/East Health and Wellbeing Partnership

New Actions

Healthy Built Environment and Transport:

- Health and LCC planning to integrate health paper within the Core Strategy
- Seek resources and strengthen action to improve health through open spaces, sport and recreation policy.
- Establish a Health and Planning Reference Group to facilitate health

involvement in shaping the Aire Valley Action Plan.

- Childhood Obesity Urban Design Group developed good practice leaflet for planners and Child Friendly City Initiative work with Youth Council to improve active travel.

Healthy workplace: New city wide framework developed targeting working age adults living in areas of deprivation; with mental health (MH); and physical and learning disabilities.

Financial inclusion:

- New MH employment support service includes job retention support for acute and primary care MH service users; employment support targeted at those on Incapacity Benefit
- Appointed Citywide Employment Coordinator to work across MH and employment agencies
- Fuel Poverty Public Health Campaign implemented Autumn 2011.
- 35 'Hot Spots' training sessions have been delivered to Leeds organisations
- 'Biq Squeeze Event' attended by 70 front line workers increasing skills on giving advice to maximise family income
- Debt advice: a new telephone advice gateway introduced with one common phone number for use across all advice agencies.

Ensure equitable access to services that improve health:

- further funding has been agreed to extend the current programme to increase early diagnosis of lung cancer in inner south/ east Leeds until April 2013
- 3 Clinical Commissioning Groups (CCGs) conducted their initial authorisation assessment including importance of equitable access for those most in need

What worked locally /Case study of impact: Following recent publication of the Cold Weather Plan, Leeds was successful in achieving Warm Homes Healthy People grants for c. £200K to raise knowledge and awareness of staff and target audience to prompt early intervention; provide a Crisis Fund specifically for emergency repairs to existing heating, plus emergency temporary heating; provide a Strategic Heating Servicing Fund to prevent vulnerable residents' heating breaking down in winter; expand the Groundwork Leeds Green Doctor Service to provide practical advice on using heating systems efficiently, cold weather information and physical assistance such as pipe lagging for households at risk of cold related ill health; establish a Community Grants Fund with Leeds Community Foundation, to which community organisations can bid for projects providing cold weather assistance to their service users.

involvement in key planning policies and initiatives

- Progress options to utilise leisure centres to increase healthy lifestyle opportunities for the most disadvantage

Healthy workplace:

Partnership action plan to be completed to encourage people back to work, keep people healthy in work and support people to return to work.

Financial inclusion:

- Community Development Finance Institution for Leeds to expand the availability of affordable financial services to low income households. Aim is for CDFI to be in place in first quarter of 2012/13.
- Debt advice: training of volunteers for the telephone gateway project to take place in first quarter of 2012.
- Fuel poverty: Further Hot Spots training sessions to be undertaken for frontline staff, particularly for staff based in health settings.

Ensure equitable access to services that improve health:

- Launch of 'Leeds Lets Change' healthy lifestyle programme January 2012
- Action to increase use of healthy lifestyle services through use of the Leeds Wellbeing portal by NHS services and the public
- Prioritisation process to take place for all new investments within each CCG based on prioritisation toolkit, CCG profiles and practice profiles to be developed based on JSNA
- Agree public health work programme to support GP practices focusing on target practices
- CCG authorisation process to continue to include equitable access

Data Development

- Health and wellbeing survey using Citizens panel to be developed and completed in 2012

Risks and Challenges

- Sustainability of and scale of funding available to meet the needs of the size of the population in Leeds
- Increase in energy prices and other costs living with increases risk to health and wellbeing of more vulnerable people
- City wide structures under development (Health and Wellbeing Board) and other City Partnership Boards
- Balancing the planning for housing growth with the need to retain green field sites and development in areas of deprivation with aspirations of developers for attractive sites.

2011/12 Adult Social Care Directorate Scorecard

Reporting Period : **Quarter 3 2011/12**

Contribution to Cross Council Priorities	Progress Summary	Overall Progress	Supporting Measures	Q1	Q2	Q3	Q4
Appraisals	The Directorate is at 96% for full appraisals and continues to do appraisals when people return to work from absence. We are taking the same approach to 6 month reviews as we did to appraisals, reviews are scheduled within the appraisal. Although appraisal reviews have been completed, managers need reminding to report appraisals to co-ordinators so they appear on our returns. Work is ongoing to have all completed reviews recorded by the 31st Jan '12. Community Support and Skills workers are having group appraisals which is seen as a realistic model for this large service.	Amber	Every year 100% of staff have an appraisal	51%	92%	96%	
Staff Engagement	Employee Engagement Survey Feedback has been presented to DMT. Actions have been identified and agreed to support the Directorate and Managers to help close the gaps identified by staff. An Employee Engagement and Communication Plan has been agereed with the first session being held on the 30th Jan. Work will commence with service specific management teams to identify and integrate EES and IiP actions into Service Plans.	Amber	increase the level of staff engagement	N/A	N/A	72%	
Consultation	An interim assessment in Quarter 3 suggests that the Directorate is performing well against the measure however, quality assurance work highlighted a lack of links or references to Talking Point, which is requested in report writing guidance. Most reports explain how the output from consultation is shaping options/ decisions, but not all.	Green	Every year we will be able to evidence that consultation has taken place in 100 per cent of major decisions affecting the lives of communities	Indicator being developed - to be reported in Quarter 4			
Equality	An interim assessment in Quarter 3 suggests that the Directorate is performing well against the measure	Green	Every year we will be able to evidence that equality issues have been considered in 100 per cent of major decisions	Indicator being developed - to be reported in Quarter 4			
Keep within budget	Overspend mainly reflects non achievement of assumed procurement savings for residential and nursing care packages within Adult Social Care, partially offset by a reduction in the number of placements £18m of savings were included in the 2011/12 ASC budget and we are on target to deliver £11m of these by the year-end. The £6m savings budgeted for reductions in residential/nursing care fees will not now be achieved in the light of recent judicial review judgements, but a future approach to this was agreed by Executive Board in September 2011. Savings of £4.5m are being delivered this year within home care services, including the impact of telecare and reablement. In September 2011 Executive Board approved proposals to reduce the level of directly provided residential care and day care. Some slippage in achieving the budgeted savings for 2011/12 has put pressure on the budget, but the directorate has successfully identified contingency savings to largely offset this. An under spend of £4m has been achieved for residential/nursing care. Tight financial control across the staffing and running expenses budgets has generated contingency savings of £2m and additional in-year funding from Health has also contributed. Overall, Adult Social Care is expecting a year-end position close to budget balance.	Amber	No variation from agreed directorate budget in the year	£2,849,000 overspend	£2,675,000 overspend	£1,262,000 overspend	

Directorate Priorities	Progress Summary	Overall Progress	Supporting Measures	Q1	Q2	Q3	Q4
Create the environment for effective partnership working	The Health and Well-being Board has now been established in shadow form. The JSNA has been refreshed, and the first draft of the Joint Health and Wellbeing Strategy will be approved on 26th January 2012. Leeds is leading one of the National Learning Sets for, 'use of resources' and sits on the national stakeholder group for the overarching learning network. An organisational development programme is being developed with partners to ensure that the right environment for Board decision making is created. Adult Social Care and Health are making positive progress through the Leeds Health and Social Care Transformation Programme to achieve integrated working across the city.	Green	N/A	N/A	N/A	N/A	N/A
Deliver the Health and Wellbeing City Priority Plan	High level city priorities for health and well being have been established. A series of outcome based accountability workshops have taken place to develop the detailed plan. A complete action plan including will be approved by the shadow health and well being board in April 2012. Priority areas of work are being progressed through the Leeds Health and Social Care Transformation Programme.	Green	N/A	N/A	N/A	N/A	N/A
Help people with poor physical or mental health to learn or relearn skills for daily living	The provision of reablement services is now an option for all new service users, via community or hospital discharge pathways. Work is underway to extend the service to existing service users who would benefit from some short term support to regain their independence following an unscheduled review - this is live in WNW and ENE and will go live in SSE on 1 February.	Green	Increase the number of people successfully completing a programme to help them relearn the skills for daily living.	166	317	462	
Extend the use of personal budgets	5,303 people have personal budgets, this equates to 33% of those included in the NI130 cohort. Of these 1,759 are using cash payments to purchase services themselves, this equates to 11% of service users. Benchmarking data from 2010/11 shows Leeds is inline with the average. There are recognised issues with NI130, and alternatives are being proposed regionally and nationally. A regional approach used by Putting People First puts the actual proportion of people using personal budgets at 41% of those people receiving services which could be delivered through personal budgets.	Amber	Increase percentage of service users and carers with control over their own care budget	25%	31%	33%	
	Together with the Stamford Forum Leeds are developing an approach to extend the use of personal budgets through the Combining Personalisation with Community Engagement (CPCE) project. CPCE is aligned to the DH's Building Community Capacity programme of work which exemplifies best practice in developing community based social capital to enhance existing resources. The CPCE project will develop three Neighbourhood Networks to become skilled brokers of self directed support, commissioning services from and for the local community to achieve earlier, less costly interventions.		Increase percentage service users who feel that they have control over their daily life.	79%	75%	N/A	
Improve the range of daytime activities for people with eligible needs	Learning disability day services are being replaced with a range of community based options, this is informed by extensive ongoing consultation. 13 organisations have been identified to provide a range of daytime activities in North Leeds. An extensive consultation has been undertaken with users of mental health day services and will be used to inform the service model and availability of services going forward. The in-house provider service will work with commissioning this year to build on this work and transform services. In September 2011 Executive Board approved the "Better Lives for Older People" proposals to reduce the level of directly provided day care. A range of alternative services are being developed and made available, for example, work with community support teams and Neighbourhood Networks, including the CPCE project (see above) and the SeNS (Senior Network Support) project which is a cross council project which aims to support and strengthen community based networks of older people as part of a European initiative.	Green	N/A	N/A	N/A	N/A	N/A

Ensure more people with poor physical or mental health remain living at home or close to home for longer	There has been an overall downward trend in the number of older people supported in care homes over the last six years, from 985 admitted in 2005/06 to 910 in 2010/11. The admission rate is better than the national average and inline with regional figures in 2010/11. A higher number of admissions in quarter 1 led to a higher predicted year figure, this has dropped in quarter 2 and 3. A cross directorate project team aims to analyse the demand and supply for older peoples housing and care options and take a report to Executive Board in March 2012. Leeds received approval from the DH for its business case to develop a Wellbeing Centre and building work starts in January 2012. The centre will combine a range of state of the art health and fitness facilities with services which will promote independence, health and wellbeing. The centre will provide a model for future developments.	Green	Reduce number of older people admitted permanently to residential and nursing care homes (per 10,000 population)	86.8	84.6	82.8	
Support adults whose circumstances make them vulnerable to live safe and independent lives	As part of its continuing work to ensuring appropriate cases are referred into safeguarding, the Safeguarding Adults Board has developed further guidance on the thresholds for referral and investigation, which was published as part of the revised policy and procedures on 9th January 2012. This will be incorporated into training for alertors and referrers, as well as those who screen rach referral. An analysis of the figures shows that there is a higher conversion rate for some service user groups than others.Conversion rates for two user groups currently returns at 13% and this requires focused work, these are mental health and other vulnerable people and accounts for 22% of the total referrals. This is being prioritised by the Performance and Quality Assurance sub group to the Safeguarding Board for cross partner work.	Amber	Increase percentage of safeguarding referrals which lead to a safeguarding investigation	31.50%	34%	32.30%	
Ensure resources are efficiently matched and directed towards those with greatest need	The £5.2m represents the achievement of 71.7% of the efficiency targets set in the 2011/12 budget. It is projected that £6.3m or 86.4% will be delivered by the year-end	Amber	Delivery of efficiency savings for directly provided services	£3.1m	£4.0m	£5.2m	
Provide easier access to joined-up health and social care services	There has been a successful bid for transformation monies for this year to pilot additional social work and Occupational Therapy input to divert people away from hospital admission where their needs can be better met in the community. Partners are developing a coordinated approach to assess patients at point of entry to avoid admission or to identify patients who can be discharged early. We are developing the role of two social workers who will, alongside health teams, develop discharge pathways, including putting services in place and addressing any barriers to returning home. These workers have access to a budget which enables them to buy items or pay for services which will enable discharge. Delayed discharges overall have increased over the year. Those attributable to Adult Social Care continue to make up around third of the total. The most recent figures show that Leeds have dropped from 86 in quarter 1 to 101 of all 152 local authorities regarding the number per 100,000 population.	Amber	Reduce number of delayed discharges from hospital due to adult social care only (per 100,000 adult population per week)	1.84	2.18	2.34	

People with social care needs receive coordinated and effective personalised support from local health and wellbeing agencies	Health and social care have also started to work more closely on intermediate care and reablement services. A joint action plan will be implemented to align reablement and intermediate care services and is overseen by a steering group. The group is currently examining examples of fully integrated services to inform future actions. Adult Social Care and NHS Leeds have agreed to jointly commission a resource at Harry Booth house as part of a wider integrated Community Intermediate Care (CIC) bed provision and will become operational from June 2012. Quarter 3 figures relate to 45 people supported though hospital teams to return home. Future figures will include those being supported through new reablement services. In 2010/11, 85% of people were still at home following a discharge from hospital and the target for this year is 87%. It should be noted that whilst a high percentage of people at home is desirable, there will be occiasons when it is right to give someone the opportunity to return home and then agree that they need more intensive support than can be provided in the community.	Green	Increase proportion of older people (65 and over) who were still at home 91 days after leaving hospital into rehabilitation services	92.90%	93.80%	89%	

Our customer experience is enhanced through improved information systems developed with health partners	A key enabler to share Information electronically with the NHS is to complete the Social Care Information Governance Toolkit. A baseline assessment and Action plan has been completed and plans are in place to submit evidence by the annual deadline of 31 March 2012. The technical infrastructure design for sharing electronic information securely has been completed and work is on target to put this in place. Options are being explored to establish the NHS number on the social care case management system and setting up secure email transfers between health and social care organisations has commenced.	Green	N/A	N/A	N/A	N/A	N/A
Establish local joined-up services for older people	The Leeds Health and Social Care Transformation Programme is working to integrate community based health and social care teams, streamline pathways to support and develop risk stratification approaches for providing support to those most at risk of long term conditions and hospital admissions. Three demonstrator sites for integrated teams are being established from January 2012 and the rollout of risk stratification is being prioritised for GP practices within these sites.	Green	N/A	N/A	N/A	N/A	N/A

Self Assessment
CQC inspections of care homes have recently resumed. The inspection reports of five care homes managed directly by the Council have been published during quarter three Three were found to be compliant and two were judged as “Not Meeting one or more essential standards. Improvement is needed”, this is due to a number of mainly moderate concerns and a single major concern around the recording of staff training. Action has been taken to resolve all the identified issues An series of audits of social work cases work has been undertaken by Independent consultants during the year. The reports show an improvement in practice, for example in, capacity assessments and safeguarding. In September 2011 auditors commented “…good practice in this area had become embedded into the day to day thinking of social workers… The case recording was detailed and decisions evidenced. There had been involvement and consultation with appropriate others and evidence of quality social work interventions”. Such comments are reflected across the reports provided by the Independent file auditors in 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 March 2012

Subject: Leeds NHS performance report

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. Alongside the Quarter 2 performance information presented to and discussed at the Scrutiny Board's meeting in December 2012, the Board also considered a report prepared for the NHS Airedale, Bradford and Leeds (NHS ABL) Cluster Board. The purpose of this report is to introduce the most up-to-date performance report from NHS ABL.

2. The most up-to-date performance report is due to be considered by the PCT Cluster Board on 22 March 2012, and as such will not be available for publication at the time of issuing this report. Nonetheless, this will be made available as soon as possible ahead of the meeting. However, it should be noted that any discussion at the Scrutiny Board will be in the context of the performance report not having been considered by the NHS ABL Cluster Board.

3. This report also seeks to address those areas highlighted at the Scrutiny Board's December meeting, where further and additional information was requested. Further information was requested in relation to the following areas:

    - Bariatric surgery
    - Fractured Neck of Femur operated on within 48 hours
    - Stroke care

4. The additional information is appended to this report and appropriate NHS representatives have been invited to attend the meeting to help the Scrutiny Board consider the information in more detail.

5. In January 2012, the Care Quality Commission (CQC) published a report that identified that improvements were needed at St. James' University Hospitals (part of

Leeds Teaching Hospitals NHS Trust (LTHT)) because government standards were not being met. Concerns were raised in relation to the following essential standards:

- Outcome 04 - Care and welfare of people who use services (moderate concerns)
- Outcome 08 - Cleanliness and infection control (minor concerns)
- Outcome 13 – Staffing (moderate concerns)

6. The CQC reported is attached as an appendix and representatives from LTHT have been invited to the meeting to outline how the concerns raised are being addressed.

Recommendations

7. It is recommended that the Scrutiny Board:

(a) Consider the information presented in this report and supporting appendices; and,

(b) Identify any areas where additional information is needed and/or that require further scrutiny.

