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

Meeting to be held in Civic Hall, Leeds on
Wednesday, 24th October, 2012 at 10.00 am

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

MEMBERSHIP

Councillors

P Truswell	-	Middleton Park;
G Hussain	-	Roundhay;
T Murray	-	Garforth and Swillington;
J Walker	-	Headingley;
C Fox	-	Adel and Wharfedale;
S Armitage	-	Cross Gates and Whinmoor;
K Bruce	-	Rothwell;
J Illingworth (Chair)	-	Kirkstall;
S Varley	-	Morley South;
S Bentley	-	Weetwood;
M Robinson	-	Harewood;

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

Agenda compiled by:
Stuart Robinson
Governance Services
Civic Hall
LEEDS LS1 1UR
Tel: 24 74360

Principal Scrutiny Adviser:
Steven Courtney
Tel: 24 74707

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			**DECLARATION OF DISCLOSABLE PECUNIARY AND OTHER INTERESTS** To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-18 of the Members' Code of Conduct. Also to declare any other significant interests which the Member wishes to declare in the public interest, in accordance with paragraphs 19-20 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 OF THE PREVIOUS MEETING** To confirm as a correct record, the minutes of the meeting held on 26th September 2012.	1 - 12
7			**2012/13 PERFORMANCE REPORT – QUARTER 1** To consider a report of the Head of Scrutiny and Member Development on Quarter 1 of the Performance Report for 2012/13.	13 - 28

8			**BALANCING THE COUNCIL'S DUTIES AS A PLANNING AUTHORITY WITH ITS FUTURE PUBLIC HEALTH RESPONSIBILITIES** To consider a report of the Head of Scrutiny and Member Development on proposals for balancing the Council's duties as a planning authority with its future public health responsibilities.	29 - 118
9			**BETTER LIVES EXPLAINED - LEEDS DRAFT LOCAL ACCOUNT OF ADULT SOCIAL CARE 2012/13** To consider a report of the Head of Scrutiny and Member Development in relation to 'Better Lives Explained, a Leeds draft Local Account of Adult Social Care for 2012/13.	119 - 166
10			**WORK SCHEDULE** To consider a report of the Head of Scrutiny and Member Development setting out a provisional work schedule for the Board for consideration.	167 - 206
11			**DATE AND TIME OF THE NEXT MEETING** Wednesday 21st November 2012 at 10.00am in the Civic Hall, Leeds. (Pre –meeting for Board Members at 9.30am)	

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

WEDNESDAY, 26TH SEPTEMBER, 2012

PRESENT: Councillor J Illingworth in the Chair

Councillors P Truswell, G Hussain, T Murray, J Walker, C Fox, S Varley, M Robinson, B Urry and M Ingham

CO-OPTED MEMBERS

Joy Fisher, Sally Morgan and Emma Stewart

35 Chair's opening remarks

The Chair welcomed everyone to the meeting.

36 Late Items

Although there were no formal late items, the Panel was in receipt of the following supplementary information:

- NHS Airedale, Bradford and Leeds Performance Report (minute 44 refers).
- Amended page 139-140 of the agenda, which related to the NHS Airedale, Bradford and Leeds Performance Management Report to show a minor change on how performance reports would be considered with by the CCG Collaborate (minute 44 refers).

37 Declaration of Disclosable Pecuniary and other Interests

No declarations of disclosable pecuniary interests were made, however the declaration of another interest was made later in the meeting (minute 43 refers).

38 Apologies for Absence and Notification of Substitutes

Apologies for absence had been received from Councillors Armitage; Bentley and Bruce. Councillor Ingham was in attendance as a substitute for Councillor Bruce and Councillor Urry was present in place of Councillor Armitage.

Apologies were also received from Betty Smithson.

39 Minutes

The Board considered the minutes from the 27th June 2012 and 25th July 2012 meetings of Scrutiny Board (Health and Wellbeing and Adult Social Care) and also from the Call-In meeting held on 9th August 2012

With reference to minute 24 of the Scrutiny Board meeting held on 25th July 2012 relating to the review of Children's Congenital Cardiac Services in England, the Chair was asked to update the Board on the current situation regarding referring the decision to the Secretary of State for Health

The Chair referred to the length of time it was taking to assemble the case for submission, due to the difficultly obtaining information from the Safe and Sustainable Review Team, which seemed reluctant to respond to requests for information. Of particular concern was the unwillingness to provide basic documents, for example, reports and agendas, of various meetings- something that for Local Authorities meetings, were routinely published.

The Chair stated that this did not accord with Freedom of Information or open government and expressed his view that a decision properly taken should be able to be defended. The difficulty in obtaining information to support the decision of the Joint Committee of Primary Care Trusts could lead one to the suspicion, that despite considerable public engagement, and a period of public consultation on proposals for the future of Children's Heart Surgery, the decision to move service to Newcastle, where a Heart Transplant Unit was located, had been made at an early stage.

RESOLVED –

(a) To approve the minutes of the following meetings of Scrutiny Board (Health and Wellbeing and Adult Social Care):

- 27th June 2012
- 25th July 2012
- 9th August 2012

(b) To note the verbal update on the Review of Children's Congenital Cardiac Services provided by the Chair

40 Update on Recommendations following deputation to Scrutiny by the National federation of the Blind

Further to minute 28 of the Scrutiny Board (Health and Wellbeing and Adult Social Care) meeting held on 28th October 2012, where the Board considered a request for Scrutiny in relation to meeting the needs of blind and visually impaired people in Leeds and established a working group to consider this matter, the Board considered a report of the Director of Adult Social Services providing feedback on how the previous Board's recommendations had been progressed.

It was noted that a visit had been made to the facilities at Fairfax House by representatives of the Scrutiny Board, earlier in the week.

Attending for this item to present the report and respond to questions and comments from the Board were:

- Tim O'Shea (Head of Adult Social Care Commissioning) – Leeds City Council, Adult Social Services;
- Sinead Cregan (Adult Commissioning Manager) – Leeds City Council, Adult Social Services; and,
- Helena Hughes (Area Operations Manager) – Action for Blind People/Leeds Vision Consortium.

The Board was presented with a report that outlined the measures carried out immediately following the previous Scrutiny Board's recommendations about improvements to aspects of the service provided.

A brief introduction of te re[port was provided, following which the Board raised a number of questions about the services provided for blind and visually impaired people in Leeds by Leeds Vision Consortium.

The main points of discussion related to:

- The fundamental shift in service design – moving from a centre based service to a community/ outreach based service, focusing on individuals needs;
- the need to provide a range of services for blind and visually impaired people across Leeds, to suit all age groups, especially younger people;
- the referral process to services and the importance of the role of the hospital-based eye clinic liaison officer;
- the importance of assistive technology in helping to maintain service users' independence;
- the increased number of service users from BME groups;
- the role of the employment officer; the scale of the challenge in securing employment opportunities for people with visual impairments in what was currently a difficult labour market ;
- the outcomes achieved by people being assisted to find employment;
- the raised expectations for people with disabilities as a result of the success and legacy of the Paralympics;
- the importance of stakeholder involvement in shaping services.

Whilst welcoming the changes that had been made to services and noting the positive feedback from the recent visit to Fairfax House, the need to obtain direct feedback from service users/ stakeholders was highlighted – particularly in cases where an issue had been raised with the Scrutiny Board for investigation.

RESOLVED -

a) To note the report and the actions that were undertaken by Adult Social Care and Leeds Vision Consortium to address the recommendations of the previous Scrutiny Board;

b) To note the comments made and the information provided;

c) That a further report be provided in six months time that included the following information/ details:

- The number and age profile of blind and partially sighted people across Leeds;
- The number and age profile of service users accessing/ using the various elements of services commissioned by the Council and provided by Leeds Vision Consortium;
- Specific outcomes relating to employment service provided and take-up of employment, training and/or volunteering placements;
- The number and age profile of service users from BME groups;
- Direct responses from service users to the actions taken to address the concerns raised at Scrutiny Board (Health and Wellbeing and Adult Social Care) in October 2011.

41 Mental Health Needs Assessment

Further to minute 6 of the Scrutiny Board (Health and Wellbeing and Adult Social Care) meeting held on 27th June 2012 where mental health issues were identified as an area for consideration by the Board, Members received a report of the Head of Scrutiny and Member Development providing information on issues around the provision of mental health services together with details on the Leeds Mental Health Needs Assessment (MHNA), May 2011.

Attending for this item to present the report and respond to the Board's questions and comments were:

- Victoria Eaton (Consultant in Public Health) – NHS Airedale Bradford and Leeds
- Nigel Gray (Chief Officer Designate) – NHS Leeds North CCG
- Michele Tynan (Chief Officer – Learning Disabilities) – Leeds City Council, Adult Social Services
- Richard Wall (Head of Commissioning (Mental Health and Learning Disabilities)) – NHS Airedale, Bradford and Leeds
- Catherine Ward (Emotional Health and Wellbeing Lead) – NHS Airedale Bradford and Leeds

Nigel Gray introduced the report and referred to the data that had been obtained through the MHNA and stated the importance of using this data to inform decision-making and service commissioning and to link into the Joint Health and Wellbeing Strategy.

Reference was made to the recommendations in the MHNA which contained a mix of specific examples of work to be undertaken, together with some long-term, strategic recommendations including how resources could be utilised.

The integration of social care teams with the Leeds and York Partnership Trust and the benefits this would bring in providing services was highlighted.

The Board was also informed about proposals for the transformation of mental health day services in Leeds, with a three month consultation process being embarked upon with service users to consider retaining two of the three mental health day care centres and looking at the future of The Vale, in Hunslet. The Board was assured that nothing would change at The Vale until alternative services had been put in place. The Board was informed that service users had identified the importance of retaining staff-led and user-led recovery groups as well as safe spaces, with Adult Social Care looking to develop a number of small community bases to help fulfil these requirements.

Detailed discussion took place, with the following key areas being raised:

- the provision of mental health services and whether having two separate NHS providers was a sensible and efficient approach;
- Welfare reform and the potential implications of 30,000 people in Leeds being on Incapacity Benefit, with up to 50% likely to be suffering mental health problems;
- the work being done by Leeds City Council to help support people affected by the changes to the benefits system
- Personalised budgets for people in receipt of Social Care services and the potential additional pressure for people with mental health problems;
- the level of need and demand for psychological services, with a focus on the importance of preventative work, particularly in poorer communities where there was clear correlation between health and wellbeing and multi-level deprivation;
- the recommendations in the MHNA and whether these were subject to resources being available and the extent of the funding gap between demand and provision;

RESOLVED –

(i) To note the report and information presented, as part of the Board's ongoing inquiry into mental health.

(ii) That a further report be presented to the Board that details:

- The current provision and providers of mental health services across the City – including statutory and non-statutory services;
- The current available budget / funding for mental health services across the City;
- An outline of the current demand for primary, secondary and tertiary mental health services across the City;

42 Leeds Suicide Audit (2008-2010)

With reference to the previous agenda item (Minute 41 refers), the Board considered a specific report from the Head of Scrutiny and Member Development which related to one of the key recommendations identified in the Leeds Mental Health Needs Assessment; the requirement to undertake a suicide audit for the City. Appended to the report was a copy of the audit for 2008-2010, for Members' consideration.

Attending for this item to present the report and respond to the Board's questions and comments were:

- Victoria Eaton (Consultant in Public Health) – NHS Airedale Bradford and Leeds
- Catherine Ward (Emotional Health and Wellbeing Lead) – NHS Airedale Bradford and Leeds
- Nigel Gray (Chief Officer Designate) – NHS Leeds North CCG
- Richard Wall (Head of Commissioning (Mental Health and Learning Disabilities)) – NHS Airedale, Bradford and Leeds

Councillor Mulherin, Executive Board Member for Health and Wellbeing – Leeds City Council was also in attendance.

The Chair stated that Councillors from the Armley Ward, who had raised some concerns around the levels of suicides in the LS12 area of the City, had been invited to attend the meeting, however apologies had been received due to unavoidable circumstances.

Members were informed that ,nationally, this issue was being given prominence, with a National Suicide Prevention Strategy being launched by the Government earlier in September 2012..

A summary of the key findings of the Leeds Suicide Audit were included in the report, with the headlines being given as:

- 179 recorded suicides in Leeds between 2008-2010;
- Suicide rates in Leeds were relatively static (compared to previous audits) and broadly comparable with national average and rates within Yorkshire and the Humber;
- the male/female suicide ratio was higher in Leeds, with a higher number of men taking their own lives;
- the majority of those people recorded in the audit were white, locally born men in the 30-50 age group;
- the risk factors driving people to take their own lives were mainly around social isolation; relationship problems; unemployment and debt, with higher incident rates in deprived areas;
- the majority of people taking their own lives had not been in touch with specialist mental health services before committing suicide but had

been in touch with primary care services, although not necessarily in connection with a mental health issue.

Councillor Mulherin stated there was a need to target work around white males and also in the LS12 area which had been identified in the audit as seeing the highest incidences of residents taking their own lives, with 21 of the 179 people (approximately 12%) having an LS12 postcode.

Other areas of importance highlighted by Councillor Mulherin were:

- building up resistance at an early stage and the need to work with school clusters and individual schools;
- the specific risk group in the city of white men aged 30-50 and the need to consider how to engage with this group possibly through non-traditional means;
- the need to tackle the stigma and discrimination which can surround mental health problems and the positive example set by Leeds City Council, which had signed up to the Mindful Employer scheme;
- the need to make it easier for people to discuss mental health issues and to encourage better peer support.

Councillor Mulherin also referred to survivor-led crisis support and the lack of sufficient out of hours mental health services which she considered might be useful for the Board to explore further. Councillor Mulherin specifically commended the work of Dial House in Leeds which provided this type of support in a safe, non-clinical setting for people in crisis, suggesting that looking at services for people outside the hospital environment could also be considered.

In brief summary the main areas of discussion were:

- the importance of flagging up patients in the higher risk groups (identified in the audit) who presented regularly at GP surgeries, but not necessarily with mental health issues and to carry this through to those presenting at A&E, as regular attendees, especially where no physical illness could be ascertained;
- the limitations of the data and the difficulty in assessing the exact number of suicides due to how deaths were recorded. However it was noted that as part of the Leeds audit, open verdicts and verdicts of misadventure had also considered;
- ways of engaging large numbers of people to disseminate information about mental health issues;
- the role of the Samaritans and the need for appropriate support to be available to those who were bereaved through suicide;
- the lack of improvement in the suicide figures for the city and whether this indicated that previous action plans had not been effective;
- the need for evidence-based interventions to form the basis of identified actions/ recommendations;

- the need for appropriate specialist support to be given to military personnel returning from the front line experiencing mental health problems;
- access to means to commit suicide was not identified as a significant risk factor.

Nigel Gray highlighted that despite some gaps in the available data around the specific circumstances associated with each suicide, the audit had provided valuable information which would be shared with GPs to enable better preventative work to be established. This could then be measured for its effectiveness.

RESOLVED – To note the information around the Leeds Suicide Audit (2008-2010) and that the Board consider a further report that includes specific details / data around:

- Survivor Led Treatment / provision;
- Current out of hours provision for mental health services;
- The level of Out of Area treatments for mental health services users across Leeds.

43 Quarterly Performance Report

Prior to consideration of this item, Councillors Ingham and Robinson left the meeting.

The Assistant Chief Executive (Customer Access and Performance) submitted a report which presented a summary of the quarter 1 performance data relevant to the Scrutiny Board (Health and Wellbeing and Adult Social Care)

The following information was appended to the report:

- Performance reports relating to the City Priority Plan
- Adult Social Care Directorate Priorities and Indicators

Attending for this item and to respond to queries and comments raised by the Board were:

- Councillor Mulherin (Executive Board Member for Health and Wellbeing) – Leeds City Council
- Councillor Yeadon (Executive Board Member for Adult Social Care) – Leeds City Council
- Stuart Cameron-Strickland (Head of Policy, Performance and Improvement) – Leeds City Council, Adult Social Services

The Board was informed that due to the length of discussions on the previous items, Brenda Fullard (Consultant in Public Health) – NHS Airedale, Bradford and Leeds had needed to leave for another meeting. The Board decided to

defer consideration of the Q1 performance relating to health but to examine issues arising from the data in respect of Adult Social Care.

Stuart Cameron-Strickland presented the report which outlined specific matters that related to the provison of Adult Social Care services.

Members discussed the report and focussed on personalised budgets, with the following information being provided:

- the introduction of personalised budgets aimed to offer people choice about whether they would like to manage the provision of their own care needs by buying in the services they required, or whether they would prefer to have services delivered in the traditional way;
- there was no pressure on people to have personalised budgets and that the Local Authority would manage budgets if people preferred
- that support and advice was available for those people dealing with the issue of personalised budgets, with the Centre for Integrated Living being the key organisation in the city. It has hoped that relationships could be developed with other organisations, with close working being undertaken in this area with the Neighbourhood Networks.

At this point Joy Fisher declared an interest through her involvement with the Centre for Integrated Living.