Background documents

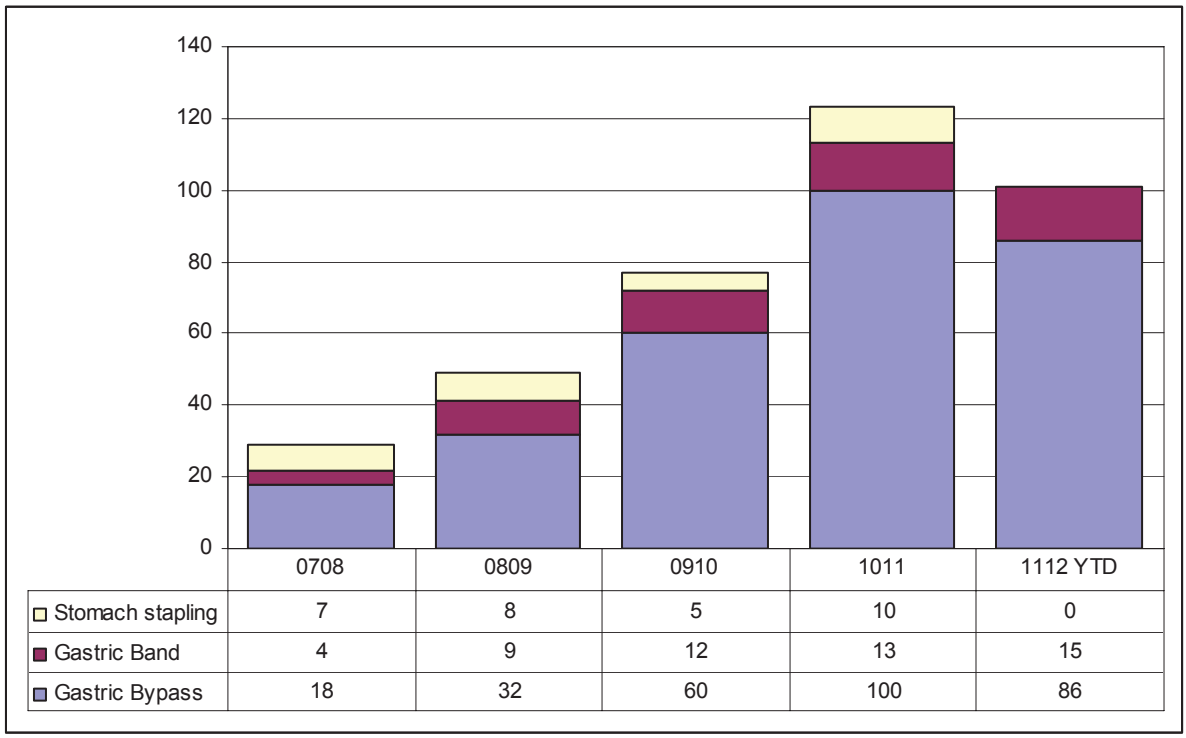
- None used

Note on outstanding questions on Bariatric Surgery; Fractured Neck of Femur (FNoF) and Stroke Care

Bariatric Surgery

This surgical work is actually commissioned across the NHS by the regional Specialised Commissioning Groups (SCG), as the medical procedures that fall within the definition of Bariatric Surgery are considered to be specialist in nature. Such services can be commissioned only from those providers that have proven capability and capacity to be able to carry them out safely and effectively. The PCT thus have no day to day direct commissioning control over the numbers or type of procedures carried, other then through the governance and management arrangements that exist between the PCT and the SCG.

Activity for the patients of NHS Leeds over recent years is shown below, along with the YTD, up to the end of January 2012. The projection for the current year is that there will be a comparable number in total for the whole year to that seen last year.



	0708	0809	0910	1011	1112 YTD
Stomach stapling	7	8	5	10	0
Gastric Band	4	9	12	13	15
Gastric Bypass	18	32	60	100	86

It seems clear that there has been a significant rise in bariatric procedures, most marked in the carrying out of gastric bypass procedures. Overall, there is a rise of over four-fold in the number of procedures carried out in 2007/08, as compared to 2010/11.

Fractured Neck of Femur (FNoF) operated on within 48 hours

This is an indicator of good clinical practice, with early operations generally giving better health outcomes. It is a recommendation of the National Institute for Clinical Excellence (NICE) that procedures are carried out the day of the fracture being identified or the day after.

Probably the best illustration of performance can best be seen using extracted information from the LTHT performance report. This explains the different ways of measuring performance and also the steps being taken to improve performance. It is important to understand that this indicator is relatively new and there remains work to be done to ensure that the data sources used are robust. Validation work is being carried to determine this.

The first extract, at 3.1 below, shows performance against the CQUIN standard. CQUIN is a system to incentivise providers to improve performance and is separate from routine performance management systems. Note that the CQIN indicator uses a different data source from that used for the Dr Foster analysis shown later.

It is clear that performance using this measure is improving, from a low point near zero in 2009. A performance level of 85% is expected to be achieved by the end of Q4 (March 2012).

Improvement in Fractured Neck of Femur Operating Times

Locally, the Trust monitors performance on this indicator from 2 sources: the National Hip Fracture Database (NHFD), which is used for the Commissioning for Quality and Innovation (CQUIN) indicator and the Trust's Patient Administration System (PAS), which is the source for the Dr Foster analysis. Due to some differences in methodology, there are differences in results.

3.1 Improvement in Fractured Neck of Femur Operating Times (CQUIN)

AIM: To ensure patients admitted with a Fractured Neck of Femur are operated on within 48 hours - CQUIN indicator.

Performance

- CQUIN data is reported quarterly, from the NHFD. The Trust's trajectory is that performance will improve throughout the year, from 70% in Quarter 1 to 85% in Quarter 4.
- The Trust achieved the CQUIN measure for Quarter 1, as a baseline plan and trajectory were submitted. However, the Trust failed the trajectory for Quarter 2 with 68.8% of patients operated on within 48 hours; this was due to a high volume of complex trauma admissions in August along with a failure in the escalation process.
- Figure 13 shows trends in monthly performance against the CQUIN trajectory.
- In December, the NHFD shows that 77.6% of patients were operated on within 48 hours of admission; the quarterly target of 78% was not therefore reached for the month.
- However, the Trust achieved the 78% target for Quarter 3, with 85.2% of patients at the Trust operated on within 48 hours of admission.

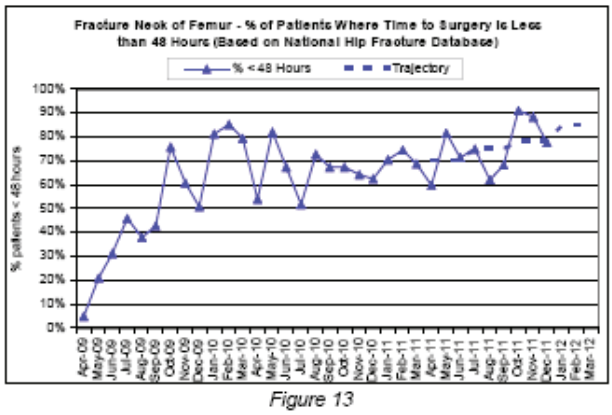


Figure 13

2011/12 Forecast

- The Trust is forecast to achieve the CQUIN indicator in Quarter 4.

The second extract, shown below at 3.2, shows the other system used to monitor performance. It uses LTHT local records. Again it is clear that improvements in performance are being seen overall. LTHT though are likely to underachieve against the Dr Foster standard of 70%, which means performance over the year is likely to be in the regions of 60% to 70% of patients treated within 48 hours.

3.2	Improvement in Fractured Neck of Femur Operating Times (PAS)

AIM: To ensure patients admitted with a Fractured Neck of Femur are operated on within 2 days - PAS

Performance

- The Dr Foster target states that 70% of patients should be operated on within 2 days of admission.
- In December, 66.7% of patients were operated on in less than 2 days; the Trust therefore underachieved the standard, with performance below the 'achieve' target, but above the 60% 'fail' threshold, as Figure 14 illustrates.
- The Trust also underachieved the indicator year-to-December, with performance at 61.5% for the period.

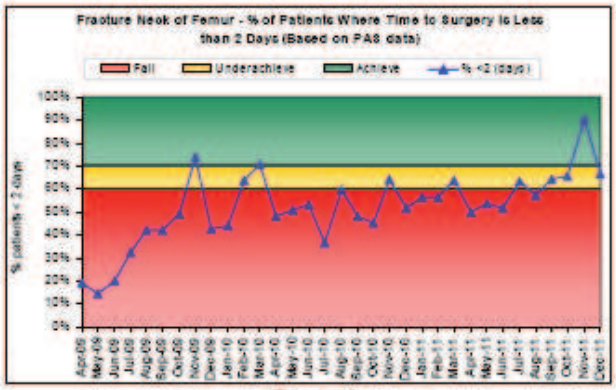


Figure 14

2011/12 Forecast

- The Trust is forecast to underachieve this indicator (sourced from PAS) for 2011/12.

Fractured Neck of Femur Operating Times: Update on Previous Actions

- Significant work is being carried out to validate all patients from both data sets relating to fractured neck of femur. The impact on the aggregate performance will not be determined until completion of this exercise.
- Other actions include;
  - Prioritising fractured neck of femur patients when scheduling Trauma Theatre Lists,
  - Improved early escalation and local problem resolution process,
  - Improved performance management through weekly operational meetings and presentation of Root Cause Analysis (RCA) for any patients waiting longer than 48 hours/not operated on within 2 days,
  - Performance at over 90% consistently is not expected due to the cohort of patients whom present and are unfit for an operation within 48 hours (circa 15%).

Fractured Neck of Femur Operating Times: Further Actions Required

Action / Update	Owner	Review Date
Assessment of the results of the data validation exercise will be carried out in February.	Director of Informatics	February 2012
All operational actions described above are continuing.	Divisional General Manager, Specialist Surgery	Ongoing

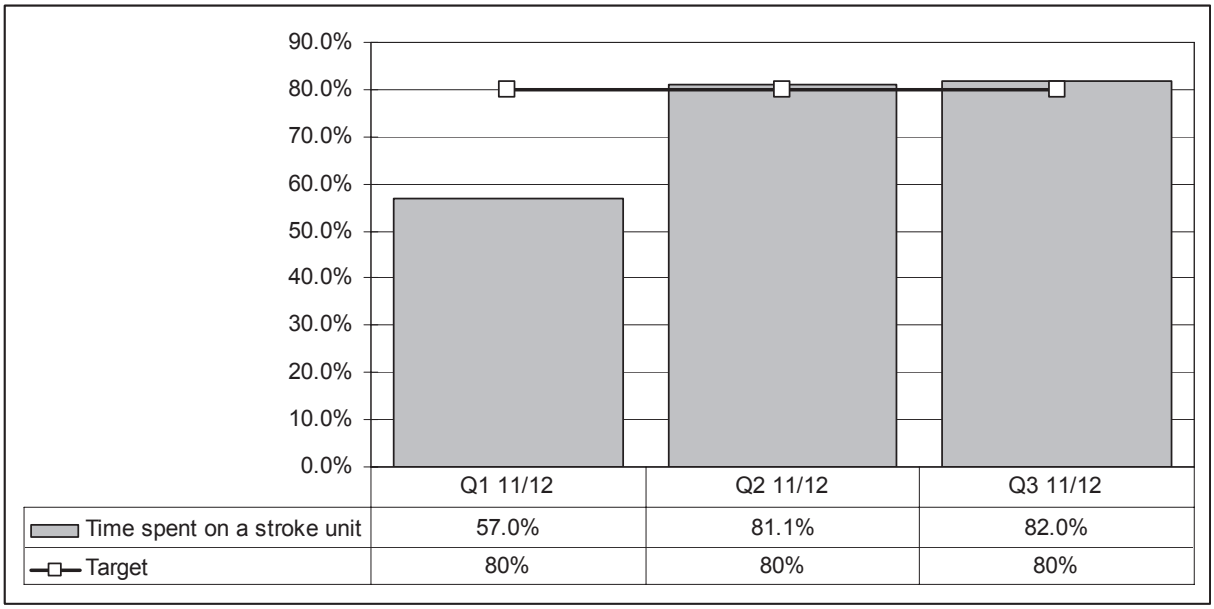
Stroke Care

Performance in the delivery of quality stroke care is presently measured using two main indicators for commissioners. These indicators are intended to support the delivery of NICE Guidance on effective care for stroke patients. The indicators for 2011/12 are –

- People who have had a stroke who spend at least 90% of their time in hospital in a stroke unit. This is to ensure that patients receive the highest levels of specialist care.
- Transient Ischaemic Attack (TIA) cases with a higher risk of stroke who are assessed and treated within 24 hours. This ensures that patients with high risk of stroke who have a TIA are treated quickly, which can reduce the risk of a future full stroke by up to 80%.

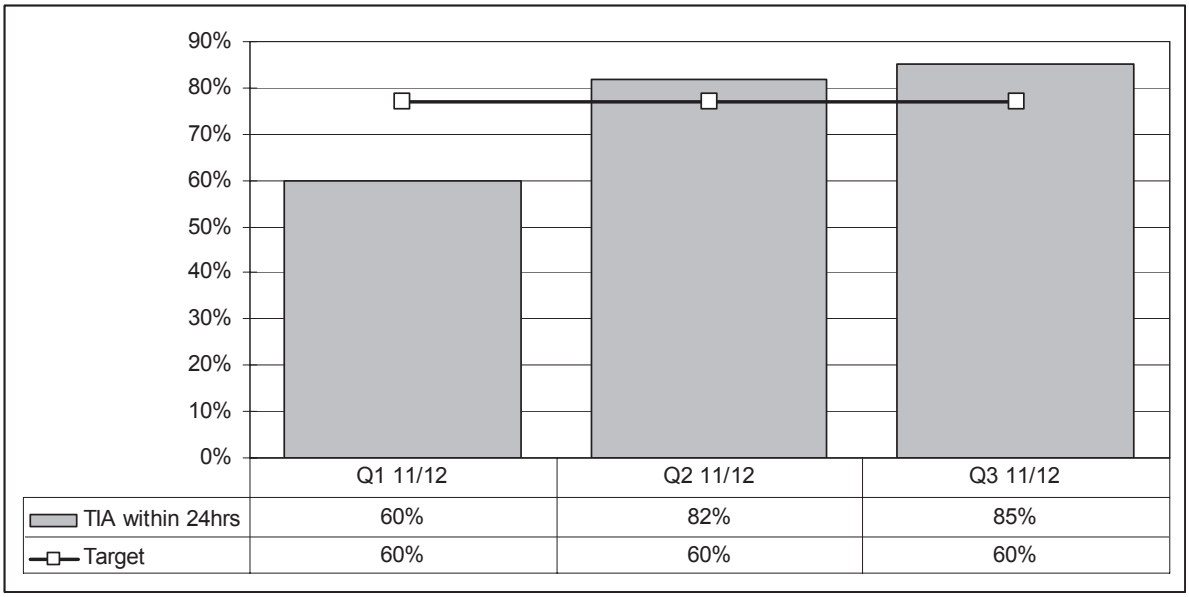
Performance at LTHT was of some concern to NHS Leeds at the start of the year, but recent reports have shown that LTHT have turned things around, for both indicators. The hospital have opened a specialist stroke unit and are now in the process of opening a hyper-acute stroke unit, due to complete soon.

Performance for the number of patients who spend at least 90% of their time in a stroke unit is judged against a standard of 80%. There is a risk that the delivery of the standard over the whole year will be below the standard, due to the poor performance earlier. Data available up to the end of Q3 however shows that significant improvements have been made and there are no serious grounds for concern moving forward. Performance is shown below.



	Q1 11/12	Q2 11/12	Q3 11/12
Time spent on a stroke unit	57.0%	81.1%	82.0%
Target	80%	80%	80%

Performance for TIA patients treated within 24 hours is shown below. It can be seen that performance has followed a similar pattern to that for time on a stroke unit. There are no ongoing concerns about performance, now that systems are in place to ensure delivery.



	Q1 11/12	Q2 11/12	Q3 11/12
TIA within 24hrs	60%	82%	85%
Target	60%	60%	60%

Next year 2012/13, performance will be judged using different methods. Whilst the indicators for this year are set out in the NHS Operating Framework, for 2012/13, the key indicator covering stroke is described in the NHS Outcomes Framework as the 'proportion of stroke patients reporting an improvement in activity/lifestyle', based on a specialist clinical scale. It is not yet clear how this will be monitored at the local level.

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Review of compliance

Leeds Teaching Hospitals NHS Trust St James's University Hospital	
Region:	Yorkshire & Humberside
Location address:	Beckett Street Leeds West Yorkshire LS9 7TF
Type of service:	Acute services with overnight beds Hospice services Rehabilitation services Community healthcare service Urgent care services Diagnostic and/or screening service
Date of Publication:	January 2012
Overview of the service:	St James's University Hospital is run and operated by Leeds Teaching Hospital NHS Trust, one of the largest

	trusts in the country, providing health care to one million people per year in Leeds and across Yorkshire. The hospital also provides a number of specialist services across the Yorkshire region and beyond. St James's University Hospital has an accident and emergency department and provides acute hospital services.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

St James's University Hospital was not meeting one or more essential standards. Improvements are needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review because concerns were identified in relation to:

Outcome 04 - Care and welfare of people who use services
Outcome 08 - Cleanliness and infection control
Outcome 13 - Staffing

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 6 December 2011, carried out a visit on 7 December 2011, observed how people were being cared for, talked to staff and talked to people who use services.

What people told us

We spoke with people who use the service and their relatives and visitors.

People told us that the wards were very busy and there were not always enough staff. Some of the comments included:

"Staff don't have time to talk."
"Staff wouldn't be able to cope without the students."
"Sometimes not enough staff."
"Not enough staff to deal with wandering /shouting patients."
"Staffing levels vary."
"Relative does personal hygiene needs because not enough staff."
"Ward is understaffed."

However, some people said there were enough staff. Their comments included:

"Staff answer the buzzer quickly."
"Staff are approachable."
"Staff brilliant."
Staff explain everything and are friendly."
"Enough staff on the ward."
"Staff look after you well."

"Staff talk to you about your care."

Most people we spoke with were happy with the care they received. They said:

"Staff explain care and treatment"
"Staff explain what is happening and will deal with concerns."
"Staff explain what is happening and do not talk across you."
"Staff explain everything and are friendly."
"Kept well informed about care and what is happening with discharge."
"Doctors explain what is going on."

The majority of people we spoke with said they enjoyed the food at the hospital. However, one person said, "On a moist diet but by the time food is served it is dry and difficult to eat."

What we found about the standards we reviewed and how well St James's University Hospital was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

We have assessed this outcome area as a moderate concern.

The delivery of care is not always safe and effective. The service needs to take action to improve and maintain their arrangements for delivering care treatment and support to protect people against the risks associated with unsafe or inappropriate care, treatment or support.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

We have assessed this outcome area as a minor concern.

The trust has standards for hygiene and cleanliness but these are not effectively maintained and managed in all areas. The processes in place do not always promote the prevention and control of infections. There are no assurances that staff are following procedures for mattress and bed cleaning. There is inconsistent practice with the following of infection control procedures around the isolation rooms and bays

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

We have assessed this outcome as moderate concerns.

There are often times on wards 28, 29 and 34 when there are insufficient staff, and it is difficult to get more staff quickly, to provide care that is always safe, effective and meets people's needs.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

In a previous review, we found that improvements were needed for the following essential standards:

- Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

In a previous review, we suggested that some improvements were made for the following essential standards:

- Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

- Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

There are moderate concerns with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
During the last three months we have received a number of concerns from people who use the service and staff, telling us of incidences of poor care and neglect of people's needs. People said their care needs had been neglected due to lack of staff and their dignity at times compromised. People said they had been left in wet beds for prolonged periods of time and had falls due to lack of staff assistance and supervision. One person said they had seen elderly people wandering on wards in states of undress which severely compromised their dignity. Others said they were not given the help they needed to maintain their personal hygiene and the assistance they needed with eating and drinking. Staff reported that staff shortages were leading to elderly people being left wet after episodes of incontinence and being rushed with tasks.

People had also expressed concerns about spending long periods of time on trolleys in corridors on wards, waiting for admission to a bed.

At this visit to the service, we spoke to people who use the service, their relatives and visitors.

Most people we spoke with told us that the care was good and staff were helpful. People said that staff treated them with dignity and would explain what they were doing. Comments included:

"Staff explain care and treatment"
"Staff explain what is happening and will deal with concerns."

"Staff explain what is happening and do not talk across you."
"Staff explain everything and are friendly."
"Kept well informed about care and what is happening with discharge."
"Doctors explain what is going on."

The majority of people we spoke with said they enjoyed the food at the hospital. However, one person said, "On a moist diet but by the time food is served it is dry and difficult to eat." Another raised concerns that records of nutrition are not maintained properly when their relative is nutritionally at risk.

Some people told us they had been involved in decisions about their treatment and most told us staff listen to their concerns and take them seriously. Some told us they had received conflicting information from different professionals. Some people felt that not all staff would deal with concerns raised. They said:

"Difficult to get explanation of treatment – different doctors give you different information."
"Feel can raise concerns but depends which staff on duty if concerns are listened to and dealt with."
"Can raise concerns but don't know how seriously they are taken."

Other evidence
During this visit, we saw that staff treated the patients with care and dignity. Staff explained what the were doing and always pulled the curtains around the bed when providing personal care such as changing, washing and giving treatment.

Our observations of people's care showed that staff were kind and considerate. Staff delivered care sympathetically and explained what they were doing when carrying out any tasks. Care was delivered in a timely manner, we did not see people waiting for prolonged periods of times for assistance they needed.

Overall, meals were served well, staff took meals to people and arranged trays so they were in easy reach and people could manage themselves. This encouraged people's independence. However, on one ward, it was not clear which people needed assistance with their meals and what level of help was needed. We spoke with staff who told us they verbally discuss with new staff the assistance that people need at meals time. We looked at some care records and they did not give clear details of people's needs regarding assistance with meals. This could lead to people's care needs being missed or overlooked.

On another ward, we saw that the food served looked well presented and all people we spoke to confirmed that it was hot. We observed staff helping people with their meals where required. Drinks were served after the meal and people were given a choice of drinks. During the visit we observed the serving of meals and found that assistance was given to patients in an appropriate manner. For example a nurse was helping a patient who could not feed themselves. She told the patient what was on the plate and took her time feeding the patient and encouraging her to eat. However, patients were not always given opportunity to wash their hands before and after their meal and we saw some staff give assistance with feeding without washing their hands first. This issue will be addressed in outcome 8 of this report. We also saw one person had food left in front of them for 30 minutes as they were asleep. Staff walked past and didn't assist until

matron saw this and pointed it out. They were then given assistance with their meal.

We observed staff involving people in the daily routine and making choices available to them and including them in any procedures. For example we saw one patient being assisted to mobilise by the physiotherapist They were careful to explain fully what they were doing and gave plenty of time for the patient to be involved and help themselves, as much as possible.

Staff we spoke with showed a good understanding of respect and dignity. They were able to give good examples of how they try to ensure this for people who use the service. They understood the principles of person centred, individualised care.

However, most staff said they were aware of times when people's dignity has been compromised due to being short of staff. They said that people can have unnecessary episodes of incontinence as they cannot get to them in time. They said that people's personal hygiene needs are not always attended to promptly. They said it can be the afternoon before people get a wash or shower. They said that men may not get a shave every day and if they are so busy, some people may only get a 'hands and face' type wash rather than a full bed bath.

One staff said that they have, on some occasions, not had enough staff available to safely manage people's moving and handling needs in a timely manner. They said they had 'rolled' a patient who really needed the assistance of two staff and a hoist as they felt it was better to take this risk rather than wait for the assistance of another staff member. (The patient had been incontinent). This put the staff member and patient at risk. Another said that people are sat in chairs for too long when they want to get back in bed or are in uncomfortable positions in bed and have to wait for enough staff to be available to assist them.

Staff also said that when they are short of staff, they have to rush tasks and don't have time to spend with people giving them reassurance and allaying feelings of anxiety that people often have when in hospital. One staff said, "You feel like you have failed people." Another said, "Basic needs are met and priority is given to emergency care needs but you always wish you could do more." Staff said it can be difficult to supervise people who may need extra attention due to being confused or agitated. During our visit we saw that a person who had been assessed as needing one to one support did not always have this.

Another staff member said that people were missing their physiotherapy appointments because of staff shortages they were not washed and dressed in time for the appointment.

On one ward we visited, one staff member said that people who use the service had suffered falls due to lack of supervision when short of staff. We asked for an analysis of information on falls from this ward. The information showed there had been 16 incidents of falls, slips or trips reported in a four week time period. We were told that none of these incidents had resulted in serious harm for the people who sustained the falls.

Staff said that essential care such as medication, pressure area care and the carrying out of observations such as temperature and blood pressure checks are prioritised and always done.

Staff said that people who use the service receive good care when they have enough staff to provide it properly. They said they were well trained in delivering person centred care and their ward sisters and managers supported them well.

We discussed discharge planning and arrangements with some staff. Staff said that discharge can be delayed due to not having enough time to arrange it promptly. One staff said that discharge planning could be better organised but they have to wait for ward rounds to finish before they can start planning. They said this then results in delays, bed shortages and leads to the situation of people being admitted to wards and waiting on trolleys. A matron told us they try to work to the policy of people waiting on trolleys for no longer than 30 minutes.

We looked at records that are kept on 'trolley admissions' and could see that people can be waiting for a bed from three to seven hours. Staff said they try to make people as comfortable as possible during this time and they have a room available where people can be examined in private while on the trolley. Staff said this wasn't 'ideal' but they try to make the best of the situation.

In general we observed that people receive care appropriate to their needs. However, it is evident from staff and patient comments that there is sometimes a shortage of staff and that this can impact on people's care, the likelihood of patients slipping and falling, discharge planning, and on occasion their dignity can be compromised as a result. While none of these incidents appear to have caused significant harm to patients there is risk that due to staff shortages these incidents will recur. Staffing is discussed further under Outcome 13.

Our judgement
We have assessed this outcome area as a moderate concern.

The delivery of care is not always safe and effective. The service needs to take action to improve and maintain their arrangements for delivering care treatment and support to protect people against the risks associated with unsafe or inappropriate care, treatment or support.

Outcome 08:
Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

There are minor concerns with Outcome 08: Cleanliness and infection control

Our findings

What people who use the service experienced and told us
We did not discuss this outcome with people who use the service.

Other evidence
In October and November 2011 we received information that wards and toilets were unclean and that nursing staff had to perform cleaning duties that should be carried out by cleaning staff.

During our visit we found the wards generally in a good state of repair and all the fixtures and fittings observed were in a good state. We found commodes were clean.

On one of the wards a bay was closed due to the need to isolate the patients in this bay. We saw that the 'bay closed' sign had fallen off which meant that it was not obvious this bay area was closed and we saw a staff member enter the area with no gloves on. We discussed this with the ward sister at the time of our visit and the sign was replaced.

We looked at four bed mattresses on one of the wards. All four had staining on the foam mattresses that had penetrated the covers. We saw that one of the forms which indicates whether the mattress and bed space has been cleaned and ready for the next patient had not been completed in full. None of the nursing duties had been ticked as completed. The other three beds did not have any forms in place to say they had been checked at all. Nursing staff told us there was no space to tick on the form that the mattress should be unzipped and checked, however the matron pointed out that it was on there. None of the staff on the ward could confirm that they would unzip the mattress covers to check for stains inside the cover.There was no assurance that the nurses or

health care assistants were actually cleaning the areas they were supposed to. This issue was brought to the immediate attention of the ward sister who began making arrangements for new mattresses to be brought to the ward. They also told us that the procedure for mattress cleaning would be brought to staff's attention through a specially organised meeting and they would make sure that bed, mattress and bed space cleaning records were properly maintained in future.

After the inspection visit, the trust informed us that the staining on the mattresses had been reviewed by infection control and tissue viability nurse consultants. They had confirmed that the staining on the mattresses was discolouration due to light or heat. They also said they have gained guidance from the mattress manufacturers to assist staff in their inspections of mattresses.

Through our observation of mealtimes we saw that patients were not offered hand washing before or after meals. However, on one ward we were told that patients are given hand wipes before meals. We also saw during this time that a number of staff did not follow infection control procedures, regarding the changing of aprons and gloves. A number of staff walked in to bays and side rooms that were clearly signposted as having infection control procedures in operation. One staff walked in to the bay wearing apron and gloves that had been used for food distribution and then out again and into another side room with the same apron on. Another walked in to the bay area and out again with the same apron on. One staff kept the green apron and gloves on and went into the sluice area and came out with it still on

We also saw that two staff did not wash their hands before they fed a patient at lunchtime.

Staff told us there were good systems in place to ensure wards were clean. They said there were enough cleaning staff.

Our judgement
We have assessed this outcome area as a minor concern.

The trust has standards for hygiene and cleanliness but these are not effectively maintained and managed in all areas. The processes in place do not always promote the prevention and control of infections. There are no assurances that staff are following procedures for mattress and bed cleaning. There is inconsistent practice with the following of infection control procedures around the isolation rooms and bays

Outcome 13:
Staffing

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

There are moderate concerns with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
During the last three months we have received a number of concerns from people who use the service and staff, telling us of their concerns with regard to staff shortages. As mentioned in outcome 4 of this report, they have reported that people's care needs are being neglected due to there being insufficient staff.

We were told that a person with dementia went missing due to lack of staff supervision. We were also told that staff were not available to assist people in getting to the toilet or to change soiled bedding. People told us that they had heard staff complaining about being short staffed and not being able to use bank staff to cover shortages. Staff told us they did not have enough staff to meet people's needs and that staff were 'tired and stressed' and unable to take breaks when at work.

During our visit, people told us that the wards were very busy and there were not always enough staff. Some of the comments included:

"Staff don't have time to talk."
"Staff wouldn't be able to cope without the students."
"Sometimes not enough staff."
"Not enough staff to deal with wandering /shouting patients."
"Staffing levels vary."
"Relative does personal hygiene needs because not enough staff."
"Ward is understaffed."

However, some people said there were enough staff. Their comments included:

"Staff answer the buzzer quickly."
"Staff are approachable."
"Staff brilliant."
Staff explain everything and are friendly."
"Enough staff on the ward."
"Staff look after you well."
"Staff talk to you about your care."

Other evidence
When we last visited the service in August 2011 we said the health and welfare needs of people who use the service were not always being met because there were often insufficient staff to ensure needs were being met. We set a compliance action for them to be able to rectify the service.

The trust responded by sending us an action plan of what they were going to do to improve the service and ensure their compliance with this outcome area. They told us they had recognised the need to 'grow the nursing and midwifery workforce' and were developing the way in which they would do this. They said they had calculated the staff numbers they needed based on patient's needs and had used a nationally recognised tool to assess this. They told us that in July 2011 their vacancy rates were in the usual range they expected and that the majority of vacant posts were covered by bank staff.

Since the August inspection the trust also said that they had improved recruitment practice and sickness and absence monitoring. They told us they had improved staff deployment by introducing 'e-rostering'. (This is a computer assisted system for developing rotas.) We found during our visit that this has not yet been fully implemented on some wards. However, sisters told us they are working to the principles of e-rostering and have been trained to do so. The trust also said that from December 2011 they would be introducing new patient surveys to ask people if there had been enough nurses and said that senior staff would be reviewing staffing levels and rotas through the e- rostering system.

We spoke with a matron who told us that staff had raised concerns about staffing in one of the wards visited. They said the ward had been reviewed in order to improve staffing, leadership and care. They said they had recruited to some vacant posts in September and October 2011, audited rotas and would be introducing patient experience surveys.

As previously mentioned in outcome 4 of this report, all staff we spoke with at this visit said they were at times short staffed due to vacancies and sickness. They said they felt staffing had improved on the whole, from about September 2011 onwards in that there was an increased willingness from senior managers to provide cover from the trust's bank staff and they could see vacant posts being recruited to. However, they said it was often not possible to find staff to cover sickness, especially when there was not much notice of sickness given. Staff also told us that some bank staff are reluctant to work on wards where the work is seen as 'heavy'. They said bank staff can 'pick and choose' where they want to work. Some staff said there had been an increase recently in the numbers of staff leaving as they did not like the changes that had been made such as re-locations of wards from other hospitals and expectations of more flexible working.

The acting divisional nurse told us they have introduced a new initiative, commencing December 2011. A 'pool' of 10 bank staff are employed for each shift on a daily basis to be deployed where needed to cover staffing deficits such as last minute sickness. Documentation was provided to show this had been established and how it will work.

Some staff said they didn't think sickness absence was well managed. One staff said they had raised concerns about 'lazy' staff and staff who were frequently sick but didn't see anything change. Another said they thought this was improving and being managed better.

Most staff said they received good support from their managers. We received comments such as:

"Best sister I have ever worked for."
"Brilliant support, very approachable."
"Sister leads by her own good example."

However, some staff said they did not receive good support and guidance. They said there were issues with consistency of leadership having had a number of ward sisters in a short period of time. They also said they were often "Shattered and stressed" due to working short staffed and not being able to take adequate breaks.

One staff told us that leadership was not good on one particular ward and they had raised concerns with senior managers about this and the staffing levels with regard to rehabilitation for people who have had a stroke. They said that reduced staffing levels results in prolonged lengths of stay, reduced quality of care and dignity and can be a co- factor for health care acquired infections. (HCAI's). We asked the trust to provide us with their response to these concerns. They assured us that staffing levels on this ward had been developed, taking into account, national and regional guidance for stroke services. They also said stroke service development is under discussion at the trust board meetings. When we looked at recent rotas for this ward, we saw that staff sickness was occurring daily and they were working below the agreed numbers on 27 shifts out of 63. While this suggests that for 42% of the time over the three week period we looked at, they have functioned without a full staff complement. This in effect means usually that they may be one staff person down on a shift. This may be a qualified nurse or a clinical support worker.

Most staff said they worked in good supportive teams. However, in one area we visited staff said they had not properly established their team and sense of team as they were all new to working together. This is a ward that has been established to to provide additional capacity within the hospital to help manage operational pressures during the winter period. We saw that the sickness absence rate in this area seemed higher than in others. Some days there were up to four people sick.

Most staff said they felt their concerns about staffing levels were listened to and taken seriously. They said they complete incident reports whenever there are staff shortages and these are then investigated. We saw evidence of some of these and saw that short term staff cover from other wards was recorded and action taken such as sickness monitoring was documented. Staff said they had increased confidence in matrons who have the responsibility of ensuring safe staffing levels and understood that 'cover' cannot always be found at the last minute. They said that matrons would assess

situations of staff shortage and move people from wards that were better staffed if needed. Records on the wards did not show evidence of this and how this was managed. Matrons' daily checks showed where staff shortages had been identified but did not record what cover had been provided. The chief nurse said they would be looking at ways in which they could represent in future the cover that was provided.

We looked at rotas covering a three week period on three different wards. These showed that there were still a significant number of times when they were working below the agreed numbers of nursing and support staff. On one ward 46% of shifts were short of at least one staff member, on the other two wards it was 42.8% and 34.9% % of the shifts worked where they were one staff member below the agreed numbers. Staff told us that these shortfalls were in the main, due to staff sickness incidents. As mentioned above, the rotas did not have information recorded as to whether staff cover was provided from other wards to cover any of these deficits. On the day of our visit, they were working below agreed numbers on two out of the three wards visited. We did see that efforts were being made to try and find staff cover. However, on one ward, they had been trying for two days to find staff to cover gaps in shifts to no avail.