- checks and monitoring were undertaken to ensure that budgets were being used by the person who had the entitlement and for appropriate services. Through these checks it was felt that any possible abuse of a vulnerable person by relatives or friends would be detected, although Councillor Yeadon stressed that in these situations it was likely that safeguarding issues would have been flagged up prior to any mis-use of self directed support.
- pension contributions for those people who employed a personal assistant were included in the budget allowances provided
- that a Board was to be developed comprising cross-party representation and relevant stakeholders to consider issues around the management of social care budgets on behalf of individuals.

RESOLVED – To note the Q1 performance information provided for Adult Social Care and to consider the Health and Wellbeing element of the report at the next meeting.

44 NHS Airedale, Bradford and Leeds - Performance Report

The Board considered a report of the Head of Scrutiny and Member Development providing:

- Details on the transitional arrangements for three key areas; Corporate Performance; Quality and Safety for the three Clinical Commissioning Groups (CCGs) in Leeds which were due to take up their duties in April 2012, arising out of the restructure of the NHS; and,

- the most recent performance scorecard, dated September 2012, for the city as a whole and for the three Leeds CCGs – which was appended to the report.

The following representatives attended the meeting to present the report and respond to Members' questions and comments:

- Nigel Gray (Chief Officer Designate) – NHS Leeds North Clinical Commissioning Group
- Graham Brown (Performance Manager) – NHS Airedale, Bradford and Leeds

Members were informed that with the move from Primary Care Trusts (PCTs) to CCGs, the reporting of performance would be routed to CCGs, rather than the PCT Cluster Board. To facilitate this, the CCGs had formed sub-committees of the PCT Cluster Board.

In respect of the PCTs, Nigel Gray assured Members that whilst staff had been made redundant as part of the changes, there would be sufficient staff to carry through the transitional functions. In terms of the CCG arrangements, Nigel Gray advised that further information could be provided in a separate session if the Board wished.

The Board then considered the detailed performance information which had been circulated as a supplementary document.

The main areas of discussion related to:

- Increasing Access to Psychological Treatment, which citywide was shown as being below threshold;
- levels for MRSA and other Heath Care Aquired Infections (HCAIs) and the measures being taken to avoid/ reduce the occurance, with concerns raised about the performance of Leeds Teaching Hospitals Trust;
- more detail around urgent and emergency ambulance journeys, with exception reports requested to enable the Board to understand areas where there may be problems in meeting the standards and targets;
- Government changes to the present performance regimes with data for cancer waits, A&E 4 hours waits and 18 week waits from referral to treatment not being required to be reported on. On this the Board welcomed Graham Brown's assurances that this data would continue to be provided and considerdd by local CCGs, even where there was no statutory requirement to do so.

RESOLVED -

a) To note the information presented in the NHS Airedale, Bradford and Leeds Cluster Board, including the amended information on the transitional performance monitoring and assurance processes circulated at the meeting.

b) That consideration be given to setting up a Working Group of the Scrutiny Board (Health and Wellbeing and Adult Social Care) to consider the arrangements around the formal implementation of the three CCGs in Leeds, from April 2013.

c) That narrative information be provided in a future report to identify the root causes of some of the delays around urgent and emergency ambulance journeys.

During consideration of this matter, Councillors Murray, Urry and Walker left the meeting

45 Work Programme

The Chair referred to the amount of time being taken up with preparing the case for the review of the decision on Children's Congenital Heart Surgery and because of this it had not been possible to submit a formal work programme for the Board's consideration. However, the decisions taken by the Board for further reports and scrutiny in relation to:

- the recommendations following the deputation to Scrutiny by the National Federation of the Blind
- the Mental Health Needs Assessment
- the Leeds Suicide Audit (2008-2010)
- the Health and Wellbeing element of the Q1 Performance Report

would be entered into the Board's Work Programme.

46 Date and Time of the Next Meeting

Wednesday 24th October 2012 at 10.00am – Pre-meeting for all Board Members at 9.30am

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Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 247 4707

Report of Head of Scrutiny and Member Development

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

Date: 24 October 2012

Subject: 2012/13 Performance Report – Quarter 1

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

Introduction

1. At the previous Scrutiny Board meeting (26 September 2012) the Scrutiny Board agreed to defer consideration of the Public Health elements of the 2012/13 first quarter performance report.

Performance Report

2. The performance report prepared for the previous meeting is attached for consideration by the Board – excluding Appendix 2 (Adult Social Care Directorate Priorities and Indicators), which has already been considered by the Board.

3. In particular, the Board is asked to consider the Public Health related priorities identified in the City Priority Plan relevant to the Scrutiny Board (Health and Wellbeing and Adult Social Care), namely

   - HW1 – Help protect people from the harmful effects of tobacco (progress assessed as amber); and,
   - HW4 – Make sure that people who are the poorest improve their health the fastest (progress assessed as red).

Recommendations

4. The Scrutiny Board is recommended to:
   a. Note the first quarter performance information presented and the issues highlighted; and,
   b. Consider if any further scrutiny work is necessary at this stage.

Background documents[1]

5. None.

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

Leeds CITY COUNCIL

Report author: Heather Pinches
Tel: 274638

Report of Assistant Chief Executive (Customer Access and Performance)

Report to Health and Wellbeing and Adult Social Care Scrutiny Board

Date: 26 September 2012

Subject: 2012/13 Q1 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. This report provides a summary of performance against the strategic priorities for the council relevant to the Health and Wellbeing and Adult Social Care Scrutiny Board.

Recommendations

2. Members are recommended to:

    - Note the Q1 performance information and the issues which have been highlighted and consider if they wish to undertake further scrutiny work to support improvement over the coming year in any of these areas.

1 Purpose of this report

1.1 This report presents to scrutiny a summary of the quarter one performance data for 2012-13 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 The City Priority Plan 2011 to 2015 is the city-wide partnership plan which sets out the key outcomes and priorities to be delivered by the council and its partners. There are 21 priorities which are split across the 5 strategic partnerships who are responsible for ensuring the delivery of these agreed priorities. The Council Business Plan 2011 to 2015 sets out the priorities for the council - it has two elements - five cross council priorities aligned to the council's values and a set of directorate priorities and targets.

2.2 This report includes 2 appendices:

- Appendix 1 – Performance Reports for the 4 Health and Wellbeing City Priority Plan Priorities
- Appendix 2 – Adult Social Care Directorate Priorities and Indicators

3 Main issues - Quarter 1 Performance Summary

Council Business Plan

3.3 **Adult Social care Directorate Priorities and Indicators –** there are 12 directorate priorities and 9 are assessed as green, and 3 amber The amber priorities are:

- Support adults whose circumstances make them vulnerable to live safe and independent lives,
- Help people with poor physical or mental health to learn or relearn skills for daily living.
- Extend the use of personal budgets.

3.4 In terms of performance indicators 2 green, 1 amber and 4 red and 1 has no result at Q1. The red indicators are:

- Increase the number of people successfully completing a programme to help them relearn the skills for daily living.
- Increase percentage of service users and carers with control over their own care budget
- Increase percentage service users who feel that they have control over their daily life.
- Increase percentage of safeguarding referrals which lead to a safeguarding investigation

3.5 **Re-ablement service:** Joint health and adult social care re-ablement (SkILs) teams have been established across the city and are delivering successful outcomes. Pathways are open to receive referrals from the community, on

existing service users and following hospital discharge. Performance data indicates that the service compares very favourably with national high performers, with 70% of customers requiring no ongoing package of care once reablement complete. However, the numbers coming through the service at Q1 (187) are significantly below target (2000 per annum) with activity limited by a shortage of supervisors. The Directorate are looking to make up this shortfall from supervisors currently within the long term home care service or to recruit to vacancies where this is not possible.

3.6 **Service users and carers with control over their own care budget:** Leeds Adult Social Care exceeded it's target in 2011/12 to ensure 45% of people were in receipt of self directed support with 52% of eligible service users meeting the criteria. At quarter 1 this indicator has dipped slightly to 42% but it will need a further step change forward if Leeds is going to meet the 100% target to ensure that self directed social care is available to all. The major vehicle for the development of personalised social care is through the 'Think Local Act Personal' concordat. A part of this work is 'Making it Real,' which includes a framework for measuring progress in the establishment of personalised, community based support. Leeds Adult Social Care (ASC) has made a commitment to progress the delivery of personalisation in co-production with people who use services. A forum of service users has been identified to start identifying priority areas for improvement.

3.7 **Service users who feel that they have control over their daily life:** A survey about self directed support was undertaken with social care service users during April and May 2012. This showed a drop in performance to 68% from 76% at quarter 4 against an ambitious target of 85%. The results show that the majority of people who don't manage their own support choose council managed support. A proportion, however, said that they chose not to manage their own budgets as they are concerned about how they will find services, etc. These results will inform further work to increase support for people to use direct payments. Two social workers recruited to work with carers improving access to personalised support including personal budgets. Work includes the development of systems for allocation. A project has been established to develop personal health budgets (PHB) and personalised care planning (PCP) for individuals eligible for Continuing Health Care (CHC) Funding within NHS Leeds. This is a two year DH approved pathfinder project to develop systems and processes and facilitate a culture shift in commissioning behaviours and care planning.

3.8 The percentage of **safeguarding referrals that led to an investigation** has dropped from 35% to 30% against a target of 45%. Whilst this does not in itself indicate an increased safeguarding risk a higher conversion rate is some measure of the success of the implementation of multi agency policies, procedures and training which includes guidance on thresholds for investigation and referral. The Safeguarding Adults Board performance sub-group are scrutinising the data on cases that were referred but did not go forward to investigation, to quality assure the decision making on cases did not meet the threshold for investigation.

3.9 **Delayed discharges from hospital:** Since quarter 4 progress has been made in reducing delayed discharges due to ASC and performance is now better than the median for local authorities although it remains below target at quarter 1. On the

1st May 2012 a summit of health and social care partners at which a plan of action was agreed to generate improvements in the management of demand for urgent hospital care and thereby reduce the pressures on hospital discharge systems. Key elements of this include:

- Reducing the number of people requiring hospital admission through A&E with conditions such as blocked catheters by improving training for staff in catheter care.
- Reducing pressure on the urgent care system through the further development of Ambulatory Pathways
- Exploring the potential for more effective use of telecare for patients in care homes
- Improving information systems between key partners

City Priority Plan

3.10 There are 4 priorities in the City Priority Plan relevant to Health and Wellbeing and Adult Social Care Board and of these 1 is assessed as green, 2 amber and is 1 is red. The red priority is health inequalities:

3.11 **Health Inequalities:** the annual update of the mortality data has been provided this quarter and life expectancy is increasing across the whole population of Leeds including the most deprived communities. However life expectancy is increasing faster in the most affluent areas compared to the speed of increase in the most deprived thereby widening the gap. Reducing the gap will depend on successful outcomes from the current action plans – to ensure children have the best start in life; to maximise income and reduce debt; improve housing, transport and the environment; increase employment and healthy workplaces; to maximise educational attainment; and improve access to services that prevent and treat ill health.

3.12 **Smoking:** Tobacco smoking is the biggest lifestyle risk factor contributing to inequalities in death rates between the richest and poorest communities. The smoking priority is currently assessed as amber - as prevalence rates remain static in Leeds. Evidence from the JSNA is that two thirds of smokers start before they are 18 and nearly all smokers have started by the time they are 24. More work is required to prevent younger people in taking up smoking (as recently raised by the Board in their recent Scrutiny Enquiry). Smoking initiation is associated with a wide range of risk factors including parental and sibling smoking, easy access to cigarettes, smoking by friends, living in more disadvantage communities, exposure to tobacco marketing, and depictions of smoking in films, television and other media. A pilot is planned for Belle Isle North (the area of the city with the worst smoking rates) in order to identify and develop innovative approaches to tackle this important issue as well as to build the evidence base.

4 Corporate Considerations

4.1 Consultation and Engagement

4.1.1 This is an information report and as such does not need to be consulted on with the public. However all performance information is published on the council's and Leeds Initiative websites and is available to the public.

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 This is an information report and not a decision so due regard is not relevant. However, this report does include an update on equality issues as they relate to the various priorities.

4.3 Council policies and City Priorities

4.3.2 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. This is in terms of the cross council priority within the Business Plan of "spending money wisely".

4.5 Legal Implications, Access to Information and Call In

4.5.1 All performance information is publicly available and is published on the council and Leeds Initiative websites. This report is an information update providing Scrutiny with a summary of performance for the strategic priorities within its remit and as such is not subject to call in.

4.6 Risk Management

4.6.2 The Performance Report Cards 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. These processes also link closely with performance management.

5 Conclusions

5.1 This report provides a summary of performance against the strategic priorities for the council relevant to the Health and Wellbeing and Adult Social Care Scrutiny Board.

6 Recommendations

6.1 Members are recommended to:

- Note the Q1 performance information and the issues which have been highlighted and consider if they wish to undertake further scrutiny work to support improvement over the coming year in any of these areas.

7 Background documents[1]

7.2 City Priority Plan 2011 to 2015

7.3 Council Business Plan 2011 to 2015

[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.

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.

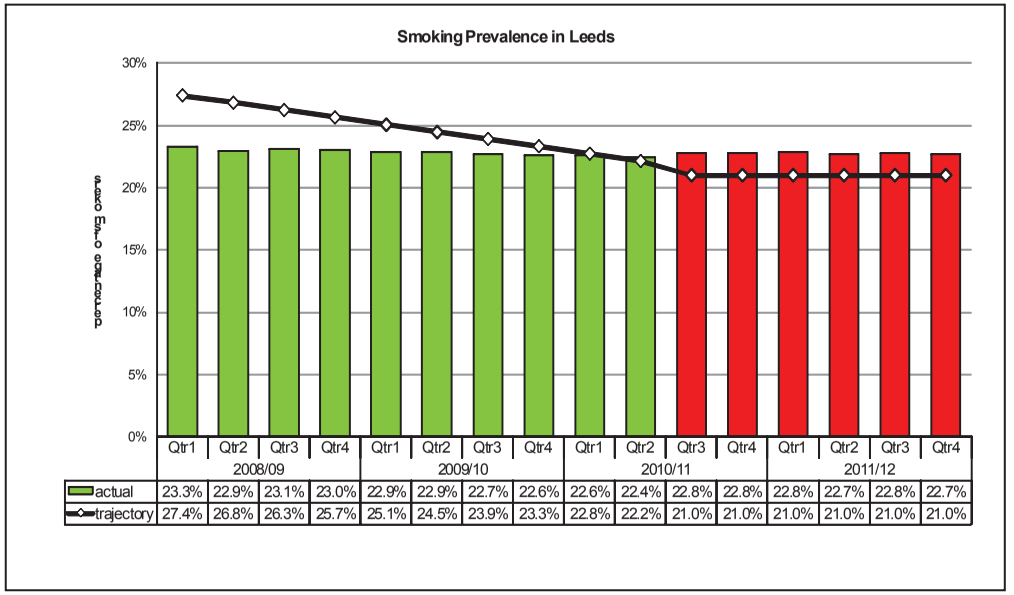
Why and where is this a priority The use of tobacco is the primary cause of preventable disease and premature death. It is not only harmful to smokers but also to the people around them through the damaging effects of second-hand smoke. Smoking rates are much higher in some social groups, including those with the lowest incomes. These groups suffer the highest burden of smoking-related illness and death. This is the single biggest cause of inequalities in death rates between the richest and poorest in our communities. Levels of smoking have fallen since the 1960s. However there are still 24% of adults living in Leeds who smoke and this decline in smoking rates has stopped and may be reversing.

Overall Progress:

Amber

Story behind the baseline

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



- Leeds is currently experiencing a plateau in terms of smoking prevalence, which is reflected in the national trend. However, it should be noted that some areas of the country are starting to see an increase in smoking rates; this is particularly noticeable in some northern areas, highlighting the need to continue to prioritise **all** areas of tobacco control if further reduction is to be achieved.
- The 4 week quit rate target for Leeds for 2011/12 was 4450 quitters and our achievement was 4672 (104% of target) showing an improvement on last year by 1.4%.
- Analysis of the results from stop smoking services is one of the top performing services in England in terms of success rates which is consistent across the whole city with the majority of service users (60%) who quit smoking with the specialist team of advisors living in the most deprived areas of the city. There is a need to increase the number of people referred to the service
- In addition to collecting data from GP registers to monitor prevalence on a quarterly basis, further data is collected from the stop smoking services re. service use and outcomes at both 4 and 52 weeks following a quit day. Systems are also being explored and developed to monitor other related activity e.g. advice given from GP practices, LTHT and Leeds Community Healthcare.
- The national smokers toolkit which monitors attitudes toward quitting have noted that smokers appear to becoming less motivated to quit and less likely to set a quit date, which seems to be reflected in the current national trends of prevalence.
- Due to the collection methods for smoking services, data is always provided for the quarter prior to the one being reported on. This is due to the timing of the follow up of clients at 4 weeks following the setting of a quit date i.e. if a quit date is set at the end of Q1 there is a time lag to obtain the outcome of the quit attempt and data collection and collation.

What do key stakeholders think

- The draft citywide action plan for tobacco control completed and circulated to stakeholders for consultation by 13th July. The final plan will also be amended to take into account comments from the final Scrutiny Inquiry Report on 'Reducing smoking in Leeds' (May 2012)
- The newly commissioned Lifestyle Service, to be offering lower level smoking interventions, is conducting a engagement programme with potential service users and referrers to the service to help inform service development.