Staff told us that new documentation called 'patient nursing care checks' had recently been introduced. These are a self assessment to be completed by the nurse in charge of the shift. They are asked to assess whether they have met people's needs properly, if they are happy with the level of care they have provided, what has gone well and if they have identified any problems such as staffing levels that need to be reported to matrons. We saw that these were being completed and in the majority of cases staff had said they had provided care in a timely manner, despite being short of staff. We also saw that actions had been identified such as needing additional staffing due to individual patient needs and it had been recorded that this had been provided from the 'pool'.

Matrons have also introduced rota audits. We saw from these that issues regarding the planning of rotas were being addressed. For example, uneven roster shift allocation such as deficits on some shifts and surplus on others. We saw that meetings were planned with ward sisters and managers to discuss these matters.

It is evident that on the three wards we visited that they are frequently understaffed. It is also evident that since our inspection in August 2011 efforts have continued to be made to ensure sufficiency of staff at all times. Staff also said that matrons endeavour to fill staff gaps from other wards although there is not always a record of these changes. The wards we visited were Ward 28, 29 and 34 and these primarily care for elderly people. In order to ensure that the needs of elderly patients are met effectively the trusts needs to assure itself that they have sufficient staff in place to meet people's needs and also contingencies in place in the event of staff absence.

As noted under outcome 4 these staff shortages have not resulted in significant harm to patients. However, the risks to patients are heightened when these wards are routinely functioning understaffed

Our judgement
We have assessed this outcome as moderate concerns.

There are often times on wards 28, 29 and 34 when there are insufficient staff, and it is difficult to get more staff quickly, to provide care that is always safe, effective and meets people's needs.

Action
we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Diagnostic and screening procedures	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	Why we have concerns: We have assessed this outcome area as a minor concern. The trust has standards for hygiene and cleanliness but these are not effectively maintained and managed in all areas. The processes in place do not always promote the prevention and control of infections. There are no assurances that staff are following procedures for mattress and bed cleaning. There is inconsistent practice with the following of infection control procedures around the isolation rooms and bays	
Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	Why we have concerns: We have assessed this outcome area as a minor concern. The trust has standards for hygiene and cleanliness but these are not effectively maintained and managed in all areas. The processes in place do not always promote the prevention and control of infections. There are no assurances that staff are following procedures for mattress and bed cleaning. There is inconsistent practice with the following of infection control procedures around the isolation rooms and bays	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Diagnostic and screening procedures	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: We have assessed this outcome area as a moderate concern. The delivery of care is not always safe and effective. The service needs to take action to improve and maintain their arrangements for delivering care treatment and support to protect people against the risks associated with unsafe or inappropriate care, treatment or support.	
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 04: Care and welfare of people who use services
	How the regulation is not being met: We have assessed this outcome area as a moderate concern. The delivery of care is not always safe and effective. The service needs to take action to improve and maintain their arrangements for delivering care treatment and support to protect people against the risks associated with unsafe or inappropriate care, treatment or support.	
Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met:	

	We have assessed this outcome as moderate concerns. There are often times on wards 28, 29 and 34 when there are insufficient staff, and it is difficult to get more staff quickly, to provide care that is always safe, effective and meets people's needs.	
Diagnostic and screening procedures	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met: We have assessed this outcome as moderate concerns. There are often times on wards 28, 29 and 34 when there are insufficient staff, and it is difficult to get more staff quickly, to provide care that is always safe, effective and meets people's needs.	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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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 March 2012

Subject: Health Inequalities – Looked After Children

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. Health inequalities was identified as a specific work area at the Board's meeting in July 2011. To date, the Board has considered the development and production of the Joint Strategic Needs Assessment (JSNA), in addition to some of the data sets available as a result. The Scrutiny Board also specifically considered details associated with two specific Medium Super Output Areas (MSOAs) from the City to help highlight and demonstrate the inequalities that exist across the City.

2. Draft action plans from the Health and Wellbeing City Priority Plan (2011-15) were presented to the Shadow Health and Wellbeing Board at its meeting on 26 January 2012, which focus on delivering the following strategic priorities:

   - Help protect people from the harmful effects of tobacco
   - Support more people to live safely in their own homes
   - Give people choice and control over their health and social care services
   - Make sure the people who are the poorest improve their health the fastest

3. The priority 'Make sure the people who are the poorest improve their health the fastest' essentially relates to addressing health inequalities across the City. Within this priority area, the following priority actions are outlined with a range of supporting activities:

   - Minimise the impact of poverty on health of under 5s
   - Action on housing, transport and environment to improve health and wellbeing
   - Support people back into work and to healthy employment

- Increase advice and support to minimise debt and maximise income
- Ensure equitable access to services that prevent and reduce ill-health

4. The above priority areas are being used to provide the focus for a series of working group meetings to deliver this aspect of the Scrutiny Board's work. At the time of the Board meeting, working group meetings will have taken place covering the following areas:

   - Minimise the impact of poverty on health of under 5s
   - Action on housing, transport and environment to improve health and wellbeing

5. Due to the timing of the meeting, the working group meeting that considered 'Minimise the impact of poverty on health of under 5s', this did not focus on any specific details associated with Looked After Children. As such, the purpose of this report is to present some information to allow the Board to specifically consider this area.

Looked After Children

6. At its meeting on 7 March 2012, Executive Board considered a report of the Director of Children's Services that provided an update on the number of looked after children in the city and advising of the key outcomes for children. The report also set out the key initiatives being taken forward to reduce the number of looked after children and to ensure that those children looked after by the City of Leeds receive high quality care. The Executive Board report is attached at Appendix 1. The extract from the draft minute from the Executive Board meeting is set out below:

   The Director of Children's Services submitted a report providing an update on the number of looked after children in the city and advising of the key outcomes for children, for whom Members act as a corporate parent. In addition, the report detailed the key initiatives that were being taken forward to reduce the number of looked after children and to ensure that those children looked after by the City of Leeds were in receipt of high quality care.

   Copies of the recently published Scrutiny Board (Children and Families) Inquiry Report entitled, 'External Placements 2012' had been circulated to Board Members prior to the meeting, by way of some background information.

   Members highlighted the need to ensure that more placements were undertaken by in-house carers and less by the Independent Fostering Agency and welcomed the related review which had been undertaken by the Scrutiny Board (Children and Families). In addition, Members emphasised the need to ensure that the communications process with such foster carers was clear and effective. In response to the comments made, the Executive Member for Children's Services paid tribute to and thanked the Scrutiny Board for all of the work it had undertaken in the past year, which had been very constructive and helpful. The suggestions made regarding the recruitment of in-house foster carers were acknowledged, however it was emphasised that the such recruitment was complex and did not solely relate to financial incentives.

   In conclusion, the Executive Member for Children's Services reassured the Board that Children's Services would not be complacent in respect of its efforts to continue to improve the levels of service provided to young people.

RESOLVED –

(a) That the progress made by Children's Services in stabilising numbers of looked after children be noted.

(b) That the strategy and key actions being taken by Children's Services and partners to 'Turn the Curve' on the number of looked after children in Leeds be endorsed.

7. It should be noted that the Deputy Director (Safeguarding, Specialist and Targeted Services) has been invited to attend the meeting and address any questions raised by the Board.

Recommendations

8. To consider the information presented and identify any specific issues to be included in the Board's report relating to health inequalities.

Background documents

- None used

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Leeds CITY COUNCIL

Report author: Steve Walker
Tel: 0113 24 78598

Report of the Director of Children's Services

Report to Executive Board

Date: 7 March 2012

Subject: Looked After Children (LAC) Report

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. Looked After Children are a priority for the Council and partners. Reducing the number of looked after children in Leeds is being accepted as one of the three 'obsessions' by the Children's Trust Board, and the Children and Families Scrutiny Board has been undertaking a review of placements for children and young people who are taken into care in Leeds.

2. The report highlights that, although Leeds has not yet 'Turned the Curve' in relation to the number of looked after children, the strategy adopted by Children's Services and partners has already had an impact on both numbers and costs associated with looked after children. In Leeds the number of looked after children has stabilised and there are the same number of looked after children as four months ago (September 2011). However, the numbers of looked after children in both statistical neighbours and core cities have continued to increase significantly. If the number of looked after children in Leeds had increased at the same rate as that of our statistical neighbours, there would be 1550 looked after children in the city 31 March 2012. Providing placements for a further 98 children would have cost the Council 6 million pounds.

3. Stopping the sustained increase in the numbers of looked after children, safely and appropriately, is a significant achievement and an important precursor to 'Turning the Curve'. This report also sets out the strategy and key actions being taken by Children's Services and partners to reducing the number of looked after children.

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Recommendations

1. Executive Board is asked to note the progress made by Children's Services in stabilising numbers of looked after children.

2. The Executive Board is asked to endorse the strategy and key actions being taken by Children's Services and partners to 'Turn the Curve' on the number of looked after children in Leeds.

1.0 Purpose of this report

1.1 Looked After Children are a priority for the Council and partners. Reducing the number of looked after children in Leeds is one of the three 'obsessions' by the Children's Trust Board, and the Children and Families Scrutiny Board has been undertaking a review of placements for children and young people who are taken into care in Leeds.

1.2 This report provides members with an update on the number of looked after children and informs members about key outcomes for children for whom they act as corporate parent. The report then sets out the key initiatives that are being taken forward to reduce the number of looked after children and ensure that those children looked after by the City of Leeds receive high quality care.

2.0 Background information

2.1 In March 2010 Children's Services in Leeds were made the subject of an Improvement Notice by the Under Secretary of State for Children and Families. This followed two inspections and an annual assessment by Ofsted, which highlighted the need for significant improvements across services for vulnerable children.

2.2 In relation to looked after children, Ofsted found a number of areas where particular improvement was required, these included:

- Arrangements for prevention and early intervention, including the Common Assessment Framework were not sufficiently robust
- Services were not targeted on children and young people at the point of crisis to prevent family breakdown.
- Issues with the quality of care planning.
- Issues with the timeliness of statutory reviews for looked after children.

2.3 It was in the context of these areas for improvement that Leeds experienced a significant increase in the numbers of looked after children in the city from 1370 in November 2009 to 1434 in November 2010.

2.4 Efforts to address these issues have been a key element of the Improvement Plan and the monitoring work of the Improvement Board that the Scrutiny Board is familiar with. Whilst there is still significant work to be done, the progress made to date is reflected in the recent lifting of the Improvement Notice.

2.5 More generally, there is a significant body of research highlighting that looked after children have poorer outcomes that other children and young people in the community and that reducing the numbers of looked after children and improving their outcomes requires a coordinated effort from agencies working with children, young people and families.

2.6 Building on the vision of making Leeds the best city in Britain and using the framework of the Child Friendly City, the Council has mobilised the city and community behind children and young people. Members agreed to increase funding for Children's Services and improving the quality of service and outcomes for vulnerable children, young people and their families has been the focus of the Council and its partners working together through the Children's Trust and the Local Safeguarding Children's Board.

2.7 Reducing the number of children and young people becoming looked after was adopted as one of the three 'obsessions' identified within the latest Children and Young People's Plan.

3.0 Main issues

3.1 Number of children in care

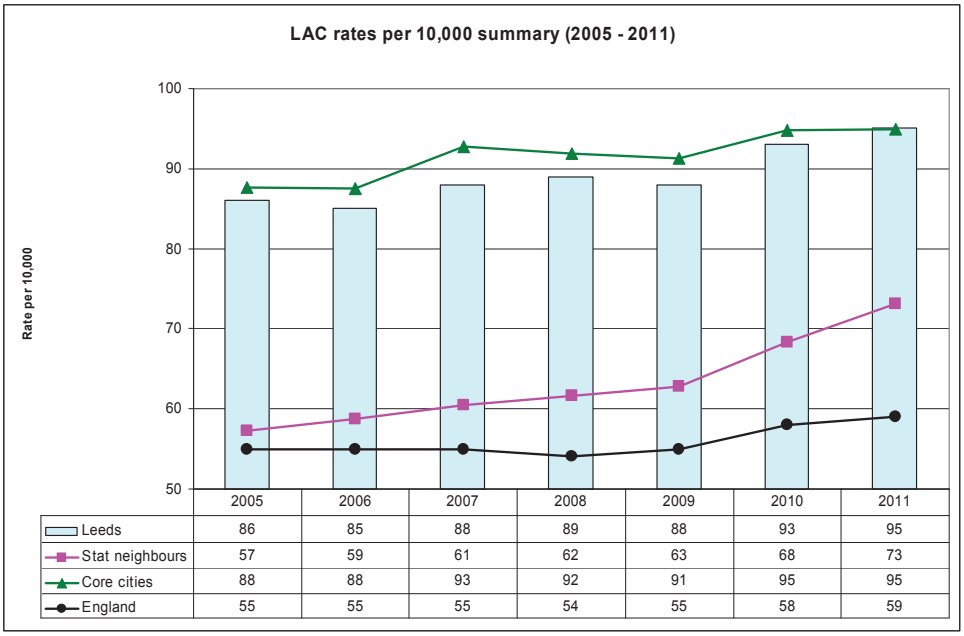
3.1.1 The number of looked after children in Leeds has been steadily increasing since 2005, with the most significant rise coming between 2009 and 2010. Graphs 1 and 2 provide a comparative statistical analysis of the numbers of looked after children in Leeds (the rate of looked after children per 10,000 children in the general population) against both statistical neighbours and core cities, which have similar demographic characteristics.

3.1.2 Graph 1 illustrates that, as a result of the work undertaken to strengthen practice, the number of looked after children in Leeds has not seen a significant increase over the past year. In November 2010 there were 1434 looked after children and in November 2011 1445. On the 14th of February 2012 there were 1452 looked after children in Leeds.

3.1.3 However, the graph also highlights that, although Leeds has not yet 'Turned the Curve' in relation to the number of looked after children, the strategy adopted by Children's Services and partners has already had an impact on both numbers and costs associated with looked after children. In Leeds the number of looked after children has stabilised and there are the same number of looked after children as four months ago (September 2011). However, the numbers of looked after children in both statistical neighbours and core cities have continued to increase significantly. If the number of looked after children in Leeds had increased at the same rate as that of our statistical neighbours by the 31 March 2012 there would be 1550 looked after children in the city. Providing placements for a further 98 children would have cost the Council 6 million pounds.

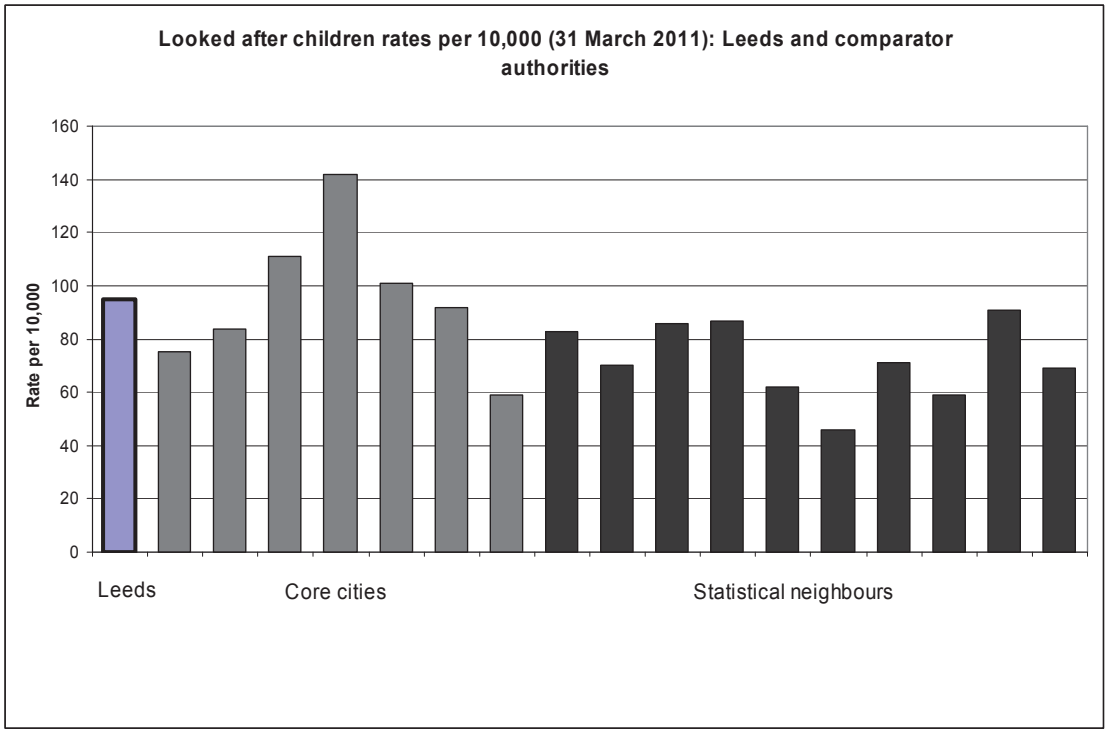
3.1.4 Stopping the sustained increase in the numbers of looked after children, safely and appropriately, is a significant achievement and an important precursor to 'Turning the Curve'. The second part of this report (paragraph 3.5 onwards) sets out the strategy and key actions being taken by Children's Services and partners to reduce the number of looked after children in Leeds.

Graph 1: Looked after children rates per 10,000 summary (2005 - 2011)



	2005	2006	2007	2008	2009	2010	2011
Leeds	86	85	88	89	88	93	95
Stat neighbours	57	59	61	62	63	68	73
Core cities	88	88	93	92	91	95	95
England	55	55	55	54	55	58	59

Graph 2: Leeds & comparator authorities' rates of looked after children March 2011



3.1.5 Table 1 provides an analysis of the numbers of looked after children by age group at January 2011 and again in November. This indicates an increase in the number and proportion of looked after children under 4 years and a decrease in those aged between 11 and 15. This may indicate that initiatives to strengthen assessment and care planning to support early intervention may be having and impact. However, Table 1 also highlights the importance of increasing the recruitment of more foster carers.

3.1.6 Table 2 provides an analysis of looked after children by ethnicity. There is an over-representation of children and young people from a dual heritage and a Black British background when compared with the child population as a whole and an under-representation of children from an Asian background.

Table 1: Numbers of looked after children by age group at Jan and Nov 2011

Age Group	0-4	5-10	11-15	16 -17
Jan 2011	344 (24%)	359 (25%)	459 (32%)	272 (19%)
Nov 2011	429 (30%)	371 (26%)	396 (28%)	211 (18%)

Table 2: Looked after children by ethnicity

Ethnicity	White UK	Black / Black British	Asian / Asian British	Dual Heritage	Other
	79%	3%	3%	12%	3%

3.2 Children's placements

3.2.1 Providing good outcomes for looked after children is underpinned by matching the child or young person with a placement that is appropriate to their needs. Table 3 provides an analysis of looked after children. It shows that 27% of looked after children are being

supported to live within their birth family or extended family (Placed with Parents or Family Network). Just over half of looked after children in Leeds (54.4%) are placed with foster carers with a further eight percent being placed with prospective adoptive parents. This is consistent with the make up of the looked after children population (Table 1), which indicates that 56% of looked after children are under 10 years of age.

Table 3: Looked after children by placement

Foster Care	Family Network Placement	Placement with Parents	Residential Care	Children awaiting adoption
54.5%	15.5%	11.5%	10.5%	8%

3.2.2 The number of children in Leeds placed in Independent Fostering Agency placements has increased significantly in response to the rapid increase in the numbers of looked after children. Previously Independent Fostering Agency (IFA) placements were used where children and young people had needs that could not be met by an in-house foster placement; for example complex needs or a large sibling group. However, Independent Fostering Agency placements are now also being used due to the lack of availability of in-house foster placements. Improving the recruitment of foster carers is a significant target for Children's Services.

3.2.3 There is a similar pattern in the use of residential placements and a review of residential provision is currently underway. Although the use of Independent Fostering Agency and external residential placements has continued to grow during this financial year, there are indications that placement numbers in the third quarter have remained more stable (276 IFAs and 101 external residential placements at 18/12/11).

3.3 Placement stability

3.3.1 The stability of a placement is a useful indicator of whether children and young people are being matched with carers that can meet their needs. Table 4 shows the placement stability figures against core cities and statistical neighbours. It indicates that the number of children and young people experiencing three or more placements has increased. This may indicate difficulties in initial matching and is the focus of work to improve recruitment and care planning in the coming year. However, children and young people placed in long term placements have remained relatively stable.

Table 4: Looked after children: Placement stability

Placement Stability			**2009-10**	**Core City**	**Stat Neighbour**	**2010-11**
NI 62	Stability of placements of CLA	Percentage of children looked after with 3 or more placements during the year	**11.0%**	11.3	10.6	**13.3%**
NI 63	Stability of CLA	Percentage of children looked after for at least 2.5 years who had been in their placement for at least 2 years	**68.4%**	68.6	66.5	**67.6%**

3.4 Outcomes for looked after children

Safe from harm

3.4.1 A number of things are essential if children and young people who cannot be looked after by their families are to be safe from harm:

- They must be provided with good quality placements;
- Their case should be overseen by a qualified social worker who is well managed and supported;
- The must be visited, seen and spoken to regularly by their social worker;
- The plan for their care and its implementation should be reviewed regularly.

3.4.2 These factors are scrutinised by Ofsted as part of their inspection of safeguarding arrangements. The January 2010 Ofsted inspection judged that arrangements to safeguard looked after children had improved and were now 'adequate'. The most recent inspections of fostering and adoption (in June and December 2010) rated the services ability to keep children safe from harm and neglect as 'good'.

3.4.3 Children's homes are also inspected regularly by Ofsted. Currently, five of the local authority's children's homes in Leeds are rated as 'good', five as 'satisfactory' and one is rated as inadequate. Where they are needed, clear action plans are in place to ensure that necessary improvements are being made to achieve consistently high standards across all Leeds children's homes.

Case file audits

3.4.4 In November 2010, to ensure that looked after children were receiving a good quality social work service and in the context of the wider improvement work taking place, a large scale audit of 1095 looked after children and child protection case files was undertaken. The audit looked at the quality of practice against clear practice standards agreed with practitioners. The findings of the audit were used to determine development needs as well as areas of good practice across the service to help raise standards and increase consistency.

3.4.5 A case file audit framework has been developed and implemented, with managers required to undertake a certain number of audits each month dependent upon their role. The sample of cases for audit is undertaken centrally by the Performance Team to ensure random selection. Cross team audits are used and in addition to individual areas for action and good practice being identified aggregated information is collected to inform service development and improvement.

Looked after children's reviews

3.4.6 Care plans for looked after children are subject to independent scrutiny by an Independent Reviewing Officer. To improve the timeliness and quality of reviews, the Independent Reviewing Officer Service has been strengthened as part of the development of the Independent Safeguarding Unit. As a result, the percentage of looked after children's reviews carried out within required timescales has improved from 71% in 2009/10 to the current figure of 91%. This performance is similar to statistical neighbours though it is our ambition that performance in Leeds will continue to improve.

Child sexual exploitation

3.4.7 Some looked after children and young people are particularly vulnerable to exploitation. Children's Services and the Local Safeguarding Children Board have been working together to ensure that there are appropriate arrangements in place to safeguard these young people.

3.4.8 New arrangements to support agencies to work together more effectively where there are concerns that a young person may be at risk of exploitation have been developed and the new procedures will be formally launched at an multi-agency event on the 3rd of February 2012.

3.4.9 A specialist Child Sexual Exploitation practitioner was recruited in 2011. Based in the Integrated Safeguarding Unit this practitioner is responsible for coordinating operational and strategic matters in relation to Child Sexual Exploitation. This has led to more a coordinated response operationally and a large scale event to highlight this issue is planned for February 2012.

3.4.10 The Local Safeguarding Children Board provides training on this issue and are working closely with all partners to address the issue.

Children lead healthy lives

3.4.11 The timeliness of completion of initial Health Needs Assessments has been of concern, with a backlog of appointments and significant number of missed appointments. A review of the service by the designated doctor has resulted in improved systems, local clinics and patient/carer centred booking, which has resulted in improved timeliness. This will continue to be monitored and further improvements have been proposed, to ensure all children are accompanied by their parent and social worker as well as their carer wherever possible.

3.4.12 The proportion of our looked after children having up to date health needs assessments shows a year on year improvement. In 2006/7 72% of looked after children had a health needs assessment, in 2010/11, we achieved 92%. The statistical neighbour average was 82%.

3.4.13 The proportion of children with up to date dental checks also shows a similar year on year improvement from 78% in 2006/7 to 87% in 2010/11 against a statistical neighbour average of 75%.

3.4.14 The proportion of looked after children and care leavers with up to date immunisations is reported annually and has also increased from 57% in 2007-2008 to 76% in 2008-2009, 84% in 2009-2010 and 90% in 2010/11. The statistical neighbour average was 74% in the same year.

Children and young people do well in learning and have skills for life

3.4.15 Contextual Value Added provides a way to compare groups of children and young people with different previous educational experience. Though the government has decided not to support it in future, it still provides a helpful estimate of progress that allows one year group to be compared with another group, even though the groups might have differing 'academic' potential.

3.4.16 The estimated Contextual Value Added between Key Stages 1 and 2 has consistently fallen between 99 and 101 over recent years. A score of 100 is usually accepted as evidence

that a cohort of children is achieving in line with expectations and so, though the academic potential of Year 6 groups has varied over recent years they continue to achieve broadly in line with expectations. The estimated Contextual Value Added between key stages 2 and 4 has, in contrast improved steadily from 960 in 2008 to 993 in 2011. Whilst still short of the 1000 that would suggest that the cohort was achieving as expected, this does show a positive trend of improvement.

3.4.17 By the end of key stage 2 the percentage of looked after children who had achieved level 4 or above in the core subjects has risen significantly since 2008 to 54% and 40% in English and Maths respectively. Though this remains lower than for all children the gap in attainment narrowed from 40% in 2010 to 26% in 2011, in English, and from 44% to 38% in Maths.

3.4.18 The percentage of looked after children who achieved 1+A*-G at GCSE by the end of Key Stage 4 rose from 64% in 2008 to 84% in 2011 and those achieving 5A*-G from 44% to 59% over the same period. Those achieving 5A*-C increased from 9% in 2008 to 33% in 2011 and those achieving 5A*-C, including English and Maths, rose from 6% to 9% over the same period. The %A*-C including English & Maths fell back in 2011 from 14% in 2010, which may reflect a reduction in national funding used for one to one tuition, which has previously focused on English and Maths.

3.4.19 Attendance by looked after children in primary school (96.4%) has gone up slightly since 2008 (96.1) and remains 1.6% higher than that of all children (94.8%). Persistent Absence among looked after children in primary school has declined further in 2011 (to 0.8% at the 20% absence threshold) and is lower than among all children (1.4%). At the 15% threshold of absence, persistent absence among primary school looked after children is 2.0% compared to 4.3% among all primary school children.

3.4.20 Attendance by looked after children in secondary school (90.2%) remains lower than that of all children (92.4%) but has improved by 1.8% since 2008. While Persistent Absence (at the 20% threshold) remains higher among looked after children than all children in Leeds (12.7% compared to 6.3%) it is significantly lower than it was in 2008 (18%).

3.4.21 Only 2 looked after children were permanently excluded from Leeds schools in 2010-2011. Data on fixed term exclusion must be treated with caution academies are not required to submit fixed term exclusion data to the authority and some do not. However, based on available data, the total number of days that looked after children lost to exclusion continued to fall, from 828 in 2008-09 to 412 in 2010-11 while the number of children excluded and the number of exclusions they suffered also continued to fall. Exclusions among looked after children continue, however, to be significantly higher than among all children.

Children and young people are active citizens who feel they have voice and influence

3.4.22 It can be difficult for looked after children, because of their needs and circumstances, to participate in decision making and to influence the provision and development of services. It is essential therefore that they are supported to have voice and influence. All looked after children and care leavers have good access to independent, proactive, advocacy services through the independent Children's Rights Service commissioned from Barnardos.

3.4.23 Looked after children and care leavers were involved with every senior appointment in Children and Young People's Social Care as well as the appointment of the Director of Children's Services. They have also contributed to the development of services through:

- The 'Leeds Promise' to looked after children was sent together with a questionnaire to all looked after Children aged 8 and over and their comments are being used to improve services;
- The Children's Rights service has worked in partnership with younger looked after children and staff in one of the children's homes to produce a range of stories to illustrate our promise to looked after children and assist them to understand the changes in their lives. It is intended that these powerful stories will be published;
- The Elected Member, Corporate Carer group's forward plan includes 6 monthly joint meetings with the Children in Care Council.

3.4.24 The 'Have a Voice group', (Children in Care Council) is working closely with the Looked After Children Partnership group and Elected Members to review the Looked After Children's Strategy and inform service development. The strategy will be used as a catalyst to further improve engagement and influence of looked after children.

Children and young people have fun growing up

3.4.25 Many looked after children and young people will have had limited opportunity to participate in the type of fun activities that most children and young people take for granted.

3.4.26 Since mid-May 2010 the 'Creative Start Project' has delivered a range of arts provision to 6 children's homes across Leeds – all aimed at developing a long term and sustainable interest in the arts among the young people. Creative Start has also funded visits to a variety of locations including the Yorkshire Sculpture Park and The Deep in Hull, and has brought in artist Tim Curtis to support staff and work with two small groups of autistic young people at Acorn Lodge to create artwork inspired by their days out

3.4.27 The Leeds 'Find Your Talent' pilot linked looked after children with libraries, arts and heritage activities.

3.4.28 The youth service has worked closely with our children's homes. All homes have a designated link within the service who works in partnership with the homes activity coordinator to ensure that looked after young people have access to universal and targeted youth services. This has resulted in improved take up of youth service activities.

3.4.29 The Looked After Children's Strategy review has commenced with a thematic review of 'Have fun Growing up'. The partner group and our children's group agreed that we should prioritise ensuring that all children have positive self esteem, build on placement stability, good relationships with carers and key adults and good friendships but both also made positive recommendations about improving access to a range of activities. These will be developed into an action plan and form part of the Looked After Children's Strategy.

3.5 Strategy for 2012-13

3.5.1 There are four key elements to an effective strategy to safely reduce the number of looked after children:

- Effective and coordinated preventative and early intervention services;
- Targeted services to support families at the point of crisis;
- Placement Choice;
- Care Planning

This section provides members with a summary of the actions being undertaken in 2012/2013.

Prevention and Early Intervention work

Early Start

3.5.2 Early Start Teams are being established in Children's Centres. The findings of the universal review in relation to Early Start Teams have now been implemented in one cluster, Seacroft/Manston, where the Early Start Team is in place. Early Start Teams will be up and running across the city by September 2012.

3.5.3 Early Start Teams will identify and work with families and place children for the free 2 year old child care places in Children's Centres, specifically targeting those likely to become looked after.

Common Assessment Framework

3.5.4 The Common Assessment Framework is designed to support agencies to identify the needs of vulnerable children and to ensure that appropriate support is provided at the earliest opportunity. Where a practitioner identifies that a child is vulnerable they should complete a common assessment. The common assessment will help the practitioner to understand the child's needs and engage the support of other agencies. It is expected that the number of children needing universal or targeted services, therefore eligible for a common assessment, should exceed those needing a specialist assessment from social care. However, in the 2010/11 financial year, 1131 common assessments were initiated. Between 01 April 2011 and 30 November 2011 570 common assessments were initiated. If this rate of completion continues it is anticipated that 855 common assessments will be completed in 2011-12, a drop of approximately 24%.

3.5.5 There is therefore a need to significantly increase quantity and quality of common assessments undertaken in order to identify and meet needs at an early stage. A full multi-agency review of the common assessment is underway. It has identified the need to simplify existing processes. Support and advice is being provided by Professor Harriet Ward from the Centre for Child and Family Research and Mark Peel from Leicester University who have worked with a number of authorities on the successful implementation of the common assessment. Consultation on proposed changes is taking place now and it is anticipated that the new arrangements will be launched in April 2012.

Multi-agency working through locality and cluster working

3.5.6 Cluster arrangements provide a multi-agency framework to support vulnerable children in their local communities.

3.5.7 All clusters in the city now have in place a structure that includes a multi-agency group working together to provide more support to vulnerable children, young people and families. These groups meet regularly to receive 'Requests For Support' from those universal settings (schools and children's centres) where it is considered a vulnerable child or young person needs additional support. The multi-agency group shares information, where appropriate, and discusses the individual child or young person to identify what support they require and how this is best provided. A lead person is nominated to lead on the support to ensure that it is coordinated and to monitor what difference it is making to the child. Where appropriate the group will refer back to the universal setting as best placed to

progress a recommended action, for example undertaking a common assessment. Where the Targeted Service Leader is in post, they chair the meetings.

3.5.8 All of the cluster multi-agency groups are at different stages of development, some beginning to work effectively, and some still evolving. However, where arrangements are established there are some excellent examples of how the sharing of information has led to positive outcomes for the children, young people and their families. Efficiencies are being made in the use of resources by coordinating support by agencies and reducing duplication. As a result of the information collected in clusters the delivery of evidenced-based parenting programmes is becoming more needs driven.

3.5.9 Development of the cluster practice and infrastructure is on-going, this involves partnership support including the Leeds Safeguarding Children Board (LSCB). The significance and challenge of this work is considerable and while progress is being made the scale and support needed should not be underestimated.

- All of the three early adopter clusters have held Outcomes Based Accountability workshops focussing on the obsession "reducing the need for children to be in care";
- The targeted services leader role, which is being piloted in 3 clusters, J.E.S.S, Inner East and Bramley is beginning to show some success. All three pilot clusters now have in place a list of their most vulnerable families. Using the Top 100 methodology they have managed to identify those families that need a coordinated support package in place, and have identified the most appropriate lead agency;
- Children Leeds leadership team have identified a further resource that will now provide for up to 18 Targeted Services Leaders posts across the city and build on the learning of the pilot clusters;
- A skills audit has been undertaken of all cluster family support staff and the Leeds Safeguarding Children Board have produced a list of training courses with recommendations to the clusters on who should attend;
- To support practitioners principles of effective supervision are currently being developed, for ratification by the Leeds Safeguarding Children Board for implementation in schools and clusters.
- Ongoing areas for development include cluster case-management and effective and appropriate information sharing.

3.6 Responding to requests for service and referrals

Re-referral rates

3.6.1 Initial contacts with Children's Services in Leeds are known as 'requests for service'. A decision about the information contained in a requests for service is made by a social work manager to determine whether a referral to a social work team is needed. A referral will be dealt with within one working day. The outcomes of a referral may be that the case is closed after the provision of information, advice and guidance or an initial assessment to gather more information. The case may be closed following the initial assessment if there is no need for support from a social worker. If a child requires social work support to safeguard or promote their welfare a service will be provided. This may be on a short term or long term basis. In some cases this will include protective services and care or accommodation.