What we did

Environmental services continue to monitor adherence to smoke free legislation. Service requests relating to the smoke-free legislation:

- Total number of service requests: 17
- Number of requests relating to alleged smoking inside premises: 12
- Number of requests for advice, eg smoking shelter requirements: 5

Of the 12 service requests about smoking in premises, two of them related to the same premises and one of them related to a delivery man smoking in his van. In each case, contact was made with the business and the requirements of the Smoke-free (Premises and Enforcement) Regulations 2006, were confirmed in writing to them.

- Further funding secured to support the implementation of NICE Guidance PH26 'Quitting Smoking in Pregnancy and Following Child Birth'. This will allow community midwives to be equipped with carbon monoxide monitors to help in the identification and referral of pregnant women for support to stop smoking.
- Leeds Let's Change team worked with Clinical Commissioning Groups to increase the numbers of people being supported by GP practices to access smoking services. Both Leeds South and East and Leeds North CCGs developed local incentive schemes and established targets for practices in 2012/13.

What worked locally /Case study of impact

To support the standardised packaging for tobacco products consultation, a community engagement event was organised for local residents to learn more about the campaign and share their support with their local MP. 29 people committed their support in writing and presented their views to Hilary Benn. Other local organisations and agencies who were unable to attend the event have been encouraged to support their service users completed responses to the consultation and forward to Parliament. The consultation has now been extended into August so further support has been offered to the third sector to help engage local communities and enable Leeds residents to respond

New Actions

- LCC HR HOS have commenced drafting an updated LCC smokefree policy to reflect more comprehensive approach to tobacco control and employee health
- LTHT held a tobacco workshop in May, this has resulted in leads being identified for key themes including: smoke free excellence award, targeted smoking cessation work in priority clinical areas (cardiology and respiratory) and pre operative, action plans are now being developed.
- Applications for funding have been submitted to:
  - Develop niche tobacco work in South and East North East Leeds
  - Further develop the Leeds Let's Change website to include a self assessment smoking support tool.
  - Continue to develop and deliver the Leeds Let's Change communication plan throughout 2012/13.
- Funding has been agreed by the Yorkshire and Humber Tobacco Control Collaborative to provide a Trading Standards coordination role up until, at least the end of this financial year. The key aims of that role are to advocate and influence the involvement of trading standards in the region in smoking reduction strategies, with particular emphasis on:
  - Reducing tobacco related inequalities in health by promoting work which targets DH identified priority groups that regularly purchase illicit tobacco;
  - Stopping the promotion of tobacco;
  - Making tobacco less affordable;
  - Effective regulation of tobacco products
  - Communications and education

Data Development

A request for postcode data of pregnant women who have a positive smoking status has been submitted to the information governance department at Leeds Teaching Hospitals Trust. This information will help in the monitoring of service provision compared with need.

Risks and Challenges any significant risks from the existing risk registers and/or any current challenges or issues with an impact on delivery

- Although a comprehensive tobacco action plan has been developed to include activity and actions suggested in the national plan there is a need for further investment to be able to deliver the plan on the scale needed to significantly change prevalence.

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.

Overall Progress: AMBER ⟷

The Story behind the Baseline

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 seven years.

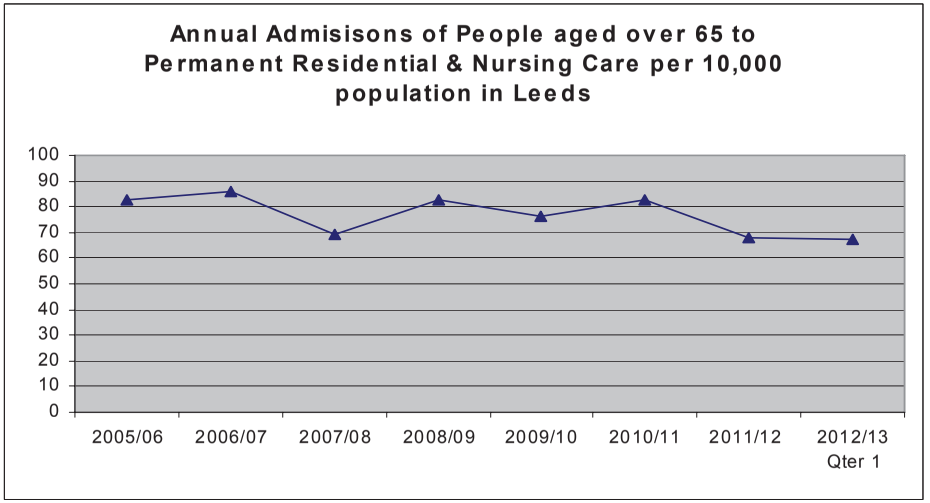
An analysis of average bed weeks purchased for older people show that:

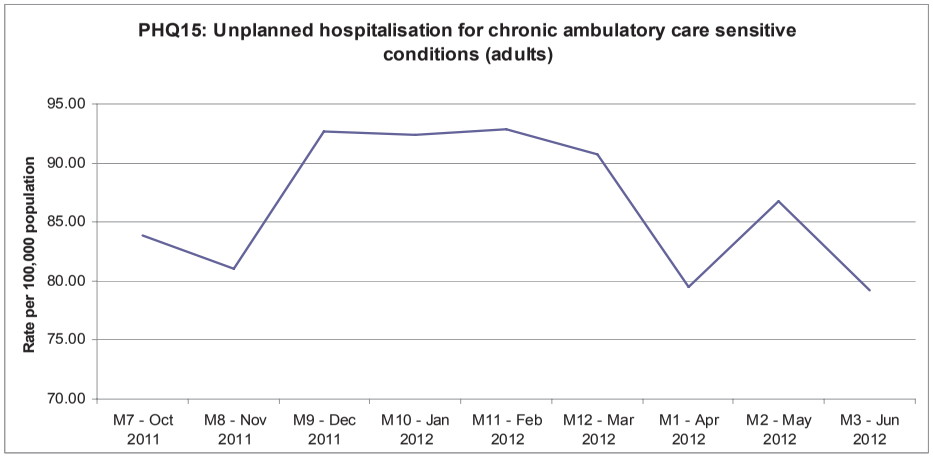
- Leeds commissioned 138,996 bed weeks in older people's care homes in 2011/12. This is a reduction of 3.2% over the previous year.
- Permanent nursing care bed weeks for older people reduced from 48,915 to 46,764 (4.4%) over the previous year.
- Permanent bed weeks for older people in local authority managed homes fell from 27,212 in 2010/11 to 22,932 in 2011/12 (15.7%).
- The number of permanent bed weeks commissioned in the independent sector remained almost the same as the previous year.
- At 31st March 2012 the Council supported 2,368 older people permanently in care homes. This is a reduction of 5.5%.

The figures suggest 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.

What do key stakeholders think - The key messages from stakeholders:
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 and effectively. People need access to high quality information to allow them to make informed choices about how and where they receive care.

Headline Indicators:





What we did:

Progress on the Holt Park Wellbeing centre continues following a 'turning of the sod' ceremony in February and is planned to open in Autumn 2013. Over the next few months focus will start to shift from design to operational issues and starting to determine greater detail about programming, partnership arrangements and procurement.

Reablement (SkILs) teams have been established across the city, and are now at full capacity. Pathways are open to receive referrals from the community, on existing service users and following hospital discharge. Performance data indicates that the service compares very favourably with national high performers, with 70% of customers requiring no ongoing package of care once reablement complete.

A revised JSNA with a sharper focus upon community and networks has been published in May 2012 and a joint information strategy for health & ASC is being agreed.

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

- Procurement of an interim contract for those patients currently in receipt of Telehealth provided by Bosch has been completed.
- Further Integrated Health and Social Care Team demonstrator sites have been identified in the following areas: Chapeltown, Armley and Hunslet.
- Leeds is one of only 6 pilots chosen from across the country to pilot the Year of Care. The pilot will test the proof of concept for the Year of Care funding model.

What worked locally /Case study of impact:

Margaret's story – After collapsing in November with Pneumonia Margaret was taken to ST James's hospital and went from being a vibrant lady to someone who had no confidence. Margaret also had other health issues such as asthma, heart failure and diabetes. "I could not even make a cup of tea let alone look after myself". The SkILs team became involved in supporting Margaret when she came out of hospital 'They chivvied me along and got me going' she adds, they gave me so much encouragement, they helped me with meals and helped me to wash and helped me make it. They are so kind especially Sue, Karen and Gail.

'It was a pleasure because Margaret is a trier explains Sue and Karen agrees.

'I cannot speak highly enough of these lovely girls' says Margaret ' long may they continue to help the community.

New Actions:

The new Integration of ICT and Reablement Project was officially launched on 23rd March 2012. An outline business case is now being developed, and a visioning workshop was held in May to review results from research, the options appraisal etc.

Further work is required to open remaining pathways for reablement to improve the Mental Health reablement service and align capacity and demand within the SkILs service. Options for an electronic brokerage system are also being explored. Work to establish reablement plans to be completed by September 2012.

Adult Social Care, health and partners are working to develop the 'AT Hub', a one stop shop for assistive technology in Leeds. A consultation event with older and disabled people will take place in September 2012.

A 2 year pathfinder has been established to develop personal health budgets (PHB) and personalised care planning (PCP) for individuals eligible for Continuing Health Care (CHC) Funding within NHS Leeds.

Through the Leeds Health and Social Care Transformation Programme the following key actions will be undertaken:

- Dementia – development of a city-wide strategy. A CQUIN indicator for secondary care to be monitored. The CQUIN aims to increase awareness around dementia as people are admitted to hospital.
- End of Life – development of a city-wide strategy is underway which will look to join up working between statutory and voluntary organisations.

Data Development:

Work to develop intelligence systems and sharing across social care and health continues. Health and social care are looking to procure software which can be used to collate and analysis data from both organisations.

Risks and Challenges:

- Adult Social Care and Health fail to develop and maintain effective partnership working and processes at locality and city-wide strategic level between partners to reduce health inequalities.
- 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.
- Adults' Social Care fails to deliver the whole of its Business Systems Transformation Programme.

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:

GREEN ⟷

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.

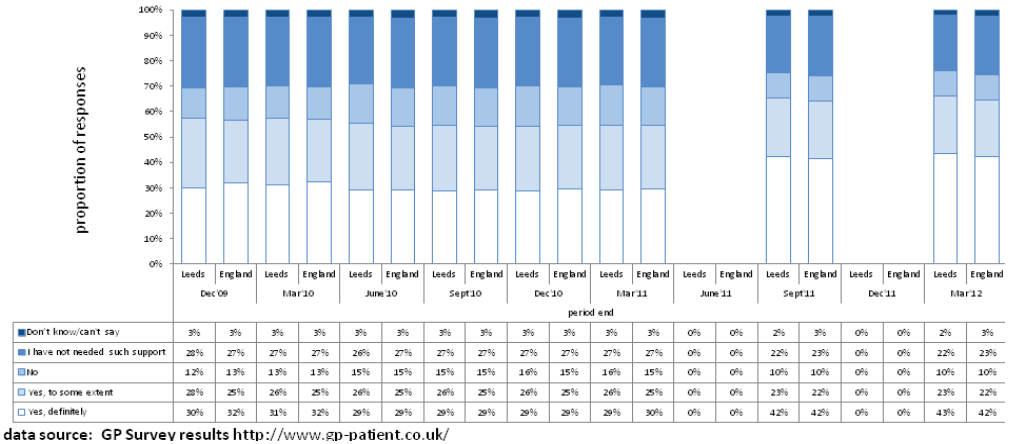
The statistics for Leeds follow the national trend of a slight increase in the negative experience people are feeling in terms of the support they are receiving to manage their long term condition.

'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). Final figures for the year end 2011/12 show that the target of 45% has been exceeded, with 52% of eligible community based service users being in receipt of self directed support.

Please note National and Local GP survey data collection is being undertaken on a bi-annual basis.

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		Mar'10		June'10		Sept'10		Dec'10		Mar'11		June'11		Sept'11		Dec'11		Mar'12	
	Leeds	England	Leeds	England	Leeds	England	Leeds	England	Leeds	England	Leeds	England	Leeds	England	Leeds	England	Leeds	England	Leeds	England
Don't know/can't say	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	3%	0%	0%	2%	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%	0%	0%	22%	23%
No	12%	13%	13%	13%	15%	15%	15%	15%	16%	15%	16%	15%	0%	0%	10%	10%	0%	0%	10%	10%
Yes, to some extent	28%	25%	26%	25%	26%	25%	26%	25%	26%	25%	26%	25%	0%	0%	23%	22%	0%	0%	23%	22%
Yes, definitely	30%	32%	31%	32%	29%	29%	29%	29%	29%	29%	29%	30%	0%	0%	42%	42%	0%	0%	43%	42%

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

What do key stakeholders think:

A survey was undertaken regarding Self Directed Support. The majority of people asked (65%) understood the concept of personal budgets and of the remaining number 19% couldn't remember having things explained and 7% said it was explained but they struggled to understand. 9% said that it wasn't explained.

When asked about the reasons for choosing the council to arrange services (if they did) the majority (55%) said that it was their choice. Of the rest, 17% liked the idea of having more control but were worried about finding the right services, or receiving the right advice. The remaining number (in roughly equal proportions) didn't really understand the other options, didn't have other options explained or thought that buying and arranging their own support sounded too hard.

What we did:

Two social workers recruited to work with carers improving access to personalised support including personal budgets. Work includes the development of systems for allocation.

Older People Residential & Day Care - Phase 1 of the Programme include de-commission of four day centres and three residential homes which is now complete, with a further two residential homes to be de-commissioned at a future date pending alternative provision. In addition there is a potential community Asset Transfer Bid at Dolphin Manor and integrated Community Intermediate Care in development at Harry Booth House.

Better Lives Programme - A proposed outline service model to transform Mental Health day services was presented to ASC Department Leadership Team on 7th June 2012 .Overall, the focus of the new model will be a 'move-on' policy, where service users are supported to recovery and do not become dependent on services. Next steps will include liaison with elected members, consultation with stakeholders from July-September 2012.

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

- Roll out of Risk Stratification has continued across the city, with in excess of 450 Health and Social Care staff trained to use the risk stratification tool across the city.
- Further Integrated Health and Social Care Team demonstrator sites have been identified in the following areas: Chapeltown, Armley and Hunslet.

What worked locally /Case study of impact:

The Community Diabetes Specialist Nurse Service Feedback

- *The nurses were very knowledgeable and it has helped me with my diet control and helped me understand my diabetes. I wish I had known about this service much earlier"*
- *"The nurses have really helped me and I am feeling better in myself because my diabetes is now under control – which I could not manage before"*
- *It is a shame this course hasn't been around longer – as I feel my diabetes may have not got as bad as it has. This course is very useful – following week 2 my GP put me on Metformin and I feel much less tired and I feel much better. I would recommend anyone with diabetes to come on a course like this – my results are coming down and so hopefully my weight will also come down.*
- *I feel very grateful for all of the information and help given to me by the two excellent leaders on this course – they have taken away my fear of diabetes. Excellent 6 weeks with a brilliant team – I would highly recommend this course; I have also lost 1stone in weight whilst been on the course*

New Actions:

Work is being undertaken to develop a model with partners in the third sector which supports people to use their personal budgets to commission support services. Commissioners are currently developing the model in partnership with providers. The aim is to establish the service by the Autumn.

'Making it Real,' includes a framework for measuring progress in the establishment of personalised, community based support. Leeds Adult Social Care (ASC) has made a commitment to progress the delivery of personalisation in co-production with people who use services. A forum of service users has been identified to start identifying priority areas for improvement.

Progress continues in developing a model for utilising direct payments in community based organisations to extend choice and provide personalised support people with social care needs. Within the Combining Personalisation with Community Empowerment (CPCE) project 14 service users have been identified and support plans are being developed. Examples include enabling people to re-establish and maintain social networks as well as support with practical tasks such as meal preparation..

Better Lives Programme - A cross directorate project team is undertaking further work to analyse the demand and supply for older peoples housing and care options and will take a report to Executive Board in July 2012.

Through the Leeds Health and Social Care Transformation Programme, the following key actions will be undertaken:

- Year of Care Pilot – work will commence nationally to take this forward, Ensuring close links are made to the current integration agenda within Leeds. The pilot will commence in July 2012 for a 10 month period.

Data Development:

A revised JSNA with a sharper focus upon community and networks has been published in May 2012. Health and social care are looking to procure software which can be used to collate and analysis data from both organisations.

Risks and Challenges:

- Adult Social Care fails to manage the changing service and workforce requirements through the transformation programme to deliver personalised services within available financial resources.
- Adult Social Care and Health fail to develop and maintain effective partnership working and processes at locality and city-wide strategic level between partners to reduce health inequalities.
- 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.
- Adults' Social Care fails to deliver the whole of its Business Systems Transformation Programme.
- Insufficient or poor quality Business Intelligence has a detrimental effect on the ability to meet overall objectives.