3.6.2 If after a case is closed it is referred to Children's Services again within twelve months this is classified as a re-referral. The rate of re-referrals can, therefore, provide a useful

indication of how effectively the child or family's needs were met. Table 5 shows that there has been a significant increase in the number of referrals and the rate of re-referrals since 2008. Managing high rates of referrals impacts on the ability of Children's Services to direct support to those children in Leeds who are most vulnerable and the Leeds Safeguarding Children Board commissioned research from Professor David Thorpe in order to understand the reasons for the increase, the implications for children and families in Leeds and whether there way of managing referrals and requests for services could be improved.

Table 5: Rates of Referral and Re-referral to Children's Services

	2008-09	2009-10	2010-11	Nov 2010 to Nov 2011
Number of referrals in financial year	8,667	9,909	12,945	14,139
Number of re-referrals within 12 months of initial referrals	1,821	2,790	4,154	5,025
Re-referral rate	21.0%	28.2%	32.1%	35.5%

3.7 Analysis of referral taking in Leeds

3.7.1 Professor David Thorpe had previously been commissioned by authorities in the region to review referrals being made to Children's Services across the region and how these were managed. This study looked at 300 referrals accepted by each local authority Children's Social Care Service in 2008. The referrals were studied in terms of decision making and response at the point of referral but also followed through for one year where social care remained involved for this period of time.

3.7.2 The Safeguarding Children Board commissioned Professor Thorpe to repeat this study in relation to referrals from June 2010, which were tracked through to June 2011, as a children's screening team had been Introduced of at the Contact Centre during this time.

3.7.3 Professor Thorpe has now completed his analysis and a report is to be shared imminently. Initial findings indicate that a significant number of referrals to Children's Services do not require a social worker and that the best source of support is from universal and other support services. Professor Thorpe has identified that although families are directed to these services there is no mechanism in place to identify whether families take up the support and, where they do, if it has the desired impact. As a result the rate of re-referrals has increased. Professor Thorpe's research has also identified that many categorised as child protection, resulting in an investigative approach, are actually 'welfare concerns' which could have been dealt with as children in need which would be more successful in engaging families.

3.7.4 Professor Thorpe has recommended a number improvements that can be made to the way in which Children's Services manage requests for service and referrals which will improve outcomes for children and families and the service provided to partners. Over the next three months Children's Services will be working with key partners and Professor to implement these changes. The new arrangements will ensure that vulnerable children and young people receive the support they need promptly, in a coordinated manner and in the most appropriate way.

3.8 Family Group Conferencing

3.8.1 Family Group Conferencing is internationally recognised as an evidence based method of working with families. It is an approach that is consistent with the commitment in Leeds to work *with* families in a restorative way that keeps them engaged and involved in arriving at the best solution to the problems they are facing and delivers a good outcome for their child. Family Group Conferencing brings families together and supports them to find solutions to their difficulties. The existing Family Group Conference service is to be expanded from one to three teams to enable the service to work across the city. It is intended that Family Group Conferencing will be used with families at points of crisis to ensure that families experiencing difficulties are enabled to find solutions within their own family and community network, with support and monitoring from agencies to ensure that children remain safe at all times. This approach will identify strengths in families and solutions that are sustainable without the need for extensive agency involvement.

3.8.2 Leeds will be undertaking this expansion in partnership with the Family Rights Group, a nationally recognised expert agency in this field. The expansion will take place from March 2011 onwards.

3.9 Improving services to children at the point of crisis

3.9.1 In those circumstances where the more effective and coordinated early intervention services have not been able to meet the needs of children and they reach crises point, specific edge of care services will be available to intervene appropriately.

3.9.2 Multi-Systemic Therapy has proved to be very effective in Leeds during it's pilot period, however the service has consisted of one team across the city. The team works with 11 – 16 year old young people at risk of care or custody. It has also proved effective, in a small number of cases, in returning children from external placements back to Leeds own placements and to children's families.

3.9.3 This service is to be expanded to three teams working across the city targeting children on the edge of care or custody. They will also be involved with a number of young people who have already become looked after but where there is a prospect of a return home. A number of these young people may have been in care for sometime, however, as this work progresses the service will focus on returning children and young people who have just become looked after.

3.9.4 Research suggests that children who become looked after and remain in care for longer than six to eight weeks are much more likely to remain in care for over two years. This window of opportunity therefore is very important in returning young people home and improving their outcomes. As well as MST a crisis support team is to be developed to ensure that families receive support at this critical time to ensure children do not enter care unnecessarily.

3.10 Effective care planning

3.10.1 There has been a very significant restructure of Children's Services in Leeds bringing together the former Education Leeds and Local Authority services as the basis of a much wider plan of integration of services to children and their families. The integration of Children's Services along with more effective early intervention and edge of care services outlined above is aimed at reducing the need for more intensive services from agencies.

3.10.2 The social work teams are to be realigned geographically to relate to clusters in order that each team relates to a small number of local schools, health visiting teams and other local agencies. These relationships will form the basis of more effective safeguarding and preventative work where the local social work manager will provide support, guidance and reassurance to professionals to help them to meet the needs of children earlier and to avoid the need to refer for more specialist support. This will enable agencies to target this support on those children who are the most vulnerable.

3.10.3 Specialist Looked After Children's Teams are also being established to ensure that looked after children benefit from dedicated, high quality support. This will ensure that care plans for looked after children are driven forward to avoid 'drift'. Care plans will be monitored and quality assured by independent reviewing officers to ensure that they meet the needs of the child and support them to achieve permanence. All young people looked after will have a permanence plan which means that agencies are working together actively towards a positive exit from care for all looked after children. These exits will include return to their family, special guardianship and adoption. Children may need one or more placements to prepare for permanence but it is essential that each looked after child has a clear plan to achieve emotional and legal security through permanence.

3.11 Placement choice

3.11.1 Placement choice is important in achieving good outcomes for looked after children as it ensures that children are matched with carers that can meet their needs. Work is underway to improve the choice of placements. The fostering and adoption team has been strengthened and a recruitment drive is underway to increasing the range and number of in-house foster carers and prospective adopters. A review of residential provision aimed at ensuring that in-house residential provision is appropriate to the needs of children in Leeds and reduce the use of expensive external placements that take children away from their community. We will also be looking to increase the use of special guardianship orders to help children to remain within their extended families.

3.11.2 Placement choice will also be increased as we reduce the number of children that need to become looked after through more effective preventative and early intervention services. The expansion of in-house provision coupled with a reduction in demand for placements is a very high priority in the Council and will see more effective and efficient use of resources to meet children's needs and to maintain children in their community and in Leeds.

4.0 Corporate considerations

4.1 Consultation and engagement

4.1.1 None specifically for this item.

4.2 Equality and diversity / cohesion and integration

4.2.1 The ethnicity of looked after children is highlighted in the main body of the report and shows a variance with the population of children in Leeds. This issue is subject to analysis as part of the service redesign of Children's Social Care. National research highlights this as a concern, but concludes that there is little evidence to support the view that social workers or other welfare professionals operate a different threshold for groups from ethnic minority families when offering services or removing children from their parent's care.

4.2.2 The disparities in Leeds are less significant than other places in the UK however, further work is to be undertaken to understand the issues in Leeds.

4.3 Council policies and City priorities

4.3.1 The work with looked after children is a very significant priority and reducing the need for children to be looked after is central to the ambitions for Leeds to become a child friendly city.

4.3.2 It is also one of three obsessions in Children's Services and will require the support of the whole Council and its partners and the city as a whole.

4.4 Resources and value for money

4.4.1 The work outlined in this report and the Looked After Children Plan is based on reducing the need for children to become looked after. This will require more effective early intervention, a greater focus on children on the edge of care and more effective care planning to achieve permanence where children are looked after. All these features will mean that outcomes for children are much improved. Over a period of time the reduction in the number of looked after children will also lead to financial savings for the Council.

4.5 Legal implications, access to information and call in

4.5.1 This report is subject to Call In.

4.6 Risk management

4.6.1 None specifically for this item.

5.0 Conclusions

5.1 There has been considerable commitment from members and partners to improving outcomes for vulnerable children. This has resulted in the number of looked after children stabilising in the past year and significant improvements in outcomes for looked after children.

5.2 The number of looked after children in Leeds remains too high and reducing the need for children to become looked after and supporting looked after children to achieve permanence is a priority for the Council and its partners. There is a clear strategy in place to achieve this and progress will be reported back to the Executive Board and Scrutiny on a regular basis.

6.0 Recommendations

6.1 Executive Board is asked to note the progress made by Children's Services in stabilising numbers of looked after children.

6.2 The Executive Board is asked to endorse the strategy and key actions being taken by Children's Services and partners to 'Turn the Curve' on the number of looked after children in Leeds.

7.0 Background documents[1]

7.1 The Looked after children obsession action plan is available on request.

7.2 Scrutiny Inquiry Final Report on External Placements.

[1] The background documents listed in this section are available for inspection on request for a period of four years following the date of the relevant meeting. Accordingly this list does not include documents containing exempt or confidential information, or any published works. Requests to inspect any background documents should be submitted to the report author.

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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 March 2012

Subject: Work Schedule – March 2012

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 were presented as a draft work schedule at the to the September meeting of the Scrutiny Board. **An updated work schedule is attached as Appendix 1**. This should be considered as a live document and may be subject to change, to reflect any changing and/or emerging priorities identified by the Scrutiny Board. As such, it should be noted that the work schedule is likely to be subject to change throughout the municipal year.

3. The **minutes from the Executive Board meeting held on 7 March 2012** are attached at **Appendix 2**.

4. Attached at **Appendix 3 is the Council's current Forward Plan (1 March 2012 – 30 June 2012)** relating to the Board's portfolio and terms of reference.

5. A summary of each of the main areas of inquiry detailed on the work schedule are presented below:

Reducing smoking

6. The draft Leeds Tobacco Action Plan was presented and discussed by the Scrutiny Board at its previous meeting on 25 January 2012. A summary of the discussion was detailed in the minutes presented to the previous Scrutiny Board meeting. A draft report will be presented to a future Scrutiny Board meeting for agreement.

Service Change and Commissioning in Adult Social Care and Reducing avoidable admissions to hospital and care homes

7. A series of reports about the integration of health and social care services were considered at the Scrutiny Board meeting in February 2012. A summary of the discussion is detailed in the minutes of that meeting, presented elsewhere on the agenda. These will be used to draft a report on behalf of the Board, which will be presented to a future Scrutiny Board meeting for agreement.

8. Other activity in the area includes general input into the Health Service Developments Working Group, where matters detailed on the Council's forward plan are included as part of the horizon scanning of future service changes/ developments.

The transformation of Health and Social Care Services

9. An update on the work of the Transformation Board and associated projects / work streams that are coordinated by NHS Leeds was presented and considered at the Scrutiny Board meeting in February 2012. A further report has been requested fro the April Board meeting, detailing the efficiencies generated and re-investment in services resulting from the transformation projects.

10. The Scrutiny Board may wish to consider incorporating this aspect of its work into the report on Service Change and Commissioning in Adult Social Care and Reducing avoidable admissions to hospital and care homes (referred to above).

Scrutiny Board inquiry: Consultation

11. The Board held its second (and final) session associated with this inquiry at its December 2011 meeting. The Board's draft report and any associated recommendations will be presented to a future meeting.

Scrutiny Board inquiry: Health inequalities

12. Health inequalities was identified as a specific work area at the Board's meeting in July 2011. To date, the Board has considered the development and production of the Joint Strategic Needs Assessment (JSNA), in addition to some of the data sets available as a result. The Scrutiny Board specifically considered details associated with two specific Medium Super Output Areas (MSOAs) from the City to help highlight and demonstrate the inequalities that exist across the City.

13. It should be noted that draft action plans from the Health and Wellbeing City Priority Plan (2011-15) were presented (for information) to the Shadow Health and Wellbeing Board at its meeting on 26 January 2012. The draft action plans focus on delivering the following strategic priorities:

    - Help protect people from the harmful effects of tobacco
    - Support more people to live safely in their own homes
    - Give people choice and control over their health and social care services
    - Make sure the people who are the poorest improve their health the fastest

14. The priority 'Make sure the people who are the poorest improve their health the fastest' essentially relates to addressing health inequalities across the City. Within this priority area, the following priority actions are outlined with a range of supporting activities:

    - Minimise the impact of poverty on health of under 5s
    - Action on housing, transport and environment to improve health and wellbeing
    - Support people back into work and to healthy employment
    - Increase advice and support to minimise debt and maximise income
    - Ensure equitable access to services that prevent and reduce ill-health

15. The above priority areas are being used to provide the focus for a series of working group meetings to deliver this aspect of the Scrutiny Board's work. At the time of the Board meeting, working group meetings will have taken place covering the following areas:

    - Minimise the impact of poverty on health of under 5s
    - Action on housing, transport and environment to improve health and wellbeing

16. It is hoped to present specific health inequalities information associated with Looked After Children elsewhere on the Board's agenda, and feedback on the above areas will also be provided at the Board meeting. It should be noted that further working group meetings are still to be arranged.

    <u>Leeds Crisis Centre (follow-up on the work from the previous Adult Social Care Scrutiny Board)</u>

17. As agreed at the October 2011 meeting, in lieu of an inquiry into the impact of the closure of the Crisis Centre, the Director of Adult Social Care was asked to submit a monitoring report to the Scrutiny Board. This was considered at the previous Scrutiny Board meeting, with a further 6-month progress report requested.

    <u>Health Service Developments Working Group</u>

18. In July 2011, the Scrutiny Board established a working group to consider proposed NHS service changes and/or developments and the required level of public engagement and involvement, alongside progress and implementation of agreed developments.

19. The working group meeting scheduled for 5 March 2012 was postponed, however updated schedules have been distributed to members of the Board for information. As such, the most recent working group meeting was held on 9 January 2012. Draft notes from the 9 January 2012 meeting will be available at the meeting.

Request for Scrutiny: Arrangements for meeting needs of blind and visually impaired people in Leeds

20. Following the request for scrutiny received and considered at the October 2011 meeting, a site visit to Fairfax House took place on 9 December 2011 and a working group meeting took place on 16 January 2012. The findings of the working group, along with a series of recommendations were agreed by the Scrutiny Board at it previous meeting (25 January 2012) and presented to the Executive Board on 10 February 2012.

21. Follow-up to this aspect of the Board's work will be scheduled for the new municipal year. It should be noted that in the event of any significant changes to the scrutiny arrangements for the new municipal year, both in terms of membership and remit, this may be subject to discussion and agreement with the relevant Scrutiny Board.

Recommendations

22. To consider the information presented in this report and supporting appendices, in order to amend and/or agree the work schedule detailed at Appendix 1.

Background documents

- 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		
	January	**February**	**March**
Area of review (detailed in the Scrutiny Board Terms of Reference)			
Reducing smoking in the over 18s	SB 21/12/11 – report from Director of Public Health on Tobacco Reduction Strategy		Draft SB report and recommendations to be agreed
Service Change and Commissioning in Adult Social Care		SB report — 29/2/12 focusing on Health and Social Care Service Integration: considering the implications (including governance issues) for the organisations involved, alongside the benefits for service users.	
Reducing avoidable admissions to hospital and care homes			
The transformation of Health and Social Care Services		SB 29/2/12 – Update report from NHS Leeds	
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			9 March 2012 – Focus on Under 5's 19 March 2012 – Focus on housing, transport and environment

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**
Leeds Crisis Centre		SB 29/2/12 – monitoring report from ASC (including data from NHS Leeds) on service user access	
Request for Scrutiny: Arrangements for meeting needs of blind and visually impaired people in Leeds	SB – 25/1/12 – outcome of working group		
Recommendation Tracking			
Performance Monitoring			SB – 25/1/12 – Quarter 3 report Performance report from NHS Leeds

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	Draft SB report and recommendations to be agreed		
Reducing avoidable admissions to hospital and care homes			
The transformation of Health and Social Care Services	Update report from NHS Leeds on efficiency savings and reinvestment		
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)	Draft SB report and recommendations to be agreed		
Health inequalities	Draft SB report and recommendations to be agreed		
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**	
Request for Scrutiny: Arrangements for meeting needs of blind and visually impaired people in Leeds			
National review of Children's Neurosurgery	Consideration of proposed standards and service specification as part of the preparation for establishing clinical networks (TBC)		
Recommendation Tracking			
Performance Monitoring			

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

EXECUTIVE BOARD

WEDNESDAY, 7TH MARCH, 2012

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

205 Exempt Information - Possible Exclusion of the Press and Public

RESOLVED – That the public be excluded from the meeting during the 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 C to the report referred to in Minute No. 211 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that the detailed heads of terms for the funding for Logic Leeds are included within the appendix. Therefore, this appendix is designated as exempt as it contains information which relates to Muse Developments Ltd. as a business, and its release would prejudice their commercial interests,. As a result, withholding the information detailed within appendix C to the submitted report is considered to outweigh the public interest benefit of its release.

(b) Both Appendix A and Plan 1 to the report referred to in Minute No. 214 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that risks are identified within the exempt appendix A to the submitted report, which relate to the financial or business affairs of the Council. Disclosure of those risks would be prejudicial to the interests of the Council. In addition, disclosure of the terms set out in appendix A would be prejudicial to the business interests of Hammerson, in so far as they are continuing to negotiate agreements with landowners and tenants. It is therefore considered that the public interest in treating this information as exempt outweighs the public interest in disclosing it.