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

Outcome: Best City for Health and wellbeing **Priority:** Make sure that people who are the poorest improve their 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: 1)There is a 10.1 year gap in life expectancy for men between City & Hunslet and Harewood (71.6 years:81.7years) 2)There is a 9.6 year gap in life expectancy for women between City & Hunslet and Adel/Wharfedale (76.1year:85.7years)

Overall Progress:

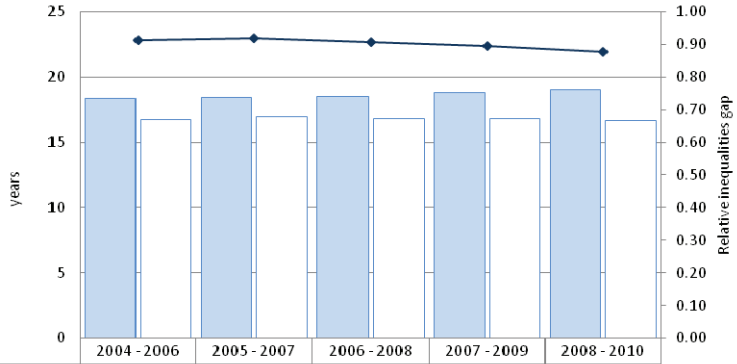
Red

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. 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, 2004-2006 to 2008-2010, three year averages, Leeds, Leeds Deprived



	2004 - 2006	2005 - 2007	2006 - 2008	2007 - 2009	2008 - 2010
Leeds	18.34	18.42	18.52	18.77	18.99
Leeds Deprived Population	16.75	16.92	16.77	16.82	16.63
Relative Gap Leeds Deprived* vs Leeds	0.91	0.92	0.91	0.90	0.88

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

What do key stakeholders think. The Vision for Leeds consultation confirmed that the public expected:

• people have the opportunity to get out of poverty; • education and training helps more people to achieve their potential; • communities are safe and people feel safe; • all homes are of a decent standard and everyone can afford to stay warm; • healthy life choices are easier to make; • people are motivated to reuse and recycle; • there are more community-led businesses that meet local needs; • local services, including shops and healthcare, are easy to access and meet people's needs; • local cultural and sporting activities are available to all; and • there are high quality buildings, places and green spaces, which are clean, looked after, and respect the city's heritage, including buildings, parks and the history of our communities.

What we did

Limit impact of poverty on children under 5 yrs:

- **Early Start Service**: Alignment and establishment of Early Start Teams completed. Programme of core workforce development for each Early Start Team in place. Integrated service specification agreed
- **Family Nurse Partnership** Third sector provider facilitating service user involvement in FNP Board .Positive feedback from DH FNP central team during last month's Annual Review. Sublicensing agreements signed with Department of Health to deliver FNP model in Leeds
- **Child Death Overview Panel** Annual Report 2011-12 published including analysis of causes of child death in Leeds and key recommendations

Increase advice and support to minimise debt and maximise income

- Introduced telephone Debt advice gateway with one common phone number for use across all advice agencies. Volunteers now operating three days a week (Mon, Tue, Fri) for 6 hours each day
- Fuel poverty mail-out completed to 9,500 households likely to be eligible for Government Warm Front scheme to increase take-up of heating and insulation measures.
- Promoting 'Wrap up Leeds' free loft and cavity wall insulation scheme, available to all, and targeted at low income areas with large number of suitable properties.
- Leeds has generated 39 hotspots referrals during April, 22 in May and 16 in June

Healthy Employment

- Working Well Steering Group developed action plan
- Commissioned Leeds Occupational Health Advisory Service to deliver occupational health for the City until 2014

Ensure equitable access to services that improve health

- All GP practices, prisons and York St practice for the homeless all now offering NHS Health Check
- Commissioned third sector to support sustained case finding of lung cancer in Inner East / Inner South Leeds by campaigns led by Community Health Educators

What worked locally /Case study of impact

'Come Dine with me' – led by Leeds Credit Union and Zest Health for Life in Meanwood has recruited 8 disengaged people through the school clusters network from the Beckhill estate. They learnt cooking skills and eating on a budget. All of them have stayed engaged with other group activities or have become volunteers. Zest is one of the third sector organisations commissioned to provide Community health development.

New Actions

Limit impact of poverty on children under 5 yrs:

- **Early Start Service:** Expansion of service agreed over next 3 years through additional Health Visitor resource. Performance dashboard in development to measure coverage and impact of transformation. Implementation of service to be completed by September 2012
- **Infant Mortality:** Develop social marketing materials from findings of insight work with Pakistani community on understanding of genetic risk and cousin marriage
- Evaluation of co-sleeping social marketing campaign completed by Autumn 2012
- Helping Hand training rolled out to every team from July 2012
- E learning for GPs to increase breastfeeding to be launched
- Mothers Learning about Second Hand Smoke scheme will develop resources and an intervention based on findings from focus groups

Increase advice and support to minimise debt and maximise income

- Review underway to explore funding and location of debt advice
- Fuel poverty: Work with city region to develop Green Deal/ECO framework assisting vulnerable people particularly living in older, hard to treat properties; involving community groups and employers.
- Affordable credit: Further funding being explored.

Healthy Employment

- Explore expansion of Leeds Occupational health Advisory Service
- Work with those supporting people into employment to increase understanding and links to mental health services
- Develop toolkit to increase economic development through improving health and wellbeing of staff

Ensure equitable access to services that improve health

Wellbeing portal: website that provides information on services that are in place across Leeds to improve health and wellbeing will be launched with professionals and the public

Data Development

- Detailed reports on outputs from NHS Health Check to be completed
- Results from Healthy Lifestyle survey using the Citizens Panel and extended use of Healthy Lifestyle survey with priority populations to increase understanding of lifestyle behaviour

Risks and Challenges

- Reduced incomes for households in Leeds as a result of the economic climate and the national changes to benefits and tax credits system
- 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
- Impact of economic recession

Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 247 4707

Report of Head of Scrutiny and Member Development

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

Date: 24 October 2012

Subject: Balancing the Council's duties as a planning authority with its future public health responsibilities

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

Introduction

1. As part of the NHS reforms arising from the Health and Social Care Act 2012, from April 2013 Public Health responsibilities will transfer from local Primary Care Trusts (which will be abolished and replaced by Clinical Commissioning Groups) to local authorities. This shift in responsibility will mean that local authorities will become directly accountable for public health services and outcomes from April 2013.

2. In June 2012, the Scrutiny Board identified balancing the duties of a planning authority with public health responsibilities (through the Local Development Framework (LDF)) as a potential area/ topic for consideration during 2012/13. Reference to this was again made at the September 2012 Board meeting, along with the on-going work of the Development Plan Panel in finalising the LDF and the associated Core Strategy to be recommended to the Executive Board in November 2012.

3. As such, it was agreed that the Scrutiny Board (Health and Wellbeing and Adult Social Care) would consider the inclusion and degree of reference to public health issues facing the City within the LDF.

The Local Development Framework (LDF) and Core Strategy

4. The Council is preparing the Local Development Framework (LDF) for Leeds. The LDF is the name for a number of Development Plan Documents and Supplementary Planning Documents, which together make up the overall development plan. It should be noted that the LDF forms part of the Council's Policy Framework and therefore must be adopted by Full Council.

5. The Core Strategy is the main document setting out the key strategic policies and vision of the Local Development Framework (LDF). The Core Strategy sets out the broad framework which will guide the delivery of development and investment for Leeds over the coming years. All other LDF documents are directly guided by the Core Strategy.

6. The policies of the Core Strategy must be supported by evidence. The evidence base of the Core Strategy includes information on housing, employment, the environment and many other topics.

7. To date, the Core Strategy has gone through a number of stages and consultation events. Informal consultation for the Core Strategy was held both in 2006 and 2011, and formal consultation events were part of the previous publications in 2007 and 2009. A further round of informal consultation was held in summer 2011. Each stage of publication has involved public consultation, with the most recent publication of the Core Strategy Draft Publication in February – April 2012. It is anticipated that the Core Strategy will be adopted in 2013.

8. For members information, extracts of the Core Strategy (as it relates to Public Health considerations) are appended to this report, alongside the Health Topic paper.

Wider determinants of Health

9. In November 2008, Professor Sir Michael Marmot was asked by the then Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England. In February 2010, the final report 'Fair Society: Healthy Lives' was published and concluded that reducing health inequalities would require action on the following six policy objectives:
    - Give every child the best start in life;
    - Enable all children, young people and adults to maximise their capabilities and have control over their lives;
    - Create fair employment and good work for all;
    - Ensure healthy standard of living for all;
    - Create and develop healthy and sustainable places and communities;
    - Strengthen the role and impact of ill-health prevention.

10. Given the issues associated with the wider determinates of Health and the main purpose of the Board's consideration at the meeting, the Executive Summary of the report 'Fair Society: Healthy Lives' is appended to this report for information.

Public Health – the Council's New Responsibilities

11. In June 2012, the Executive Board considered a report from the Joint Director of Public Health that set out the Council's Public Health responsibilities from April 2013, issues associated with the transfer of such responsibilities, alongside ways of working within the overall national Public Health landscape.

12. To assist the Scrutiny Board's general consideration around this topic (i.e. the Council's future public health responsibilities), a copy of the Executive Board report is attached for information.

Attendance at the meeting

13. To assist the Board's consideration of the information presented, it should be noted that relevant Development and Public Health officers have been invited to attend the meeting.

Recommendations

14. The Scrutiny Board is recommended to consider the information presented and identify:
    a. What, if any, further actions to take;
    b. Any relevant matters that require further and/or more detailed scrutiny.

Background documents[1]

15. None used.

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

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CHANGES TO CORE STRATEGY TEXT

Deprivation and Health Inequalities

2.30 In terms of health, Leeds performs well compared to the other core cities in England (Birmingham, Bristol, Liverpool, Manchester, Newcastle, Nottingham and Sheffield) and has the lowest mortality rate for males and females of all ages. There have been huge improvements to life expectancy in the last decade, which has increased by two years for both men and women and over the same period, the mortality rate fell by over 18%. *Whilst the health of Leeds has improved overall, the City is performing below the England average, consequently, the need to tackle health issues and disparities across the District is a major challenge for improvement.*

2.31 *Narrowing the health gap within Leeds is a priority within the Leeds City Priority Plan and the Leeds Health and Well Being Strategy.* Despite becoming wealthier as a city over the last 20 years, Leeds still has too many deprived areas, where there is a poor quality of life, low educational performance, too much crime and anti-social behaviour, poor housing, poor health, and families where no one has worked for a few generations. The gap in life expectancy between the most disadvantaged parts of Leeds and the rest of the city remains at around ten years. *In seeking to address this key cross cutting issue through the Development Plan and in reflecting the duty to improve Public Health (Health & Social Care Act 2012, Section 12), an integral part of the Core Strategy therefore, is to seek to 'narrow the gap', through the overall approach and policy framework.*

2.32 Out of 476 Super Output Areas (SOAs) in Leeds, the 2010 Index of Multiple Deprivation shows that there are 92 which fall into the most deprived 10% in the country. In 2007, Leeds had 22 SOAs that were ranked in the most deprived 3% nationally, this number rose to 25 in 2010. Overall, 154 improved their ranking but 322 fell between 2007 and 2010. Gipton and Harehills is the only ward with all of its SOAs ranked in the most deprived 20% nationally. There is therefore a clear need to continue to tackle the multiple problems of poverty and to improve all parts of Leeds. Improving the health of the city's population is a key objective to be the best city in the UK. A thriving economy where people have access to jobs and a decent income is essential to good health. *Within this context also, information provided through the Joint Strategic Needs Assessment (JSNA) for Leeds, highlights the wide range of health issues and factors across the District and their associated implications. These include population change and key groups within the population (including children and an aging population), behaviours and specific health conditions. The plan provides an opportunity to tackle health priorities in relation to a number of key social determinants of health (including the delivery of high quality housing, the provision of greenspace and in promoting opportunities for cycling and walking).*

Map 2 Indices of Multiple Deprivation

Key Challenges

2.42 Leeds is a large and diverse city, with a proud heritage, a quality environment and home to a wide range of communities and businesses. As outlined above there are major opportunities for growth and regeneration and a desire for this to be achieved and managed in a way, which reflects the unique character of the district and the principles of sustainable development. In the preparation of the Core Strategy therefore there are a number of key challenges the overall spatial vision, development strategy and policy framework is seeking to meet. These include:

- Planning for population growth and the complex needs of a diverse population *(including opportunities to improve public health),*
- Facilitating local opportunities for urban regeneration and economic growth, within the context of major changes and uncertainty in the national and international economy,
- Planning for housing growth in a sustainable way in suitable locations, whilst meeting a range of housing needs,
- Ensuring that opportunities for regeneration and economic growth support the aspirations of the community in delivering needed jobs and homes,
- Ensuring that the physical development and growth of the District, is managed in a sustainable way, to respect the local identity, character and distinctiveness of communities and delivers high quality design and environment enhancement,
- Opportunities for regeneration and growth are supported with the necessary infrastructure,
- The need to maintain and develop, a longer term partnership approach to development and growth within the District, with a range of stakeholders including communities, investors and infrastructure providers.

3. SPATIAL VISION

Spatial Vision and Objectives

3.1 Leeds has been successful in recent years in regenerating its older urban areas, attracting inward investment, strengthening the role and attractiveness of the City Centre and protecting the District's distinctiveness and character. However, much remains to be done, especially given the consequences of the economic downturn and the reduction of public finance. In order for Leeds to move forward and to fulfil its potential as a major City and regional capital, a clear spatial vision is required to guide decisions on future developments and the policies that will help to deliver these. An integral part of this 'vision' is that local communities will be fully engaged with the need to bring about the sustainable growth of the city and to help the Council to manage investment in a way that delivers tangible community benefits.

3.2 The long term vision for the Leeds metropolitan district is that by 2028:

- Leeds will have maintained and strengthened its position at the heart of the City Region and has grown a strong diverse and successful urban and rural economy, with skilled people and competitive businesses, which are sustainable, innovative, creative and entrepreneurial. All communities will have equal chances to access jobs and training opportunities through the growth of local businesses.

- Leeds City Centre will remain a successful destination for the people of Leeds and beyond, with a vibrant commercial, leisure and cultural offer. The Trinity and Eastgate centres will be well established and the South Bank will be integrated into the City Centre, which includes a new City Centre park acting as a gateway to the Aire Valley.

- The spatial management of growth will be planned to balance the use of brownfield and greenfield land in a sustainable way, as part of an overall framework promoting development in suitable locations as a basis to meet identified needs.

- The distinctive settlement pattern within the Leeds district will be maintained and their character enhanced, whilst providing for and supporting new housing growth opportunities. The main urban area of Leeds will support the diverse and distinctive communities that surround it, separated by agricultural land, woodland, valuable green spaces, habitats, and amenity areas.

- Town and local centres will remain at the heart of their communities and provide a good range of shopping, services and local facilities.

- Aire Valley will become an innovative new living and working community which is a national model for sustainable development, accommodating up to 9,000 new homes and 35,000 new jobs within a distinctive green environment. An integral part of the urban eco-settlement will be the

establishment of low carbon solutions, and energy requirements in established communities will have been significantly reduced by retrofitting.

- The Regeneration Priority Areas will have undergone successful transformations, in terms of having more attractive environments, improved choice and quality of housing, better access to employment through improved education and training, and increased connectivity to adjoining neighbourhoods, including the City Centre.

- In reflecting the role of Leeds as a strategic transport hub (including Leeds City Station and Leeds Bradford Airport), serving existing communities and in planning for new growth, sustainable forms of development are delivered (which include public transport as an integral part). Consistent with the ambitions to be 'the best city in the UK', the Leeds will be better connected, by an accessible and integrated transport system, which supports communities and economic competitiveness.

- Leeds will have a wide network of multi-functional Green Infrastructure (including green space areas) which provides an improved quality of life for residents to enjoy healthier lifestyles. This will also be a strong incentive in attracting new business to the area. Through new development, opportunities will be taken to improve connections between Green Infrastructure to enhance its value and achieve a better spatial distribution.

- Leeds will be resilient to climate change through the use of innovative techniques and efficient use of natural resources.

- Place making will be embedded into the planning process which has led to the creation, protection, and enhancement of buildings, places and spaces that are valued by people. This will have a positive contribution towards better *public* health and wellbeing, especially in communities where there have been clear health disparities and disadvantage.

Objectives

3.3 In reflecting this Spatial Vision, the following Objectives are set out below:

(i)	**City Centre:** In supporting the continued vitality, economic development and distinctiveness of the City Centre as the regional centre, the Core Strategy will:
1.	Accommodate first and foremost the needs of offices, shops, hotels, institutions and leisure and entertainment uses, accepting that there is a place for residential and supporting facilities such as parks, convenience stores, health centres, nurseries and schools;
2.	Give priority to the development of land opportunities in the southern half of the City Centre.
3.	Strengthen the vibrancy, distinctive character and cultural appeal of the City Centre,
4.	Make the City Centre accessible to all, including improved pedestrian and cycle links to adjoining neighbourhoods.

(ii)	**Managing the Needs of a Successful District:** To manage the needs of a growing City, the Core Strategy needs to:
5.	Plan for population growth and the implications of demographic change *(including opportunities to improve public health)*.
6.	Promote a diverse, enterprising and competitive economy supported by a skilled work force.
7.	Deliver economic development which makes best use of land and premises across the district in sustainable locations, accessible to the community and wider labour market.
8.	Deliver housing growth in sustainable locations related to the Settlement Hierarchy, by prioritising previously developed land in urban areas and through the phased release of greenfield sites to ensure sufficiency of supply and provision of supporting infrastructure.
9.	Plan for a sufficient mix, tenure and type of housing to meet a range of community needs including affordable and specialist housing.
(iii)	**Place making** In supporting distinctive and cohesive places, the Core Strategy will:
10.	Promote the role of town and local centres as the heart of the community which provide a focus for shopping, leisure, economic development and community facilities, while supporting the role of the City Centre.
11.	Support the provision of community infrastructure that is tailored to meet the needs of the community including high quality health, education and training, cultural and recreation, and community facilities and spaces.
12.	Support high quality design and the positive use of the historic environment to create distinctive and cohesive places that include measures to improve community safety.
13.	Promote the physical, economic, and social regeneration of areas taking into account the needs and aspirations of local communities.
14.	Support the improved *public* health and wellbeing of Leeds' residents and workforce.
(iv)	**A Well Connected District :** In the delivery of an accessible and integrated transport system to support communities and economic competitiveness, the Core Strategy aims to:
15.	Increase the use of sustainable forms of transport by facilitating the delivery of new infrastructure and the improvement and management of the existing system, transport hubs and interchange (including Leeds City Station).
16.	Ensure new development takes place in locations that are or will be accessible by a choice of means of transport, including walking, cycling, and public transport.
(v)	**Managing Environmental Resources :** In safeguarding the environment of the District, the Core Strategy needs to:
17.	Protect natural habitats and take opportunities to enhance biodiversity through the creation of new habitats and by improving and extending wildlife corridors.
18.	Secure development which has regard to its impact on the local environment and is resilient to the consequences of climate change, including flood risk.
19.	Promote opportunities for low carbon and energy efficient heat and power, for both new and existing development.
20.	Make efficient use of natural resources, including the implementation of sustainable

	design and construction techniques, the use of minerals, and the effective minimisation and management of waste.
21.	Protect and enhance Green Infrastructure, strategic green corridors, greenspace, and areas of important landscape character, taking the opportunity to improve their quality, connectivity and accessibility through the development process.
vi)	**Implementation and Delivery :** In progressing the proposals of the Core Strategy, the Council will:
22.	Work in partnership with a wide variety of sectors and agencies including the Leeds City Region in the delivery of the Core Strategy and as a focus to explore opportunities for funding and delivery.
23.	Work with local communities in Leeds to ensure that local people are involved in shaping the future growth of the city with appropriate community benefits.
24.	Ensure that new development is served by appropriate levels of infrastructure to support the delivery of the Core Strategy.

4. SPATIAL DEVELOPMENT STRATEGY

4.1 Overview and Location of Development

4.1.1 The Spatial Development Strategy outlines the key strategic policies which Leeds City Council will implement to promote and deliver development. The intent of the Strategy is to provide the broad parameters in which development will occur, ensuring that future generations are not negatively impacted by decisions made today. The Spatial Development Strategy is expressed through strategic policies which will physically shape and transform the District. It identifies which areas of the District play the key roles in delivering development and ensuring that the distinct character of Leeds is enhanced. It is complemented by the policies found in the thematic section, which provide further detail on how to deliver the Core Strategy. *Integral to this approach, the plan reflects the duty to improve public health as a cross cutting issue, incorporated within a number of key policy topic areas. This includes housing (improving the supply and quality of new homes in meeting housing need), the economy (providing opportunities for local employment opportunities and job growth), the role of centres (in proving the facilities and services for the community in accessible locations), regeneration (targeting specific priority areas across the District), transport and accessibility (improving public transport and opportunities for walking and cycling), place making (maintaining and enhancing local character and distinctiveness) and the environment (the protection and enhancement of environmental resources including local greenspace).*

4.1.2 The Key Diagram is presented at the end of this section, and compiles these Policies to provide a broad illustration of what the Plan will achieve by 2028. It highlights how and where development will occur, and those development areas which are key to delivering the Core Strategy. The Key Diagram is indicative only, and does not set out site boundaries or define the extent to which development is proposed to occur.

4.1.3 The level of housing growth expected to occur by 2028 within Leeds is greater than any other authority within England. A growing and diverse economy brings a need for new housing, sustainable and reliable transport systems, and services to meet the changing needs of the population. Bringing this future growth and prosperity to all residents remains a key consideration for the district.

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Core Strategy

Leeds Local Development Framework

Health Background Topic Paper
Publication Draft
February 2012

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(Bengali):-

যদি আপনি ইংরেজীতে কথা বলতে না পারেন এবং এই দলিলটি বুঝতে পারার জন্য সাহায্যের দরকার হয়, তাহলে দয়া করে 0113 247 8092 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 247 8092 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 247 8092 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 247 8092 ‘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 247 8092 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۔

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Health background paper

1. Overview

1.1 Economic and environmental issues all impact on the health and well being of the community. The determinants of people's health and well being are wide ranging, they include the built environment, the quality of housing stock, employment, the provision of greenspace, access to food and making healthier choices, to name but a few. Planning has a leading role in determining the character of the environment in which people live, the housing available to them, the location of jobs, shops and community facilities, all of which influence the choices people make in life and consequently their health in terms of mental and physical well being.

2. National Policy Framework

2.1 There have been a number of reports written nationally on the topic of health and well being. It is not the purpose of this Background paper to review them all, but instead to 'set the scene' and to provide the background evidence prior to reviewing how the Core Strategy contributes positively towards health and well being at the local level.

2.2 The National Institute for Health and Clinical Excellence (NICE) has published a number of guidance notes on public health. Of most relevance to the Core Strategy is NICE public health guidance 8 Promoting and creating built or natural environments that encourage and support physical activity (2008). It recommends that planners planning together with other policy makers plan and provide a comprehensive network of routes for walking, cycling and using other modes of transport involving physical activity. It also recommends that applications for new development should promote physical active as part of people's daily activity.

2.3 The Foresight Report (2007) considers the issues surrounding obesity and recommends that the focus is on promoting children's health, promoting healthy food, to build physical activity into our lives, together with supporting health at work and providing effective treatment. These five responses were adopted by the previous government in their report, Healthy Weight, Healthy Lives: A cross-government strategy for England (2008), which supports making healthy choices to reduce obesity. This report champions a number of initiatives that are directed at improving people's health and well being, including investment in cycling infrastructure, encouraging people to walk more and take physical exercise and choose healthier food choices.

2.4 Fair Society, Healthy Lives (2010) also known as 'The Marmot Review' was an independent review into health inequalities in England. The Marmot Review argued that climate change could potentially increase health inequalities and that good quality and well designed environments are key to improving the health and wellbeing of a community. It encourages greater physical activity through the provision of well designed green spaces and network of routes which encourage people to walk to shops and services. The review made 3 recommendations that are relevant to spatial planning. They are to prioritise policies and interventions that both reduce health

inequalities and mitigate climate change; fully integrate the planning, transport, housing, environmental and health systems to address the social determinants of health in each locality and; support locally developed and evidence-based community regeneration programmes.

2.5 The findings of this report have been embraced by the current government in the recently published Healthy Lives, Healthy People White Paper (2010). It sets out the government's strategy on empowering local communities to improve the health of their community and reduce health inequalities. Leeds City Council Scrutiny Board for City Development resolved to incorporate the recommendations from the Marmot Review into the Local Area Agreement.

3. Health and Wellbeing in Leeds

3.1 Health and wellbeing is very much at the forefront of national and local policy making. If no action is taken, it is estimated nationally that 60% of adult men, 50% of adult women, and 25% of children will be obese by 2050, with around 35% of adults, and 30% of children overweight1. In addition to this, there are widespread concerns about the health inequalities between communities with the most deprived communities suffering the most from poor health and well being (Foresight Report 2007).

3.2 Leeds had a population of 755,580 in 2010 (strategic housing market availability assessment), which is estimated to rise to 950,000 by 2033. The demographic make up of the population of Leeds has changed significantly over the years. According to the Joint Strategic Needs Assessment (JSNA 2011) Between 2000/1 -2009/10 the number of births has increased by 35% with 10,202 children born in 2009/10. Leeds has a high proportion of 20-29 year olds living due to Leeds being home to three universities (over 60,000 students), and since 2001 the number of 85+ year olds has increased by 20%. Just over 64,000 people claiming out of work benefits (11.8%) and in June 2011 22,047 people were claiming job seekers allowance (4.1%).

3.3 In Leeds, 45 of all the lower super output areas (9.5%) are in the most deprived 10% on the national scale for income deprivation. 33,000 children in Leeds are living in poverty and this is largely concentrated within the inner city areas.

3.4 Life expectancy between 2007-2009 was on average 79.91 years in Leeds, but in the deprived communities it was 78.08 years. In Adel and Wharfedale the life expectancy is 83.61 years compared to Hunslet where it is 74.08 years, a difference of 9.53 years across Leeds. This shows there is a significant difference between wards, demonstrating that health inequalities exist between communities in Leeds.

3.5 The headlines from the qualitative analysis for the 2011 JSNA on healthy lifestyles are as follows:

- Only half of young people do the recommended amount of exercise a week. Teenagers do not consider there to be enough services for them

and children in general expect parks and play facilities to be local and within walking distance,
- There has been an increase in older children eating unhealthy snacks,
- There is a need to improve leisure services,
- People (in particular older people) prefer to access services locally within their neighbourhood, as there is a reluctance to travel, and would like to see an increase in leisure facilities and amenities.

4. Local Policy Framework

4.1 The Vision for Leeds 2011-2030 is the Sustainable Community Strategy for Leeds. The Vision for Leeds has three priorities which all seek to have a positive impact on the health and well being of the community. They are:

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

4.2 Underneath the Vision for Leeds is the City Priority Plan which sets out the Council's aims for the next 5 years to assist it in achieving the Vision. This is split up into sections, the most important to this paper being Health and Wellbeing. The Council is focusing on housing, education, transport, green space, work and poverty and what we can do to help everyone have the best chance to be healthy, to improve health and wellbeing across the city.

5. The Core Strategy

5.1 The Core Strategy, part of the Local Development Framework (LDF), takes its policy direction from the Vision for Leeds, its supporting documents and consequently its lead on supporting improved health and wellbeing in the community. The Core Strategy sets out the spatial approach to planning up to 2028, for the provision of new housing, transport, employment land, green infrastructure and green space, the role of the city centre, town and local centres, protecting the environment and mitigating against climate change, all of which will contribute towards tackling the wider determinants of health. This spatial approach to planning provides the opportunity to plan long term for changing health service needs, both at strategic and local levels, in response to the increasing population and consequently the increasing demand for housing, employment and city wide physical and social infrastructure to facilitate the increasing population that Leeds is required to support.

5.2 The Core Strategy has three policy tiers to it, which all link back to the Community Strategy. The Core Strategy Vision (and Objectives) set out the aspirations for the city which are linked to the Community Strategy and national guidance, the Broad Development Strategy and headline Spatial Policies which sets out the direction of the vision for Leeds and the strategic themes, which set out Policies based around five interrelated themes. The themed sections relate to, the City Centre, Housing and the Economy, Place Making, Transport (Well Connected City) and Managing Environmental

Resources and Green Infrastructure. Their contribution towards improving health and wellbeing is set out below.

5.3 A Sustainability Appraisal (SA) is required to accompany the Core Strategy. The SA assesses all the policies within the document against sustainability criteria. The most relevant objective for health and wellbeing is SA objective 4 to 'Improve conditions and services that engender good health and reduce disparities in health across Leeds.' All the policies within the Core Strategy have been assessed against health objectives within the SA. A copy of this objective, including the decision making criteria, indicators and targets from other plans, policies and programmes is in Appendix A of this report.

5.4 The Core Strategy Vision is set out in a number of bullet points. It is based on supporting Leeds' role within the city region, delivering development in a sustainable way and creating successful communities, all of which make a contribution towards health and wellbeing at a local level.

5.5 The Broad Development Strategy outlines the key strategic policies that the Core Strategy aims to deliver. These Spatial Policies focus on the location and quantity of housing and employment land; supporting centres, regeneration areas; the Aire Valley eco settlement; conducting a selective green belt review; transport infrastructure investment priorities; managing the growth of Leeds Bradford airport; and strategic green infrastructure.

5.6 The strategic location and amount of housing and employment provision has an impact on the health and wellbeing of people. Both need to accessible. Housing should to be well located in relation to shopping and service facilities, jobs and green space and employment land should be located in accessible locations to enable people to walk, cycle or take public transport and to not have to rely on private transport, which in turn helps mitigate against climate change. Leeds will have to conduct a selective green belt review to assist allocating sufficient land for housing and employment to meet the projected household numbers for the plan period. This will have a positive impact strategically on the provision, availability and type of housing and employment opportunities.

5.7 Regeneration areas and the Aire Valley eco settlement, which is also identified as a regeneration area, are two strategic policies that focus on improving neighbourhoods that are within the country's 10% most deprived areas. They both focus on the provision of new housing, environmental improvements, and in the case of the Aire Valley (an eco-settlement) delivering a significant number of new jobs and projects. Regeneration areas are areas that have been chosen not only because they are some of the most deprived locations in Leeds but also because of the potential they have for delivering positive change to housing provision, the environment and job opportunities. Access to housing that meets the needs of the user, a good quality environment within which to live, useable green space and access to jobs, all affect the health and wellbeing of a community as supported by national guidance on health.

5.8 The strategic transport policy supports the objectives of the West Yorkshire Local Transport Plan 3 and the Leeds City Region Transport Strategy (2009). Spatial priorities broadly focus on improving public transport, the cycle network and accessibility, concepts that are supported by the national documentation reviewed earlier in this paper.

5.9 Green Infrastructure is a network of multi-functional green spaces. The Core Strategy seeks to maintain and improve the quality and provision of green infrastructure which will have a positive impact on health and wellbeing by improving access to green space, which helps in promoting physical activity, the provision of allotments to encourage people to be resourceful and grow their own fruit and vegetables and climate change through increasing the amount distribution and accessibility of green infrastructure.

6. Core Strategy Themed Sections

The City Centre

6.1 The city centre is the focus for economic growth and employment, a transport hub, and a regional destination for shopping and cultural facilities. It also has a large residential population following significant flat building between 1995 and 2010, which is continuing to grow. The purpose of this chapter is to support the economic growth of the city centre as the focal centre for the city and the region, whilst improving amenities for city centre residents, improving connectivity between the city centre and the inner city communities and supporting development, including new green space provision and linkages between the north and south sides of the city.

6.2 The policies for the city centre have a positive contribution on people's health and wellbeing by supporting the provision of jobs, facilities and services, green space, and improving accessibility to them, all of which are supported by national guidance. The improvements in connectivity between the city centre and the inner city communities, where the majority of Leeds' deprived communities are located, will have a positive impact on these communities through better access to jobs, facilities and services.

Housing

6.3 The housing section seeks to control the release of land for housing development to ensure that brown field land is redeveloped first to assist in regenerating areas. Housing is be sited in accessible locations, which have good access to public transport, jobs and amenities. The chapter also focuses on the mix of house types to ensure that development sites provide for a range of housing sizes to accommodate the difference in household size and specialist housing provision in terms of affordable housing, houses in multiple occupation, student accommodation, flat conversions, accommodation for gypsies, travellers and travelling show people and housing for independent living.

6.4 The Core Strategy plans for a range of housing needs, including those that require affordable housing or specialist housing, which will contribute towards reducing health inequalities and support improved health and wellbeing.

Supporting Economic Opportunities

6.5 The purpose of this section is to ensure that there is a sufficient supply of employment land available in accessible locations to meet demand within the plan period and beyond. This contributes towards the economy and job creation important to the health and wellbeing of people, in particular during a time when the number of people on job seekers allowance has increased.

Place making

6.6 Place making focuses on the provision of accessible shopping, services and facilities within town and local centres and neighbourhood parades, the provision and accessibility of community facilities, good design, conservation and landscape. The JSNA 2011 found that people preferred to access shops, services and facilities locally and this chapter supports this.

6.7 The accessibility of food, in particular healthy food is of key importance to promoting healthy lifestyles. The JSNA 2011 found that there has been a rise in teenagers eating unhealthily and nationally obesity is on the rise as cited in the Foresight Report. The Core Strategy seeks to protect allotments from redevelopment and supports the provision of new allotments which encourages healthy eating. The Core Strategy also acknowledges that the over exposure to hot food takeaways and alcohol can have an adverse on health, which is now a material planning consideration.

6.8 Being able to access shops, services and facilities locally is important to improving people's health and wellbeing and this is what the chapter promotes. The Marmot Review states that the design of buildings and the quality of the environment are key to improving the health and wellbeing of a community. It also states that the ability to encourage people to walk to shops and services would have a positive impact on health and wellbeing, a concept supported in this section through promoting centres, local shopping on neighbourhood parades and locating community services within the community.