(c) Appendix B to the report referred to in Minute No. 217 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that it contains commercially sensitive information on the Council's approach to procurement issues (including Project affordability position) and commercially sensitive information in relation to the Preferred Bidder. As such, the public benefit of withholding this information is considered greater than that of allowing public access to it.

206 Late Items

There were no late items as such, however, it was noted that Executive Board Members had been provided with copies of the recently published Scrutiny Board (Children and Families) Inquiry Report entitled, 'External Placements 2012'. This had been circulated to Members prior to the meeting, by way of some background information to agenda item 20, Looked After Children Report (Minute No. 223 referred).

207 Declaration of Interests

Councillor Finnigan declared a personal interest in the agenda item entitled, 'Little London, Beeston Hill and Holbeck – Pre Financial Close Final Business Case and Section 27 Delegation Request', due to being a Director of Aire Valley Homes ALMO Board (Minute No. 217 referred).

Councillor Ogilvie declared a personal interest in the agenda item entitled, 'Aire Valley Leeds Enterprise Zone Local Draft Order 1: Solar Panels', due to being a member of the Aire Valley Regeneration Board (Minute No. 212 referred).

Councillor R Lewis declared a personal interest in the agenda item entitled, 'Aire Valley Leeds Enterprise Zone Local Draft Order 1: Solar Panels', due to being a member of the Aire Valley Regeneration Board (Minute No. 212 referred).

208 Minutes

RESOLVED – That the minutes of the meeting held on 10th February 2012 be approved as a correct record.

LEISURE

209 Apprenticeships in Parks and Countryside

The Director of City Development submitted a report highlighting proposals to develop an apprenticeship programme for the Parks and Countryside service. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

The Board unanimously supported the proposals detailed within the submitted report, and having particularly welcomed the opportunities which were to be provided to Looked After Children as part of the initiative, Members received assurances in respect of how such opportunities would be facilitated.

RESOLVED – That the planned development of an apprenticeship scheme in Parks and Countryside be supported.

ADULT HEALTH AND SOCIAL CARE

210 Telecare Equipment for the Leeds Telecare Service 2012/2013

Further to Minute No. 240, 19th May 2010, the Director of Adult Social Services submitted a report which sought authority to release capital expenditure of £1,000,000 on the provision of Telecare equipment for the

Leeds Telecare Service from April 2012 to March 2013, in accordance with the Council's Financial Procedure Rules. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

The Board unanimously supported the proposals detailed within the submitted report.

RESOLVED – That the further release of capital expenditure of £1,000,000 for the Leeds Telecare Service from April 2012 to March 2013 be authorised.

DEVELOPMENT AND THE ECONOMY

211 Enterprise Zone Update

Further to Minute No. 26, 22nd June 2011, the Director of City Development submitted a report providing an update on the Enterprise Zone in Aire Valley Leeds and presenting details for approval, on how the zone proposed to operate, whilst outlining the benefits which would be available to those companies locating to the zone. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Members emphasised the importance of good infrastructure and transport links to and from the Enterprise Zone, received an update on the levels of interest by companies in locating to the zone and welcomed the proposed flood alleviation measures which were detailed within the report. In addition, the Chair highlighted the need for further work to be undertaken in respect of the possibility of upgrading the skills of residents within the locality, in order to ensure that opportunities were accessible to those residing in and around the zone, with further details being provided to the Board in due course.

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

RESOLVED –

(a) That the establishment of the Enterprise Zone in the Aire Valley Leeds, with the benefits and support for companies and jobseekers identified within the submitted report, be approved.

(b) That changes to the Business Rates discretionary relief scheme authorising the delegated officer to approve applications for the discount for businesses located within the enterprise zone, be approved.

(c) That expenditure of £2,500,000 to support the delivery of the spine road to the Logic Leeds site, to be funded from business rates growth raised in the Enterprise Zone, be authorised. (This road will enable public transport links to East Leeds to be improved and enable local people easy access to the job opportunities created in the Enterprise Zone).

(d) That the contract heads of terms, as detailed within exempt appendix C to the submitted report, as the basis upon which the funding will be provided to the developer of the Logic Leeds site, be approved, and that the necessary authority be delegated to the Director of City Development, in respect of the responsibility for finalising the terms of the funding agreement.

(e) That further work be undertaken on the possibility of upgrading the skills of residents within the locality, in order to ensure that opportunities were accessible to those residing in and around the zone, with further details being provided to the Board in due course.

212 Aire Valley Leeds Enterprise Zone Draft Local Development Order 1: Solar Panels

Further to Minute No. 26, 22nd June 2011, the Director of City Development submitted a report presenting a draft of a Local Development Order (LDO) proposed to support the Aire Valley Enterprise Zone and Urban Eco Settlement concept by simplifying the planning process in the area. The proposed LDO specifically related to allowing the installation of solar panels on non-domestic buildings without the need to apply for planning permission. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

RESOLVED –

(a) That the draft of the Aire Valley Leeds Enterprise Zone – Local Development Order 1: Solar Panels, as set out within appendix 1 to the submitted report, be approved, and that the Chief Planning Officer submit the draft LDO, together with the statement of reasons, to the Secretary of State.

(b) That subject to the Secretary of State not making a direction under Section 61B(1) of the Town and Country Planning Act 1990 as amended, the Aire Valley Leeds Local Development Order (1): Solar Panels be adopted with effect from 1 April 2012.

(The matters referred to within this minute were not eligible for Call In, as any delay would seriously prejudice the Council's or the public interest. This is due to the fact that the Enterprise Zone will commence on 1st April 2012, therefore the timescales for preparing and consulting on LDOs have been very tight and a delay in referring the LDO to the Secretary of State would not allow it to be adopted in time for the start of the Enterprise Zone)

213 Camera Enforcement of Bus Lanes - Phase 2

The Director of City Development submitted a report seeking in principle approval to extend the camera enforcement of bus lanes initiative to the remaining bus lane sites across Leeds, in addition to allowing the introduction of cameras on new bus lane schemes. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Members highlighted the need for the associated road signage to be correct and in line with all relevant regulations, discussed the extent to which there may be an element of discretion in respect of the enforcement, should there be mitigating circumstances and received clarification on the levels of taxi access to bus lanes.

A concern was raised regarding the timing of the proposed extension to the enforcement, given the current economic climate, and also that the initiative should not act as a deterrent to those visiting Leeds or negatively impact upon the city's economy.

RESOLVED –

(a) That the successful introduction of the pilot bus lane enforcement scheme in the city centre, be noted.

(b) That in principle approval be given to extend the camera enforcement of bus lanes to the remaining bus lane sites across Leeds, including the introduction of cameras on new bus lane schemes, based on individual site assessments and at nil cost to the Council.

(Under the provisions of Council Procedure Rule 16.5, Councillor A Carter required it to be recorded that he voted against the decisions referred to within this minute)

214 Eastgate Quarter - Amendment to Legal Documentation and Commercial Deal

Further to Minute No. 181, 9th March, 2011, the Director of City Development submitted a report seeking approval to revise the terms of the Eastgate Development Agreement with Hammerson, who have requested that the Development Agreement was reviewed and that the revised terms agreed, in order to facilitate the delivery of the project. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

In introducing the report, the Executive Member for Development and the Economy referred to the correspondence which had been received from the Friends of Kirkgate Market and the Leeds Kirkgate Branch of the National Market Traders' Federation and acknowledged the points raised in respect of details within the report regarding consultation.

The Board reiterated its support for the Eastgate development project, and emphasised the extra retail offer, together with the significant employment and training opportunities which would be established as a result.

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

RESOLVED -

(a) That the contents of the submitted report, together with the current position of the project, be noted.

(b) That the Heads of Terms, as set out within the submitted report for the variation of the Development Agreement, be approved.

(c) That the Director of City Development and the City Solicitor be authorised to conclude all the documents required to amend the existing Development Agreement in accordance with the submitted report, and that the Director of City Development and the City Solicitor be authorised to agree any further alterations that might be required, in consultation with the Executive Member for Development and the Economy and in accordance with the appropriate schemes of delegation.

(The matters referred to within this minute were not eligible for Call In, as under the Council's Constitution, a decision may be declared as being exempt from Call In if it is considered that any delay in implementing the decision would seriously prejudice the Council's or the public interest. Any delay in completing the legal documentation as soon as practically possible may have an impact on the critical path of approvals which are being sought both from Hammerson and John Lewis Boards in March)

215 Request from Scrutiny Board (Regeneration) for a Late Submission to Defra on its Consultation to Reform the Process of Registration of Land as Town and Village Greens and to Introduce Local Green Space Developments

(A) A Request from Scrutiny Board (Regeneration) for a Late Submission to DEFRA on its Consultation to Reform the Process of Registration of Land as Town and Village Greens and to Introduce Local Green Space Developments

The Head of Scrutiny and Member Development submitted a report outlining a request from Scrutiny Board (Regeneration) that Executive Board make a late submission to DEFRA based upon that which had been previously submitted by the Open Space Society, in respect of the consultation exercise undertaken by DEFRA on proposals to reform the process by which land was registered as Town and Village Greens and to introduce Local Green Space designations. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

Councillor J Procter, as Chair of Scrutiny Board (Regeneration), attended the meeting in order to introduce the report on behalf of the Scrutiny Board and to highlight the Board's key findings.

On behalf of the Board, the Chair thanked the Scrutiny Board for the valuable work which the had undertaken on this matter.

RESOLVED – That the contents of the submitted report and the request made by the Scrutiny Board to make a late submission to DEFRA, be noted.

(B) A Response to a Request from Scrutiny Board (Regeneration) for a Late Submission to DEFRA on its Consultation to Reform the Process of Registration of Land as Town and Village Greens and to Introduce Local Green Space Developments

The Director of City Development submitted a report informing of the Council's response to consultation undertaken by DEFRA regarding the reforms to the registration of town and village greens, whilst highlighting the issues identified for the Council in relation to the registration and future management of land designated as a town and village green. In addition, the report sought approval to decline the request of the Scrutiny Board (Regeneration) for the Council to make a late submission to DEFRA, based on the previous submission made by the Open Space Society. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

In responding to a suggestion regarding the possible designation of extra land within Leeds for public parks, via the Local Development Framework, it was requested that further work was undertaken on this matter.

The Board acknowledged and considered a view expressed during the discussion that a more robust submission should be made to DEFRA on behalf of the Council.

RESOLVED –

(a) That the Council's response to consultation undertaken by DEFRA regarding the reforms to the registration of town and village greens be noted.

(b) That the issues for the Council in relation to the registration and future management of land designated as a town and village greens be noted.

(c) That the request of Scrutiny Board (Regeneration) for the Council to make a late submission to DEFRA based on the submission made by the Open Space Society, following its consultation on proposals to reform the process of registration of land as Town and Village Greens and to introduce local Green Space Developments, be declined.

(d) That further work be undertaken into the possible designation of extra land within Leeds for public parks, via the Local Development Framework.

ENVIRONMENTAL SERVICES

216 Leeds Climate Action Coalition Deputation to Council Regarding the Impact of the Feed in Tariff Review on Jobs, Fuel Poverty and Carbon Reduction in Leeds

The Director of Environment and Neighbourhoods submitted a report responding to the deputation presented to Council on 18th January 2012 by Leeds Climate Action Coalition regarding the impact of the Feed In Tariff review upon jobs, fuel poverty and carbon reduction in Leeds. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

RESOLVED –

(a) That the necessary responsibility be delegated to the Director of Environment and Neighbourhoods in order to oversee the formal response to Phase 2 of the Department of Energy and Climate Change's consultation on Feed-In Tariffs.

(b) That Executive Board continue to co-ordinate the Council's low carbon programmes through the Environment Programme Board.

(c) That the necessary authority be delegated to the Director of Environment and Neighbourhoods in order to engage with the PV market to seek competitive proposals from potential PV installers and to appoint the installer that can deliver best value, which is cost neutral or better, for the Council.

NEIGHBOURHOODS, HOUSING AND REGENERATION

217 Little London, Beeston Hill and Holbeck - Pre Financial Close Final Business Case and Section 27 Delegation Request

Further to Minute No. 55, 27th July 2011, the Director of Environment and Neighbourhoods submitted a report outlining the progress made in respect of the Little London, Beeston Hill and Holbeck PFI housing project and highlighting the outcomes which were being sought to contribute towards the regeneration of three inner areas of the city. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

In considering the report, Members welcomed the progress which had been achieved and acknowledged the efforts which had been made by all relevant parties to get the project to its current, advanced position. In addition, Members highlighted the significant number of training and employment opportunities which would be established for the localities and beyond, as a result of the project and emphasised the mixed tenure of housing provision that the project looked to establish in the three communities.

Responding to a Member's enquiries, officers provided the Board with details regarding the background to the combination of the Little London and the Beeston Hill and Holbeck PFI schemes.

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

RESOLVED -

(a) That the progress made in respect of the project, and the intention to let the contract by the end of March 2012 in order to allow a start on site by July 2012, be noted.

(b) That the actions required to be taken to secure all required approvals and to seek final authorisation to let the contract be noted, and in particular, the action taken by the Director of Environment and Neighbourhoods to seek revised section 27 Housing Act 1985 consents in support of the Project, be noted and endorsed.

(c) That the financial implications and affordability position, as outlined within exempt Appendix B to the submitted report, be noted.

218 Reducing Reported Domestic Burglary in Leeds - Update

The Director of Environment and Neighbourhoods submitted a report presenting a position statement on the delivery of the city's multi-agency Burglary Reduction Programme, which commenced in September 2011. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

The Board welcomed the successes which had been achieved by the programme to date in addressing the city's domestic burglary problem.

RESOLVED -

(a) That the success of the programme to date, in addressing the city's domestic burglary problem, be noted.

(b) That on-going support be provided to promote and help sustain the multi-agency approach which has been adopted across the city.

(c) That an on-going commitment be provided to the targeting of activity in strategic areas of concern for 2012/2013.

(d) That a further report be submitted in Autumn 2012 which provides an update on the progress made and which outlines the forward strategy for the Burglary Reduction Programme.

219 Report on Leeds Anti-Social Behaviour Team

The Director of Environment and Neighbourhoods submitted a report providing an update on the work and progress made by Leeds Anti-Social Behaviour Team (LASBT) since its implementation in April 2011 and highlighting how the collective response to Anti-Social Behaviour across Leeds had improved during 2011/2012. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

In considering this item, a request was made that the relevant Scrutiny Board not only considered the development of the noise service, but that the Scrutiny Board also considered those aspects within the submitted report relating to Anti-Social Behaviour.

RESOLVED -

(a) That the impact of the new Leeds Anti Social Behaviour Team since implementation be noted.

(b) That the transfer of the domestic noise service to Safer Leeds be noted.

(c) That a request be made to the relevant Scrutiny Board to examine in the new Municipal Year the development of the noise service, together with those aspects within the submitted report regarding Anti-Social Behaviour.

RESOURCES AND CORPORATE FUNCTIONS

220 Financial Health Monitoring 2011/2012 - Month 10

The Director of Resources submitted a report setting out the Council's projected financial health position after 10 months of the financial year. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

The Board welcomed the positive trend which had been achieved to date, however, the significant impact of the Health Service contribution upon the Council's current financial position was highlighted.

RESOLVED –

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

(b) That the next Financial Health Monitoring report be submitted to the May 2012 Executive Board meeting, which will be a draft outturn for the financial year, and that for the 2012/13 Municipal Year, monitoring reports continue to be submitted to each Executive Board meeting.

221 Reports regarding Developments in respect of Community Involvement in Local Authority Assets and Service Provision

(A) Assets of Community Value - Legislation and Implications

The Director of City Development submitted a report detailing the provisions to deal with Assets of Community Value in the Localism Act and setting out the resultant requirements and the potential implications for the Council. In addition, the report sought approval to publish the proposed 'List of Assets of Community Value' and also to delegate authority to the Director of City Development to authorise inclusion of community nominations in the list of assets of community value which satisfied the criteria, as set out within the Act and those

which would fall into the list of land nominated by unsuccessful community nominations. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

In considering both the reports referred to in Minute Nos. 221(A) and 221(B) at the same time, Members emphasised the need to ensure that the process by which communities could acquire assets of community value and the community asset transfer procedure were not too bureaucratic, in order to maximise community accessibility to them. In addition, Members highlighted that there should be an equality of access to, and support with such processes across all communities throughout Leeds. Responding to the comments made, the Chief Executive provided reassurance that an enabling and 'can do' approach would be taken by the Council in assisting communities, which would be accompanied by independent advice from organisations such as Leeds Ahead. In addition, it was noted that any successful expressions of interest would need to be able to prove that they were financially viable.

Members highlighted the limited nature of the 6 month window of opportunity that community groups would have to submit their case to acquire assets and facilities of community value and emphasised the need for an element of flexibility on such timescales.

With regard to community asset transfers, Members discussed whether such assets should be transferred on a leasehold or freehold basis, and noted that further consideration could be given to this matter.

In conclusion, officers noted the comments which had been made and highlighted that in respect of the community asset transfer procedure the points made would be taken into consideration as part of the consultation process on the draft policy submitted to the Board. However, it was emphasised that the processes relating to the acquisition of assets of community value had been established by central Government.

RESOLVED -

(a) That it be noted that the Localism Act 2011 dealing with Assets of Community Value is expected to come fully into force later this year, once all the Regulations have been made by the Secretary of State, which will have implications for the Council.

(b) That approval be given to the publication of the proposed field list attached at Appendix 1 to the submitted report, for the published 'List of Assets of Community Value' and also the list of land nominated by unsuccessful community nominations.