Transport (Well Connected City)

6.9 Transport management and accessibility are the focus of this section. These policies support sustainable transport proposals and development in accessible locations, advise on car parking, support the use of transport assessments and travel plans; and give guidance on developer contributions towards road infrastructure improvements.

6.10 Locating development in accessible locations encourages walking, cycling and the use of public transport which promotes physical activity as championed by national guidance, thereby reducing the use of the car and mitigating against climate change as acknowledged in the Marmot Review as a potential contributor to health inequalities.

Managing Environmental Resources and Green Infrastructure

6.11 Access to good quality green infrastructure and green space is considered to be an important contributor to improving health and wellbeing. The policies relating to this section are focused on standards for green and open space

with detail on protection of existing new provision and redevelopment where there is an over supply.

6.12 The section on managing environmental resources is wide ranging with policies on habitat and biodiversity protection and improvements, waste management and mineral extraction, and mitigating climate change. The Marmot Review recognised that climate change could potentially increase health inequalities and that physical activity should be encouraged through the provision of well designed green space. This is echoed by the NICE guidance and the Foresight Report which promote physical activity and a network of routes for walking and cycling. The JSNA 2011 found that teenagers were not doing the recommended levels of physical exercise and that young people wanted green space and play facilities to be located locally. The Core Strategy seeks to improve accessibility, quality and provision of green space locally where there is a deficiency and mitigate against climate change.

Infrastructure Delivery Plan

6.13 The infrastructure delivery plan accompanies the Core Strategy, setting out how and when new infrastructure facilities will be delivered in a coordinated approach.

7. Rapid Health Impact Assessment of the Local Delivery Framework Core Strategy

7.1 To accompany the SA, the City Council conducted a rapid health impact assessment (HIA) in July 2011 facilitated by the Leeds Initiative. The session involved a wide range of stakeholder including representatives from the NHS, health professionals City Council officers (including community based health and wellbeing officers), and members.

7.2 A Health Impact Assessment (HIA) is a tool for determining the likely effects of a particular policy or programme on people's health. This process aims to identify the potential health consequences of a proposal on a given population in order to maximise the positive health benefits and minimise potential adverse effect on health and inequalities. Many kinds of planning and decision making influence health and as mentioned previously in this paper, it is widely recognised that the economic, physical, social and cultural environment affects the health and wellbeing of individuals and populations. A whole range of agencies and organisations have an important role to play in maintaining and enhancing the health of the population. At a local level these include local government, businesses and the voluntary sector, as well as the NHS.

7.3 At local level, one of the values of a HIA is that it provides a way of thinking about both the intended and unintended consequences of actions. A HIA is especially useful for developing partnership work because it enables partners or people affected to identify any concerns.

7.4 There are different types of HIA and they can be carried out before, during or after a programme or policy has been developed. They can also be carried

out at different levels of detail. Given that Leeds did not have the resources or timescales to deliver a comprehensive HIA, it was proposed that a rapid HIA was carried out on the LDF core strategy.

7.5 A workshop was held to bring together a wide range stakeholders to participate in a rapid Health Impact Assessment. It also gave the opportunity to test out and agree our approach to HIA in Leeds that could be applied to future policies or plans and help develop the important links between planning and public health. From the workshop following this key messages were produced to feed in to the Core Strategy.

8. Key messages from the Rapid Health Impact Assessment

8.1 Health recommendations for the Core Strategy as a consequence of the HIA are in Appendix B. Many of the recommendations that were made were already included within the Core Strategy, which demonstrates that health has been an integral consideration in policy making for the Core Strategy from the outset. Broadly speaking, the recommendations made focused on providing a mix of house types in the city centre, good access to health facilities, jobs, education, green space, public transport, healthy food, health facilities and shops. Other key messages included the promotion of community cohesion and the development of mixed and diverse communities, sustainable design and construction and addressing the needs of people with poorer health and long term illness.

8.2 Changes that have been made to Core Strategy policies as a result of the HIA are;

- Promoting a mix of house sizes within the city centre,
- Improve opportunities for local people to get jobs through S106 employment agreements,
- Supporting the development of infrastructure to serve new low carbon vehicles,
- Acknowledging that the proliferation of hot food takeaways, restaurants and pubs/bars can have an effect on people's health which is now a material planning consideration.

8.3 A number of recommendations were not relevant to planning or could not be addressed by planning policy and explanations have been given in the table within Appendix B.

9. Overall Conclusions

9.1 Key health messages have now been incorporated into the Core Strategy and closer links built between the planning department at Leeds City Council Planning and public health. It is acknowledged that planning does already influence health and that there are pockets of good practice for health and planning partnership working but it may be that this needs to be more clearly articulated for Leeds. A number of proposed LDF documents will facilitate on-going dialogue to enable health to be considered in planning decisions and these should to be utilised in order to work smartly on this agenda. A follow on action from the HIA workshop will be to develop a Health and Planning

Reference Group. This group would be consulted on planning policies arising from the LDF process and ways to consult health colleagues more widely on planning matters will be explored.

9.2 The move of the Health Improvement function into the Local Authority (as part of the NHS Reforms) will help to develop closer working between planning and health. The development of Clinical Commissioning Groups (CCGs) through the Reforms may also have implications for spatial planning in terms of buildings and new services that may be commissioned, possibly necessitating dialogue between CCGs and planning.

9.3 The Health and Wellbeing Partnership Board which will operate from April 2012 will provide strategic leadership, direction and vision for the city in determining, shaping, implementing and monitoring key priorities and strategies to improve the wider determinants of health that drive poor health outcomes especially in the most deprived areas.

9.4 The development of a new Health Improvement Board will work in partnership to focus on strategic actions that lead to health improvement. Through this there is the potential to better link in spatial planning and develop relevant work streams to help create healthy communities.

References

1. **'Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England Post 2011'** Professor Sir Michael Marmot, University College London (2011)

2. **'Healthy lives, healthy people White Paper: Our Strategy for public health in England'** Department of Health, 2010

3. **'Healthy weight, Healthy lives: A Cross-Government Strategy for England'** Department of Health, 2008

4. **'Leeds 2030, Our vision to be the best city in the UK, Vision for Leeds, 2011 to 2030'** the Leeds Initiative, 2011

5. **'Promoting and creating built or natural environments that encourage and support physical activity, Nice public health guidance 8'** NHS National Institute for Health and Clinical Excellence, 2008

6. **'Tackling Obesities: future choices' Foresight, Government Office for Science, 2nd Edition, 2007**

7. **'Leeds JSNA 2011, Embedding JSNA In Our Future'** Leeds City Council and NHS Leeds: www.slideshare.net/robg/Leeds-joint-strategic-needs-assessment-presentation,

Appendix A

SA OBJECTIVES	DECISION MAKING CRITERIA	INDICATORS	TARGETS FROM OTHER PPPs (Key to abbreviations at end of table.)
SOCIAL OBJECTIVES			
4. Improve conditions and services that engender good health and reduce disparities in health across Leeds	a. Will it promote healthy life-styles, and help prevent ill-health? b. Will it improve access to high quality, health facilities? c. Will it address health inequalities across Leeds?	1. Life expectancy 2. Mortality rates from coronary heart disease and cancer 3. % of people of working age population with limiting long-term illness 4. % of people whose health was not good 5. Estimate of obesity % 6. No of people on incapacity benefits and severe disability allowance % of SOAs in the 20% most deprived nationally in the IMD Health deprivation & disability domain	• Reduce mortality from heart disease by at least 40% in the under 75s and cancer by at least 20% by 2010 (UK) • By 2005, reduce by 20% the gap between the ward with the highest level of Coronary Heart Disease and the ward with the lowest (based on a 3 year aggregate), and by 50% by 2010. (LNRS & LHS)) • Halt the year-on-year rise in obesity among children under 11 by 2010. (UK)

Appendix B

Recommendation	Recommendation was already included.	Now incorporated into Core Strategy	Not included because….	Signposted to relevant other forum
City Centre A major issue relates to the inequalities between people living in expensive city apartments and those in the surrounding, deprived urban areas. A range of recommendations were made to suggest how this could be addressed and how social cohesion could be improved. These included: having more affordable housing; breaking down physical barriers between city centre and inner city neighbourhoods; having a mix of housing sizes and communal areas (gardens, seating, car free zones etc.) to encourage different age groups to live in city centre; having natural surveillance through better design; promoting more diversity in centre; and improving opportunities for local people to get jobs through S106 Employment Agreements.	The following measures for addressing inequality issues form part of the Core Strategy: i) affordable housing is sought under Policy H5 ii) connections between city centre and inner city neighbourhoods will be addressed through Policies SP3 and CC3 helping to overcome barriers; iii) Policies CC1, G5 and G6 will help to encourage different age groups to live in city centre by seeking new open spaces and communal areas and protecting existing iv) Policy P10 promotes the creation of a safe and secure environment through better design;	Policy H3 will help to encourage different age groups to live in city centre by having a mix of housing sizes in the city centre. It was originally drafted not to apply to the city centre. An addition to Policy SP9 will improve opportunities for local people to get jobs through S106 Employment Agreements		
Better planning together to make sure health facilities are provided for new and existing residents of city centre. This would mean better communication and closer working between Leeds City Council, the NHS and GPs. This would also include access to dentists, optometrists and pharmacists. This would cut down inappropriate use of A&E services at the hospital.	Policy CC1 will help by planning to accommodate the range of "supporting services" that are needed for housing development. This includes health facilities.			
Access to health promoting facilities and activity particularly in relation to: enhancing public spaces and green space including roof gardens; cycling and walking; standard set of facilities in new development (e.g. pram and bike storage space); clearer links to active travel and public transport; shops and markets selling affordable healthy food and limiting number of takeaways; spaces for young people to use in new developments (indoor play areas as well as outdoor); sport facilities and activities that are free or low	Access to health promoting facilities will be enhanced by i) Policies CC1, G5 and G6 which will improve quantity and quality of public spaces and green space including spaces for young people to use, ii) Policies SP3, SP11, CC3 and T2 will help improve routes and	Policy P3 seeks to control the number of hot food takeaways (hftas)on neighbourhood parades. Text within the Place making chapter also refers to hftas and that a proliferation of these can undermine the shopping	It is beyond the scope of planning to control the price and healthiness of food sold by outlets and the price of sports facilities	Clearer links to active travel and public transport – will be improved through the Leeds Legibility Project

cost.	facilities for cycling and walking in the city centre; iii) Policy P10 expecting storage space for cycles iv) Policy CC1 expecting supporting services, including shops and markets and sport facilities (gyms).	function and overexposure can lead to poor health which is a material planning consideration.		
A key health issue for the city centre is alcohol. There needs to be better liaison between: planners, licensing, police and community safety, alcohol advisory services and public health. Better controls of bars, shops and takaways. Make city centre more family friendly and encourage broader responsibility for drinking behaviour.		Text has now been included referring to the need to ensure that non retail uses do not dominate shopping parades or shopping frontages. In particular to prevent a proliferation of use classes A3, A4 and A5, which through overexposure to could result in poor health. This will be addressed in more detail in further LDF documents where more policy on retail and non retail uses will be set out.	It is beyond the scope of planning to control the sale of alcohol. Also, the City Centre is a good location for pubs, bars, cafes and night-clubs that sell alcohol.	
Housing and the Economy The policies in this theme are concerned with planning for housing needs, longer term growth, retain existing job opportunities and to plan for economic recovery and sustainable growth. Policies include, location the broad locations for housing and economic development (including supporting the role of the city centre & the pattern of settlements across the Leeds District), a strategy for the allocation & phasing of housing development, the provision of housing allocations for gypsies, travellers, affordable housing, student accommodation, housing for older people and planning for a sufficient mix of dwelling types. Policies for the economy include, the economic role of the City Centre and Aire Valley Leeds for longer term job growth, the need to support job opportunities within regeneration priority areas, identifying broad locations for				

office development, local employment and promoting the rural economy.				
The location of housing and economic development should ensure there is access to green space and facilities: education, jobs, local authority and voluntary sector services shops, health and primary care(GPs). Access to healthy, affordable food and growing spaces	POLICY G4 ensures that housing development and POLICY G5 ensures that commercial development in the city centre will contribute toward provision of green space and civic space. POLICY P9 seeks to ensure that sufficient social, education and health facilities are accessible to people who need them. Allotments for growing food are addressed through POLICIES G3, G4 and G6. Where there is local need, existing allotments will be protected and new space negotiated in appropriate new developments. POLICY SP1 recognises the role and the provision of new and existing green infrastructure can bring to support communities and economic activities.			
promote social interactions through providing opportunities for communication with neighbours and community activities. Build in opportunities for people to come together and promote community cohesion and support. Development of mixed and diverse communities.	The section “Social and Community Facilities” emphasises the importance of social and community facilities and open spaces being available to help strengthen communities. POLICY P8 expects facilities to be accessible to communities and replaced if they are lost through redevelopment.			

Ensure healthy and sustainable design of individual buildings – need for choice, good design, remove overcrowding; and communities – freedom of movement, making healthier choice the easier one, 'village green style' and importance of green infrastructure, safety issues.	POLICY P10 seeks to ensure that the design of new development takes account of the need for sustainable construction, recycling and renewable energy. Housing growth planned through SPATIAL POLICIES 6 & 7 to meet Leeds' future housing needs will help reduce pressure for overcrowding of existing housing. POLICY CC3 is about connecting communities in and around the city centre. POLICY G4 will offer potential for new green space in new developments to make attractive routes and connections for pedestrians.			
Development of scope for job creation and positive dialogue with private sector. Access to lifelong learning and skills development.	Policies SP9 supports job retention and creation. Through promoting the need for a skilled workforce, education attainment is considered to be a key driver to help reduce barriers to employment opportunities. Policies SP10 and EC1 sets out the employment land requirements for a wide range of different employment sectors for example industrial, knowledge base, professional services and manufacturing. In order to enable job opportunities which are accessible to people living across the whole district it is there essential to provide sufficient employment land in appropriate locations.			

Addressing the needs of specific groups who have poorer health e.g. people with disabilities, gypsy and traveller communities, people with long term conditions, etc.	POLICIES H5, H7 and H8 make provision for accommodation to meet the needs of specific groups including those with less money (affordable housing), Gypsies and Travellers and the elderly. POLICIES P9 and T2 expect new development to be accessible to people with disabilities.			
Encourage walking and cycling as modes of movement.	POLICY T2 expects new development to incorporate access for cyclists and pedestrians, including cycle parking. POLICY CC3 is about connecting communities in and around the city centre.			
Place making Access to facilities in local communities needs to be part of the infrastructure planning: this would include shops, health and leisure facilities as well as green space and community facilities. Within walking distance?	Core Strategy Policy SP2 seeks to provide shops at four levels, city centre, town centres and local centres. Policy P1 supports town and local centres and Policy P2 directs appropriate uses to these centres. Policy P3 supports the corner shops/neighbourhood parade, local centre, town centre and city centre. Policy P9 supports the provision of community facilities including education, health and other services within the local community. Greenspace provision is covered in policies G3 – G6, which set out green space standards across the city, the requirements for green space as a result of new development, protects greenspace from redevelopment where it is not in			

	surplus.			
To promote healthy eating, the number of fast food takeaways should be limited particularly around schools and local shopping areas. Access to shops supplying health food and the development of allotments and space for growing healthy food should be a priority.	Policy P8 requires a sequential assessment to be carried out to direct hftas uses to town and local centres or neighbourhood parades	Policy P4 seeks to retain the shopping function of neighbourhood parades and prevent a proliferation of hftas. Text has now been included referring to the need to ensure that non retail uses do not shopping frontages. In particular to prevent a proliferation of use classes A3, A4 and A5, which through overexposure to could result in poor health. This will be addressed in more detail in further LDF documents where more policy on retail and non retail uses will be set out.		Planning cannot control what retail shops (class A1) sell.
A key factor in people staying healthy is the social contacts and networks that people are involved in. Planning needs to consider building in opportunities for social interaction to reduce isolation and promote community activities. Spaces should be useable by different groups and multi-functional. Existing local facilities should be available for the community to use such as schools and libraries and new facilities should have rooms for communities to use. Local community centres should support outreach services to encourage people to use them.	Policy P8 seeks to promote community facilities being available to the local community. The Core Strategy cannot require existing developments to make provision.		The building schools for the future and PFI schools projects made requirements for the schools to make the facilities available for the community to use when the school is not using them. Existing community facilities do have rooms for communities to use and many have a variety of sized rooms which cater for different sized events as that is their purpose.	

Safety and feeling safe are important to people's wellbeing. Good planning and design needs to address how to minimise crime and open up areas to natural surveillance.	Policy P10 includes the need to design out crime.			
Improve quality of existing spaces making it greener and opening up more routes to open space. Consideration should be given to greening of all areas for example streetscapes by increasing trees and verges, seating areas, gardens, play areas, etc.	Policy SP4 and SP5 support the regeneration of priority regeneration areas and smaller local schemes. Policy G4 and G5 seeks green space contributions both on site to improve green space provision and as a financial contribution towards the new provision and improvement of existing green space facilities. Policy G2 seeks to increase tree cover both woodland cover and in the urban city environment. Policy G1 seeks to enhance and extend Leeds' green infrastructure.			Environments and neighbourhoods service lead on regeneration projects. Could approach them about increasing tree cover in hard environments. Leisure Services have a budget for maintaining and developing green spaces. Many verges are owned by highways. Probably unlikely that new verges can be created due to existing street pattern.
Planning can also help support the building of community capacity and resources for example community transport schemes, effective involvement of local communities in decision making and planning in their local areas. The community engagement needs to be carried out in an effective way, with clear messages and timescales, and be an ongoing process. Examples of master planning which has effectively involved the local community. Protecting local community identity and minimises the coalescence of communities.	Policy SP1 seeks to locate the majority of development within urban areas. Development in settlements should be located on brownfield land suitable infill sites or key locations that are identified as sustainable extensions. Development should reflect and enhance the local character and identity of places and neighbourhoods as supported in policies P10, P11 and P12.		The statement of community involvement sets out how and when planning consults with the community. Master planning is a big part of the planning process especially in regeneration projects. The Localism Bill proposes to introduce neighbourhood planning and to give communities greater control. However this must be done in	Area management might be better placed to support community transport schemes.

			conformity with the development plan. Therefore communities cannot refuse planning permission for developments that conform with the proposals map. The aim of neighbourhood planning is to encourage development not discourage it.	
Transport Active travel is one of the key areas to support health improvement – both physical and mental. Ensuring that cycling and walking opportunities are given priority. Expand the cycle network and reallocation of road space.	SP11 - Expansion of the Leeds Core Cycle Network to improve local connectivity. T1 refers to the expansion of the cycle network and to encourage sustainable transport, including walking and cycling.			
Road safety should be promoted through use of measures such as 'home zones' and traffic calming.	SP11 - Measures to deliver safer roads.			
Air quality affects particular vulnerable groups. Action to reduce car usage and increase public transport use along with the switch to low emission vehicles. Similar issues for noise pollution.		Air quality in Leeds is dominated by transport emissions, especially from road transport. In recent decades air quality has improved in Leeds due the introduction of cleaner fuels and the use of exhaust after treatments[1]. Since around the year 2000, air quality in Leeds has remained static and is now showing signs of deterioration. The main pollutants of concern in		

		Leeds are nitrogen dioxide (NO2) and fine particulate matter (Pm10). Poor air quality is generally restricted to the city centre, resulting from high background concentrations of traffic emissions, or close to emission hotspots, adjacent to heavily trafficked road junctions. According to DEFRA, existing levels of urban air quality cause significant health related problems, including a reduction in average life expectancy. At present there are 6 declared AQMA's and up to 35 Areas of Concern (AoC), where health related air quality standards are breached, or in danger of exceeding air quality limit values. [1] Retrofitting of vehicles to reduce harmful exhaust emissions sentence be added to SP11'Support the development of infrastructure to serve new low carbon vehicles'		

Reducing the need to travel should be addressed by providing locally accessible facilities rather than ones in the city centre.	Policies P1 to P9 address the need to locate facilities locally – shopping, leisure, services, culture, education and community facilities. Policy SP2 directs town centre uses to the appropriate level on the centres hierarchy.			
Address needs of disabled people	Policy P10 addresses the needs of disabled people on new developments. Policy T2 on accessibility requirements and new development require development to be safe and accessible for people with impaired mobility.			Building control standards.
Recognition of the conflict of interest between economic growth and health – for example promotion of the airport. Need to look at ways to minimise negative effects.	The airport is addressed in policy SP12 and support is given to is growth as a regional airport subject to…..environmental assessment and agreed plans to mitigate adverse environmental effects; and the preparation of detailed planning guidance to manage any local impacts and implementation issues.			The natural resources and waste dpd states that unless air passenger numbers grow from currently 3million per annum to beyond 5 million, the most immediate impact of the airport on air quality is the road traffic emissions due to limited public transport accessibility.

Environment Access to quality green space is essential to mental health and wellbeing as well as physical health. The distribution of green space needs to ensure that areas with poorer health have equal access and that any deficiencies are addressed for example through Section 106/Community Infrastructure Levy from development within or near to communities.	Policy G3, G4, G5 and G6 in the Core Strategy address green space. G3 sets the standards for existing supply and appropriate provision of new open space. G4 and G5 set the standards for provision of new green space as part of development proposals. G6 seeks to protect existing green space unless it can be demonstrated that there is a surplus of all green space types or the green space can be relocated.			
Access for schools to adequate green space for play and physical activity also needs to be addressed. Also developing green infrastructure around schools to encourage walking and cycling. Travel plans for schools should include details of walking and cycling to school.	Policy T1 refers to transport management and sustainable travel proposals stating that the council will support sustainable travel proposals including travel planning measures for schools with further detail provided in the Travel Plan SPD and the Sustainable Education Travel Strategy. New schools or schools that are extended are required to submit Travel Plans and this includes details on walking and cycling to school. Policy G3 on green space standards includes standards for school playing pitch provision.			Education have their own requirements for providing green space on their school sites. Education is also promoting the Leeds sustainable schools framework which is an accredited self-review toolkit that supports schools to equip children for a lifetime of sustainable living.
Harness the corporate social responsibility of businesses to contribute to green space provision. New development needs to be sustainably designed and constructed and this will contribute to reducing carbon emissions and combating climate change.	Policy G5 refers to the requirement of commercial/mixed use development to provide on site open space. Policy EN2 states that developments of 1,000 sqm or 10 dwellings or more are required to meet BREEAM standard excellent or Code for Sustainable Homes standards level 6 by 2016.			

Health officers should have an input to policy development such as on air quality and waste.		The Natural resources and waste development plan document sets local standards for waste, which health officers were consulted on.	Standards for waste are set at the EU level, at national level and also at local level (in the Integrated Waste Strategy), the NRWDPD provides enough sites to ensure that we can meet our targets. Standards for air quality are set at the EU level and the national level, we don't go any tougher than that because the EU targets themselves are quite tough. We don't have any say in the targets. We carry out air monitoring and if we exceed the limits we have to formally declare an Air Quality Management Area – we have to report regularly to DEFRA on what actions we are taking to address air quality. According to our consultee list we consulted the Department of Health, Leeds PCT, the Health and Safety Executive, the North East PCT, the North West PCT and the Yorkshire and	

			Humber Strategic Health Authority.	
Energy efficient homes would play a big role in reducing the number of preventable winter deaths. Particularly need to look at older properties and areas where more at risk people live.	Policy EN2 states that 10 dwellings or more are required to meet Code for Sustainable Homes standards level 6 by 2016, with lower targets prior to then.			

Contact Details

Write to:
LDF Consultation (Core Strategy)
City Development
Leeds City Council
2 Rossington Street
LEEDS LS2 8HD

Telephone: 0113 247 8092
Email: ldf@leeds.gov.uk
Web: www.leeds.gov.uk/ldf

Core Strategy

Leeds Local Development Framework

Health Background Topic Paper
Publication Draft
February 2012

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Fair Society, Healthy Lives

The Marmot Review
Executive Summary

Strategic Review of Health Inequalities in England post-2010

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Rise up with me against
the organisation of misery
Pablo Neruda

Note from the Chair

People with higher socioeconomic position in society have a greater array of life chances and more opportunities to lead a flourishing life. They also have better health. The two are linked: the more favoured people are, socially and economically, the better their health. This link between social conditions and health is not a footnote to the 'real' concerns with health – health care and unhealthy behaviours – it should become the main focus. Consider one measure of social position: education. People with university degrees have better health and longer lives than those without. For people aged 30 and above, if everyone without a degree had their death rate reduced to that of people with degrees, there would be 202,000 fewer premature deaths each year. Surely this is a goal worth striving for.

It is the view of all of us associated with this Review that we could go a long way to achieving that remarkable improvement by giving more people the life chances currently enjoyed by the few. The benefits of such efforts would be wider than lives saved. People in society would be better off in many ways: in the circumstances in which they are born, grow, live, work, and age. People would see improved well-being, better mental health and less disability, their children would flourish, and they would live in sustainable, cohesive communities.

I chaired the World Heath Organisation's Commission on Social Determinants of Health. One critic labelled the Commission's report 'ideology with evidence'. The same charge could be levelled at the present Review and we accept it gladly. We do have an ideological position: health inequalities that could be avoided by reasonable means are unfair. Putting them right is a matter of social justice. But the evidence matters. Good intentions are not enough.

The major task of this Review was to assemble the evidence and advise on the development of a health inequalities strategy in England. We were helped by nine task groups who worked quickly and thoroughly to bring together the evidence on what was likely to work. Their reports are available at www.ucl.ac.uk/gheg/marmotreview/Documents. These reports provided the basis for the evidence summarised in Chapter 2 of this report and the policy recommendations laid out in Chapter 4.

Of course, inequalities in health are not a new concern. We stand on the shoulders of giants from the 19th and 20th centuries in seeking solutions to the problem. Learning from more recent experience forms the basis for Chapter 3.

While we relied heavily on the scientific literature, this was not the only type of evidence we considered. We engaged widely with stakeholders and attempted to learn from their insights and experience. Indeed, an exciting feature of the Review process was the level of commitment and interest we appear to have engaged in central government, political parties across the spectrum, local government, the health services, the third sector and the private sector. The necessity of engaging these partners in making change happen is the subject of Chapter 5.

Knowing the nature and size of the problem and understanding what works to make a difference must be at the heart of taking action to achieve a fairer distribution of health. We therefore propose a monitoring framework on the social determinants of health and health inequalities in Chapter 5 and Annex 2.

From the outset it was feared that we were likely to make financially costly recommendations. It was put to us that economic calculations would be crucial. Our approach to this was to look at the costs of doing nothing. The numbers, reproduced in Chapter 2, are staggering. Doing nothing is not an economic option. The human cost is also enormous – 2.5 million years of life potentially lost to health inequalities by those dying prematurely each year in England.

We are extremely grateful to two Secretaries of State for Health: Alan Johnson for having the vision to set up this Review and Andy Burnham for continuing to support it enthusiastically. When the report of the Commission on Social Determinants of Health was published in August 2008, Alan Johnson asked if we could apply the results to England. This report is our response to his challenge.

The Review was steered by wise Commissioners who gave of their knowledge, experience and commitment. It was served by a secretariat whose knowledge and selfless devotion to this task were simply inspiring. I am enormously grateful to both groups. One way and another, through excellent colleagues at the Department of Health, working committees, task groups, consultations and discussions, we involved scores of people. I hope they will see their influence reflected all through this Review.

I quoted Pablo Neruda when we began the Global Commission, and it seems appropriate to quote him still:

'Rise up with me against the organisation of misery'

Michael Marmot (Chair)

Terms of Reference

In November 2008, Professor Sir Michael Marmot was asked by the Secretary of State for Health to chair an independent review to propose the most effective evidence-based strategies for reducing health inequalities in England from 2010. The strategy will include policies and interventions that address the social determinants of health inequalities.

The Review had four tasks

1 **Identify, for the health inequalities challenge facing England, the evidence most relevant to underpinning future policy and action**

2 **Show how this evidence could be translated into practice**

3 **Advise on possible objectives and measures, building on the experience of the current PSA target on infant mortality and life expectancy**

4 **Publish a report of the Review's work that will contribute to the development of a post-2010 health inequalities strategy**

Disclaimer

Acknowledgements

The work of the Review was championed, informed, and guided by the Chair of the Commission and the Commissioners.

Report writing team: Michael Marmot, Jessica Allen, Peter Goldblatt, Tammy Boyce, Di McNeish, Mike Grady, Ilaria Geddes.

The Marmot Review team was led by Jessica Allen. Team members included Peter Goldblatt, Tammy Boyce, Di McNeish, Mike Grady, Jason Strelitz, Ilaria Geddes, Sharon Friel, Felicity Porritt, Elaine Reinertsen, Ruth Bell and Matilda Allen.

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The report was copy-edited by Georgina Kyriacou.

We are grateful to UCL for hosting and supporting the Review team and to the thousands of people and organisations who have contributed to discussions with the team, who have attended presentations, provided feedback, thought and comment and helped shape and inform this Review.

The Commissioners

Michael Marmot (Chair)
Tony Atkinson
John Bell
Carol Black
Patricia Broadfoot
Julia Cumberlege
Ian Diamond
Ian Gilmore
Chris Ham
Molly Meacher
Geoff Mulgan

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Key messages of this Review

1 **Reducing health inequalities is a matter of fairness and social justice. In England, the many people who are currently dying prematurely each year as a result of health inequalities would otherwise have enjoyed, in total, between 1.3 and 2.5 million extra years of life.**[1]

2 **There is a social gradient in health – the lower a person's social position, the worse his or her health. Action should focus on reducing the gradient in health.**

3 **Health inequalities result from social inequalities. Action on health inequalities requires action across all the social determinants of health.**

4 **Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism.**

5 **Action taken to reduce health inequalities will benefit society in many ways. It will have economic benefits in reducing losses from illness associated with health inequalities. These currently account for productivity losses, reduced tax revenue, higher welfare payments and increased treatment costs.**

6 **Economic growth is not the most important measure of our country's success. The fair distribution of health, well-being and sustainability are important social goals. Tackling social inequalities in health and tackling climate change must go together.**

7 **Reducing health inequalities will require action on six policy objectives:**
- **Give every child the best start in life**
- **Enable all children young people and adults to maximise their capabilities and have control over their lives**
- **Create fair employment and good work for all**
- **Ensure healthy standard of living for all**
- **Create and develop healthy and sustainable places and communities**
- **Strengthen the role and impact of ill health prevention**

8 **Delivering these policy objectives will require action by central and local government, the NHS, the third and private sectors and community groups. National policies will not work without effective local delivery systems focused on health equity in all policies.**

9 **Effective local delivery requires effective participatory decision-making at local level. This can only happen by empowering individuals and local communities.**

Introduction

Reducing health inequalities is a matter of fairness and social justice

Inequalities are a matter of life and death, of health and sickness, of well-being and misery. The fact that in England today people in different social circumstances experience avoidable differences in health, well-being and length of life is, quite simply, unfair. Creating a fairer society is fundamental to improving the health of the whole population and ensuring a fairer distribution of good health.

Inequalities in health arise because of inequalities in society – in the conditions in which people are born, grow, live, work, and age. So close is the link between particular social and economic features of society and the distribution of health among the population, that the magnitude of health inequalities is a good marker of progress towards creating a fairer society. Taking action to reduce inequalities in health does not require a separate health agenda, but action across the whole of society.

The WHO Commission on Social Determinants of Health which, among other work, was an impetus for the commissioning of this Review by the Department of Health, surveyed the world scene and concluded that 'social injustice is killing on a grand scale'.[2] While within England there are nowhere near the extremes of inequalities in mortality and morbidity seen globally, inequality is still substantial and requires urgent action. In England, people living in the poorest neighbourhoods, will, on average, die seven years earlier than people living in the richest neighbourhoods (the top curve in Figure 1). Even more disturbing, the average difference in disability-free life expectancy is 17 years (the bottom curve in Figure 1). So, people in poorer areas not only die sooner, but they will also spend more of their shorter lives with a disability. To illustrate the importance of the gradient: even excluding the poorest five per cent and the richest five per cent the gap in life expectancy between low and high income is six years, and in disability-free life expectancy 13 years.

Figure 1 also shows the finely graded relationship between the socioeconomic characteristics of these neighbourhoods and both life expectancy and disability-free life expectancy. Not only are there dramatic differences between best-off and worst-off in England, but the relationship between social circumstances and health is also a graded one. This is the social gradient in health. We can draw similar graphs to Figure 1 classifying individuals not by where they live but by their level of education, occupation, housing conditions – and see similar gradients. Put simply, the higher one's social position, the better one's health is likely to be.

These serious health inequalities do not arise by chance, and they cannot be attributed simply to genetic makeup, 'bad', unhealthy behaviour, or difficulties in access to medical care, important as those factors may be. Social and economic differences in health status reflect, and are caused by, social and economic inequalities in society.

The starting point for this Review is that health inequalities that are preventable by reasonable means are unfair. Putting them right is a matter of social justice. A debate about how to close the health gap has to be a debate about what sort of society people want.

Action is needed to tackle the social gradient in health

The implications of the social gradient in health are profound. It is tempting to focus limited resources on those in most need. But, as Figure 1 illustrates, we are all in need – all of us beneath the very best-off. If the focus were on the very bottom and social action were successful in improving the plight of the worst-off, what would happen to those just above the bottom, or at the median, who have worse health than those above them? All must be included in actions to create a fairer society.

We are unlikely to be able to eliminate the social gradient in health completely, but it is possible to have a shallower social gradient in health and well-being than is currently the case for England. This is evidenced by the fact that there is a steeper socio-economic gradient in health in some regions than in others, as shown in Figure 2.

To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism. Greater intensity of action is likely to be needed for those with greater social and economic disadvantage, but focusing solely on the most disadvantaged will not reduce the health gradient, and will only tackle a small part of the problem.