(c) That authority be delegated to the Director of City Development, in consultation with the Executive Member for Development and the Economy, to authorise the inclusion of community

nominations which satisfy the criteria set out within the Act, in the 'list of assets of community value' and those which would fall into the 'list of land nominated by unsuccessful community nominations'.

(B) Community Asset Transfer

The Director of City Development submitted a report setting out the background to community asset transfer, outlining the context in terms of Government policy, highlighting the benefits of community asset transfer, the Council's experience to date, together with any lessons learned. In addition, the report also presented a draft policy and assessment framework for consideration in respect of any future community asset transfers. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

The Board considered both the reports referred to in Minute Nos. 221(A) and 221(B) at the same time, therefore the details of the overarching discussion on both reports are detailed within Minute No. 221(A).

RESOLVED – That, subject to the comments which had been made during the discussion, the proposed draft policy and framework documents appended to the submitted report be agreed for use in assessing community asset transfers. The draft will be subject to a two month consultation period from 1st April 2012 to 31st May 2012, with a final version being submitted to Executive Board in July 2012.

(C) Community Right to Challenge

The Director of Resources submitted a report providing a summary of the requirements arising from the 'Community Right to Challenge' provisions of the Localism Act 2011, and providing an opportunity to debate and determine the way that the Council implements the associated legislation. In determining this matter, the Board took into consideration all matters contained within the accompanying report.

RESOLVED - That the contents of the submitted report be noted and supported, and it be agreed that a further report be submitted to the Board, detailing the regulations, once they are published.

(Under the provisions of Council Procedure Rule 16.5, Councillor A Carter required it to be recorded that he abstained from voting on the decisions referred to within Minute Nos. 221(A) and 221(B))

222 Local Authority Mortgage Scheme

The Director of Resources and the Director of Environment and Neighbourhoods submitted a joint report outlining the development of a new product, namely the Local Authority Mortgage Scheme, and its applicability to Leeds. In addition, the report sought approval to establish the scheme in order to support the housing market in Leeds. In determining this matter, the

Board took into consideration all matters contained within the accompanying report.

Members welcomed the proposals which had been made, emphasised the positive and wider impact that every transaction would have on the housing market and underlined that the scheme aimed to help re-balance the market in Leeds.

Responding to a concern raised regarding the 95% levels of mortgage which had been proposed to be offered as part of the scheme, Members were reassured that the initiative was not to encourage reckless lending, but to make loans available to those first time buyers who had been subject to a rigorous financial checking procedure.

In response to an enquiry raised, it was confirmed that it was intended for the scheme to be available across the whole of the Leeds area.

In conclusion, the Chair welcomed the support for the initiative which had been given and requested that a further report was submitted to the Board in due course, providing a review of the scheme and inviting consideration of whether the initiative should continue in the future.

RESOLVED -

(a) That the establishment of a Local Authority Mortgage Scheme for Leeds, to be available within the Leeds Metropolitan District area, be approved.

(b) That approval be given to £2,000,000 funded from revenue reserves, being placed with a lender as the maximum limit for the total indemnity to be offered under the scheme.

(c) That approval be given to a maximum loan value under the scheme of £152,000.

(d) That the approval of detailed matters relating to the scheme be delegated to the Director of Resources.

(e) That a further report be submitted to the Board in due course, providing a review of the scheme and inviting consideration of whether the initiative should continue in the future.

CHILDREN'S SERVICES

223 Looked After Children (LAC) Report

The Director of Children's Services submitted a report providing an update on the number of looked after children in the city and advising of the key outcomes for children, for whom Members act as a corporate parent. In addition, the report detailed the key initiatives that were being taken forward to reduce the number of looked after children and to ensure that those children looked after by the City of Leeds were in receipt of high quality care.

Copies of the recently published Scrutiny Board (Children and Families) Inquiry Report entitled, 'External Placements 2012' had been circulated to Board Members prior to the meeting, by way of some background information.

Members highlighted the need to ensure that more placements were undertaken by in-house carers and less by the Independent Fostering Agency and welcomed the related review which had been undertaken by the Scrutiny Board (Children and Families). In addition, Members emphasised the need to ensure that the communications process with such foster carers was clear and effective. In response to the comments made, the Executive Member for Children's Services paid tribute to and thanked the Scrutiny Board for all of the work it had undertaken in the past year, which had been very constructive and helpful. The suggestions made regarding the recruitment of in-house foster carers were acknowledged, however it was emphasised that the such recruitment was complex and did not solely relate to financial incentives.

In conclusion, the Executive Member for Children's Services reassured the Board that Children's Services would not be complacent in respect of its efforts to continue to improve the levels of service provided to young people.

RESOLVED -

(a) That the progress made by Children's Services in stabilising numbers of looked after children be noted.

(b) That the strategy and key actions being taken by Children's Services and partners to 'Turn the Curve' on the number of looked after children in Leeds be endorsed.

224 Basic Need 2012: Carr Manor and Roundhay: All Through Schools Revised Costs

Further to Minute No 107, 12th October 201, the Director of Children's Services submitted a report outlining the reasons behind the increase in costs in relation to both the Carr Manor and Roundhay projects, identifying the additional funding, and seeking approval to the increased expenditure on both projects in order to deliver 90 pupil places in 2012.

Responding to Members' comments and concerns, assurances were received that a more co-ordinated approach would taken between directorates when delivering such developments in the future. It was acknowledged that this matter was not subject to Call In, due to the need to ensure that the accommodation was in place for September 2012, however, it was requested that this matter was referred to the relevant Scrutiny Board, so that the related processes could be reviewed.

In conclusion, the Chair acknowledged the request for the matter to be referred to Scrutiny and in addition, also requested that a report was submitted to a future meeting of Executive Board in order provide details of the lessons which had been learned as a result of this issue and any changes to procedure which had been implemented.

RESOLVED -

(a) That £655,000 of secured grant funding be transferred from scheme 14185/000/000 and that additional expenditure of £655,000 in respect of the Carr Manor project be authorised in order to allow the scheme to progress to a formal order to the supplier and to allow 30 places to be delivered for 2012.

(b) That £2,775,000 of secured grant funding be transferred from schemes 14185/000/000 and 16404/000/000 and that additional expenditure of £2,775,000 in respect of the Roundhay project be authorised, in order to allow the scheme to progress to a formal order to the supplier and to allow 60 places to be delivered for 2012.

(c) That the processes relating to this specific case be referred to the relevant Scrutiny Board for review.

(d) That a further report be submitted to a future meeting of Executive Board in order provide details of the lessons which have been learned as a result of this issue and any changes to procedure which have been implemented.

(The matters referred to within this minute were not eligible for Call In, due to the urgency with which the formal order must be placed if the accommodation is to be delivered for 2012)

225 Impact of Tuition Fee Rises for Leeds

Further to Minute No. 155, 5th January 2011, the Director of Children's Services and the City Development submitted a joint report advising of the potential impacts of tuition fee rises and the wider changes to higher education for Leeds.

The Executive Member for Children's Services noted that related correspondence had been received from Leeds Student Unions on this matter.

The Board emphasised the vital contribution that students made to the city and considered the universities' role within local communities. Regarding the impact of tuition fee rises would have upon Leeds, Members acknowledged that it was too early to draw any conclusions and it was therefore requested that a further report was submitted to the Board in due course, both on this matter and also in relation to the closer involvement that universities could have upon local communities.

RESOLVED -

(a) Comment on the content of the attached report.

(b) That a further piece of work be commissioned in order to assess the economic impact of tuition fee rises and the wider changes to higher education being implemented post 2012, to be undertaken in 12

months time, with a report being submitted to Executive Board, which also provides further details regarding the involvement of the universities within local communities.

DATE OF PUBLICATION: 9TH MARCH 2012

LAST DATE FOR CALL IN OF ELIGIBLE DECISIONS: 16TH MARCH 2012 (5.00 P.M.)

(Scrutiny Support will notify Directors of any items called in by 12.00 p.m. on 19th March 2012)

Leeds
CITY COUNCIL

FORWARD PLAN OF KEY DECISIONS

Relating to Scrutiny Board (Health and Wellbeing and Adult Social Care)

1 March 2012 – 30 June 2012

What is the Forward Plan?

The Forward Plan is a list of the key decisions the Authority intends to take during the period 1 March 2012 – 30 June 2012. The Plan is updated monthly and is available to the public 14 days before the beginning of each month.

What is a Key Decision?

A Key decision, as defined in the Council's Constitution is an executive decision which is likely to:

- result in the Authority incurring expenditure or making savings over £250,000 per annum, or
- have a significant effect on communities living or working in an area comprising 2 or more wards

What does the Forward Plan tell me?

The Plan gives information about:

what key decisions are coming forward in the next four months
when those key decisions are likely to be made
who will make those decisions
what consultation will be undertaken
who you can make representations to

Who takes key decisions?

Under the Authority's Constitution, key decisions are taken by the Executive Board or Officers acting under delegated powers.

Who can I contact?

Each entry in the Plan indicates the names of all the relevant people to contact about that particular item. In addition, the last page of the Forward Plan gives a complete list of all Executive Board members.

How do I make contact?

Wherever possible, full contact details are listed in the individual entries in the Forward Plan. If you are unsure how to make contact, please ring Leeds City Council and staff there will be able to assist you:

Leeds City Council - Telephone: 0113 2474357

How do I get copies of agenda papers?

The agenda papers for Executive Board meetings are available five working days before the meeting from:

Governance Services, Civic Hall, Portland Crescent, Leeds, LS1 1UR
Telephone: 0113 2474350
Fax: 0113 3951599
Email: cxd.councilandexec@leeds.gov.uk

On occasions, the papers you request may contain exempt or confidential information. If this is the case, it will be explained why it will not be possible to make copies available.

Where can I see a copy of the Forward Plan?

The Plan can be found on the Leeds City Council Website www.leeds.gov.uk. The Plan is regularly updated and for legal reasons is formally published on a monthly basis on the following dates:

2011/12

16th June 2011	17th December 2011
15th July 2011	17th January 2012
17th August 2011	15th February 2012
16th September 2011	16th March 2012
17th October 2011	16th April 2012
16th November 2011	

About this publication

For enquiries about the Forward Plan of Key Decisions please:

E-mail: cxd.councilandexec@leeds.gov.uk or telephone: 0113 247 4357

Visit our website www.leeds.gov.uk for more information on council services, departments, plans and reports.

This publication can also be made available in Braille or audio cassette. Please call: 0113 247 4357

If you do not speak English and need help in understanding this document, please phone: 0113 247 4357 and state the name of your language.

We will then make arrangements for an interpreter to contact you. We can assist with any language and there is no charge for interpretation.

(Bengali):-

যদি আপনি ইংরেজীতে কথা বলতে না পারেন এবং এই দলিলটি বুঝতে পারার জন্য সাহায্যের দরকার হয়, তাহলে দয়া করে 0113 2243462 এই নম্বরে ফোন করে আপনার ভাষাটির নাম বলুন। আমরা তখন আপনাকে লাইনে থাকতে বলে কোন দোভাষীর (ইন্টারপ্রিটার) সাথে যোগাযোগ করব।

(Chinese):-

凡不懂英語又須協助解釋這份資料者，請致電 0113 22 43462 並說明本身所需語言的名稱。當我們聯絡傳譯員時，請勿掛斷電話。

(Hindi):-

यदि आप इंग्लिश नहीं बोलते हैं और इस दस्तावेज़ को समझने में आपको मदद की ज़रूरत है, तो कृपया 0113 224 3462 पर फ़ोन करें और अपनी भाषा का नाम बताएँ। तब हम आपको होल्ड पर रखेंगे (आपको फ़ोन पर कुछ देर के लिए इंतज़ार करना होगा) और उस दौरान हम किसी इंटरप्रिटर (दुभाषिए) से संपर्क करेंगे।

(Punjabi):-

ਅਗਰ ਤੁਸੀਂ ਅੰਗਰੇਜ਼ੀ ਨਹੀਂ ਬੋਲਦੇ ਅਤੇ ਇਹ ਲੇਖ ਪੱਤਰ ਸਮਝਣ ਲਈ ਤੁਹਾਨੂੰ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ, ਤਾਂ ਕਿਰਪਾ ਕਰ ਕੇ 0113 22 43462 'ਤੇ ਟੈਲੀਫ਼ੂਨ ਕਰੋ ਅਤੇ ਅਪਣੀ ਭਾਸ਼ਾ ਦਾ ਨਾਮ ਦੱਸੋ. ਅਸੀਂ ਤੁਹਾਨੂੰ ਟੈਲੀਫ਼ੂਨ 'ਤੇ ਹੀ ਰਹਿਣ ਲਈ ਕਹਾਂ ਗੇ, ਜਦ ਤਕ ਅਸੀਂ ਦੁਭਾਸ਼ੀਏ (Interpreter) ਨਾਲ ਸੰਪਰਕ ਬਣਾਵਾਂ ਗੇ.

(Urdu):-

اگر آپ انگریزی نہیں بولتے ہیں اور آپ کو یہ دستاویز سمجھنے کیلئے مدد کی ضرورت ہے تو براہِ مہربانی اس نمبر 0113 22 43462 پر فون کریں اور ہمیں اپنی زبان کا نام بتائیں۔ اس کے بعد ہم آپ کو لائن پر ہی انتظار کرنے کیلئے کہیں گے اور خود ترجمان (انٹرپریٹر) سے رابطہ کریں گے۔

LEEDS CITY COUNCIL

FORWARD PLAN OF KEY DECISIONS

For the period 1 March 2012 to 30 June 2012

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)
Adult Social Care Voluntary Sector Grants Schedule 2012/2013 The Director of Adult Social Services to agree the grant payments to voluntary sector organisations during 2012/2013	Director of Adult Social Services	1/3/12	Executive Member Adult Social Care	Report to the Director of Adult Social Services	mark.phillott@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 Framework Procurement The award of the Framework Agreement to provide supported living services for people with learning disabilities	Director of Adult Social Services	1/3/12	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
Capital Scheme 16486 Adaptations 2012/13 To approve the release of Capital expenditure of £400,000 on Adaptations from April 2012 to March 2013	Director of Adult Social Services	1/3/12	Stakeholders, Government's Community Equipment Services Agenda	Design and Cost Report	john.lennon@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 Partnership 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	1/3/12	Department of Health requirement for 2011/12. The following boards were advised of the requirement: • Council Executive Board Report 2009 • Joint Commissioning Strategic Board April 2009 • Leeds Learning Disability Partnership Board 19 June 2009	Report to the Director of Adult Social Services	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)
Leeds Community Equipment Service Partnership Agreement Approval of the Director of Adult Social Services to agree to Leeds City Council continuing to be a partner, with Leeds Community Health Care, in the provision of community equipment services, with effect from 1st April 2012 for a three year period with the option of a further two one year extensions	Director of Adult Social Services	1/3/12	NHS, Children's Service, User Involvement, ASC Disability Services Team	Report to the Director of Adult Social Services	katie.cunningham@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)
Telecare Equipment for Leeds Telecare Services 2012/13 Capital Scheme 15989 Executive Board authority to release capital expenditure of £1,000,000 on Telecare Equipment for the Leeds Telecare Service from April 2012 to March 2013	Executive Board (Portfolio: Adult Health and Social Care)	7/3/12	Original consultation with NHS Leeds, Environments and Neighbourhoods and Service Users	The report to be issued to the decision maker with the agenda for the meeting	katie.cunningham@leeds.gov.uk
Yewtree and Rosewood Extra Care Provision To award a contract to Methodist Homes Association to provide 65 housing tenancies for older people residing in the Moor Allerton extra care housing provision	Director of Adult Social Services	26/4/12	Project Board and the Health and Social Care Executive Board Member	Report to the Director of Adult Social Services	susan.gamblen@leeds.gov.uk

NOTES

Key decisions are those executive decisions:

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

Executive Board Portfolios	Executive Member
Resources and Corporate Functions	Councillor Keith Wakefield
Development and the Economy	Councillor Richard Lewis
Environmental Services	Councillor Mark Dobson
Neighbourhoods Housing and Regeneration	Councillor Peter Gruen
Children's Services	Councillor Judith Blake
Leisure	Councillor Adam Ogilvie
Adult Health and Social Care	Councillor Lucinda Yeadon
Leader of the Conservative Group	Councillor Andrew Carter
Leader of the Liberal Democrat Group	Councillor Stewart Golton
Leader of the Morley Borough Indep	Councillor Robert Finnigan

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

LEEDS CITY COUNCIL

BUDGET AND POLICY FRAMEWORK DECISIONS

Decisions	Decision Maker	Expected Date of Decision	Proposed Consultation	Documents to be considered by Decision Maker	Lead Officer
Vision for Leeds	Council	To be confirmed	Via Executive Board, all Scrutiny Boards	Report to be issued to the decision maker with the agenda for the meeting	Assistant Chief Executive (Planning, Policy and Improvement)
Council Business Plan	Council	July 2013	Via Executive Board, all Scrutiny Boards	Report to be issued to the decision maker with the agenda for the meeting	Assistant Chief Executive (Policy, Planning and Improvement)
Health and Wellbeing City Priority Plan	Council	July 2013	Via Executive Board, Scrutiny Board (Health & Wellbeing and Adult Social Care), Leeds Initiative Board, Health and Wellbeing Board	Report to be issued to the decision maker with the agenda for the meeting	Director of Adult Social Care

NOTES:
The Council's Constitution, in Article 4, defines those plans and strategies which make up the Budget and Policy Framework. Details of the consultation process are published in the Council's Forward Plan as required under the Budget and Policy Framework.

Full Council (a meeting of all Members of Council) are responsible for the adoption of the Budget and Policy Framework.