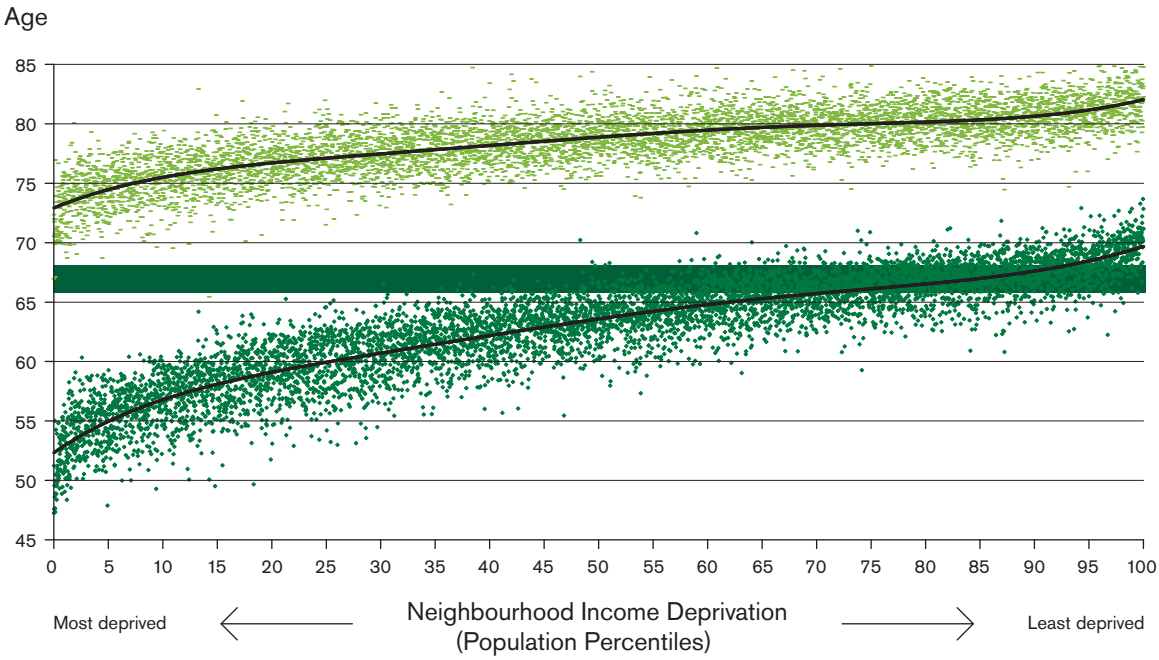
Action on health inequalities requires action across all the social determinants of health

The Commission on Social Determinants of Health concluded that social inequalities in health arise because of inequalities in the conditions of daily life and the fundamental drivers that give rise to them: inequities in power, money and resources.[3]

These social and economic inequalities underpin the determinants of health: the range of interacting factors that shape health and well-being. These include: material circumstances, the social environment, psychosocial factors, behaviours, and biological factors. In turn, these factors are influenced by social position, itself shaped by education, occupation, income, gender, ethnicity and race. All these influences are affected by the socio-political and cultural and social context in which they sit.[4]

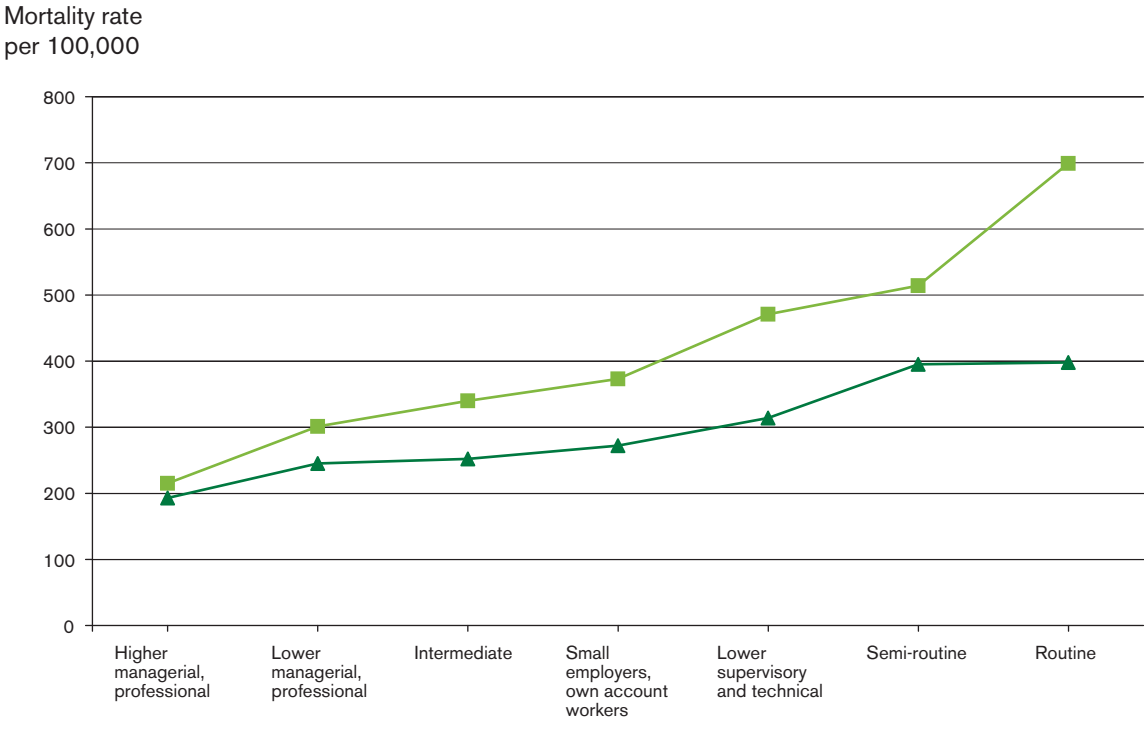
When we consider these social determinants of health, it is no mystery why there should continue to be health inequalities. Persisting inequalities across key domains provide ample explanation: inequalities in early child development and education, employment and working conditions, housing and neighbourhood conditions, standards of living, and, more generally, the freedom to participate equally in the

Figure 1 Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999–2003



Source: Office for National Statistics[5]

Figure 2 Age standardised mortality rates by socioeconomic classification (NS-SEC) in the North East and South West regions, men aged 25–64, 2001–2003



Notes: NS-SEC = National Statistics Socio-economic Classification
Source: Office for National Statistics[6]

benefits of society. A central message of this Review, therefore, is that action is required across all these social determinants of health and needs to involve all central and local government departments as well as the third and private sectors. Action taken by the Department of Health and the NHS alone will not reduce health inequalities.

The unfair distribution of health and length of life provides compelling enough reason for action across all social determinants. However, there are other important reasons for taking action too. Addressing continued inequalities in early child development, in young people's educational achievement and acquisition of skills, in sustainable and healthy communities, in social and health services, and in employment and working conditions will have multiple benefits that extend beyond reductions in health inequalities.

Reducing health inequalities is vital for the economy

The benefits of reducing health inequalities are economic as well as social. The cost of health inequalities can be measured in human terms, years of life lost and years of active life lost; and in economic terms, by the cost to the economy of additional illness. If everyone in England had the same death rates as the most advantaged, people who are currently dying prematurely as a result of health inequalities would, in total, have enjoyed between 1.3 and 2.5 million extra years of life.[7] They would, in addition, have had a further 2.8 million years free of limiting illness or disability.[8] It is estimated that inequality in illness accounts for productivity losses of £31-33 billion per year, lost taxes and higher welfare payments in the range of £20-32 billion per year[9], and additional NHS healthcare costs associated with inequality are well in excess of £5.5 billion per year.[10] If no action is taken, the cost of treating the various illnesses that result from inequalities in the level of obesity alone will rise from £2 billion per year to nearly £5 billion per year in 2025.[11]

As further illustration, we have drawn on Figure 1 a line at 68 years – the pensionable age to which England is moving. With the levels of disability shown, more than three-quarters of the population do not have disability-free life expectancy as far as the age of 68. If society wishes to have a healthy population, working until 68 years, it is essential to take action to both raise the general level of health and flatten the social gradient.

This report is published in an adverse economic climate. We join our voice to those who say that a crisis is an opportunity: it is a time to plan to do things differently. Austerity need not lead to retrenchment in the welfare state. Indeed, the opposite may be necessary: the welfare state in England, the NHS itself, was born in the most austere post-war conditions. This required both courage and imagination. Today we call for courage and imagination again, to ensure equal health and well-being for future generations.

Beyond economic growth to well-being of society: sustainability and the fair distribution of health

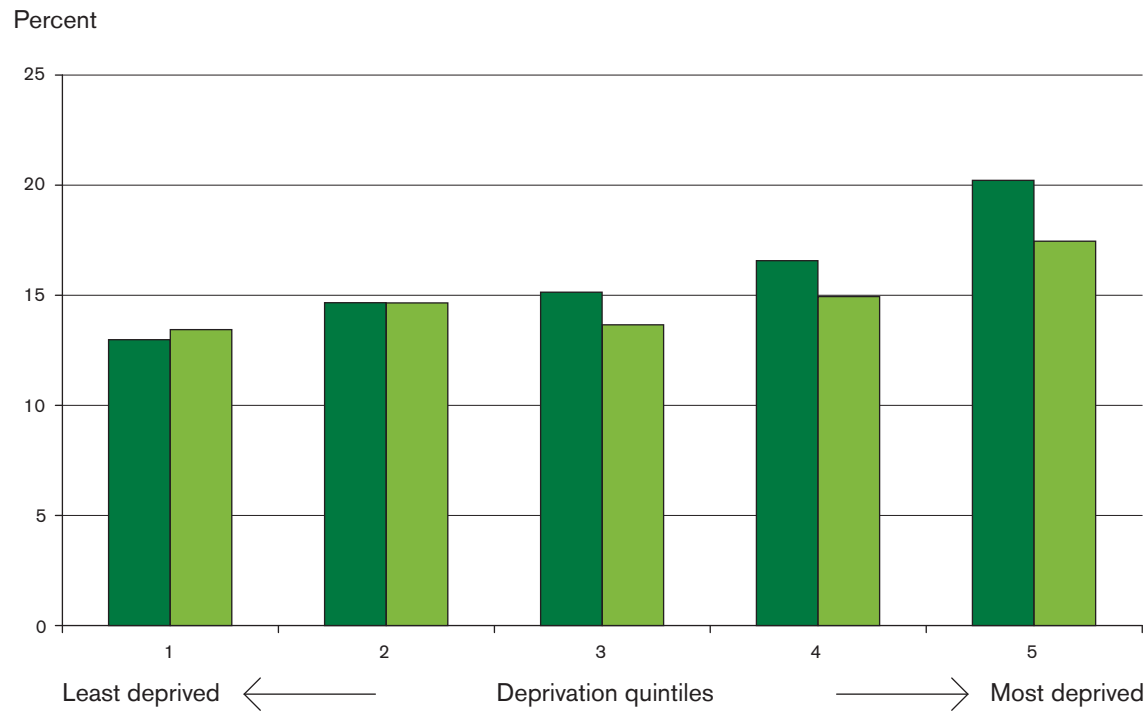
It is time to move beyond economic growth as the sole measure of social success. Not a new idea, it was given new emphasis by the recent Commission on the Measurement of Economic Performance and Social Progress, set up by President Sarkozy and chaired by Joseph Stiglitz, with Amartya Sen and Jean-Paul Fitoussi.[12] Well-being should be a more important societal goal than simply more economic growth. Prominent among the measures of well-being should be levels of inequalities in health.

Environmental sustainability, too, should be a more important societal goal than simply more economic growth. Economic growth without attending to its environmental impact, maintaining the status quo, is not an option for the country or for the planet. Globally, climate change and attempts to combat it have the worst effects on the poorest and most vulnerable. The need for mitigation of, and adaptation to, climate change means that we must do things differently. Creating a sustainable future is entirely compatible with action to reduce health inequalities: sustainable local communities, active transport, sustainable food production, and zero-carbon houses will have health benefits across society. We set out measures that will aid mitigation of climate change and also reduce health inequalities.

Simply restoring economic growth, trying to return to the status quo, while cutting public spending, should not be an option. Economic growth without reducing relative inequality will not reduce health inequalities. The economic growth of the last 30 years has not narrowed income inequalities. And although there is far more to inequality than just income, income is linked to life chances in a number of salient ways. As Amartya Sen has argued, income inequalities affect the lives people are able to lead.[13] A fair society would give people more equal freedom to lead flourishing lives.

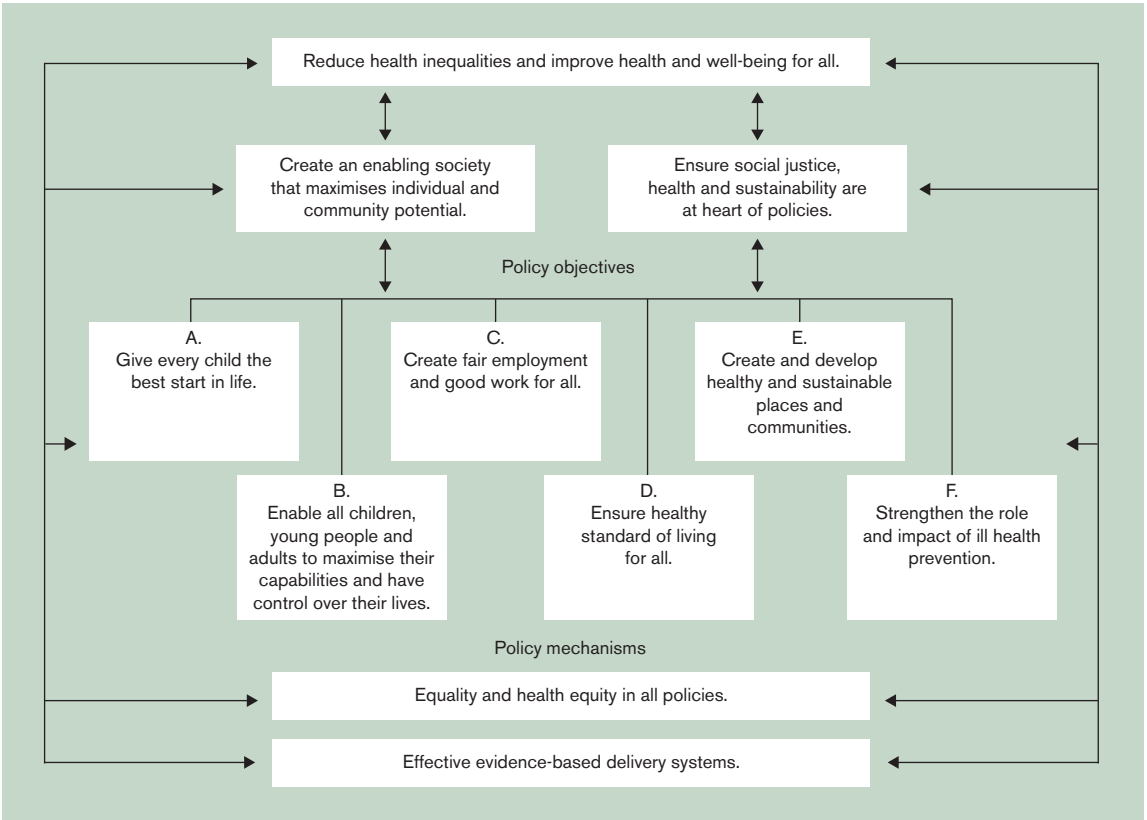
The central ambition of this Review is to create the conditions for people to take control over their own lives. If the conditions in which people are born, grow, live, work, and age are favourable, and more equitably distributed, then they will have more control over their lives in ways that will influence their own health and health behaviours, and those of their families. However, the freedom to flourish is graded. As an example, Figure 3 shows how answers to the General Health Questionnaire are related to deprivation for women in the Health Survey for England in 2001 and 2006 – a score of 4 or more indicates symptoms of mental disturbance.

Figure 3 Age standardised percentage of women with a General Health Questionnaire (GHQ) score of 4 or more by deprivation quintile, 2001 and 2006



Source: Health Survey for England[14]

Figure 4 The Conceptual framework



Six policy recommendations to reduce health inequalities

A framework for action

This Review has twin aims: to improve health and well-being for all and to reduce health inequalities. To achieve this, we have two policy goals:

— To create an enabling society that maximises individual and community potential
— To ensure social justice, health and sustainability are at the heart of all policies.

Based on the evidence we have assembled, our recommendations are grouped into six policy objectives, as shown in Figure 4.

Our recommendations in these six policy objectives are underpinned by two policy mechanisms:

— Considering equality and health equity in all policies, across the whole of government, not just the health sector
— Effective evidence-based interventions and delivery systems.

Action across the life course

Central to the Review is a life course perspective. Disadvantage starts before birth and accumulates throughout life, as shown in Figure 5. Action to reduce health inequalities must start before birth and be followed through the life of the child. Only then can the close links between early disadvantage and poor outcomes throughout life be broken. That is our ambition for children born in 2010. **For this reason, giving every child the best start in life (Policy Objective A) is our highest priority recommendation.**

Meanwhile, there is much that can be done to improve the lives and health of people who have already reached school, working age and beyond, as demonstrateed by the evidence presented in the following sections. Services that promote the health, well being and independence of older people and, in so doing, prevent or delay the need for more intensive or institutional care, make a significant contribution to ameliorating health inequalities. For example, the Partnerships for Older People projects have been shown to be cost effective in improving life quality.

Figure 5 Action across the life course

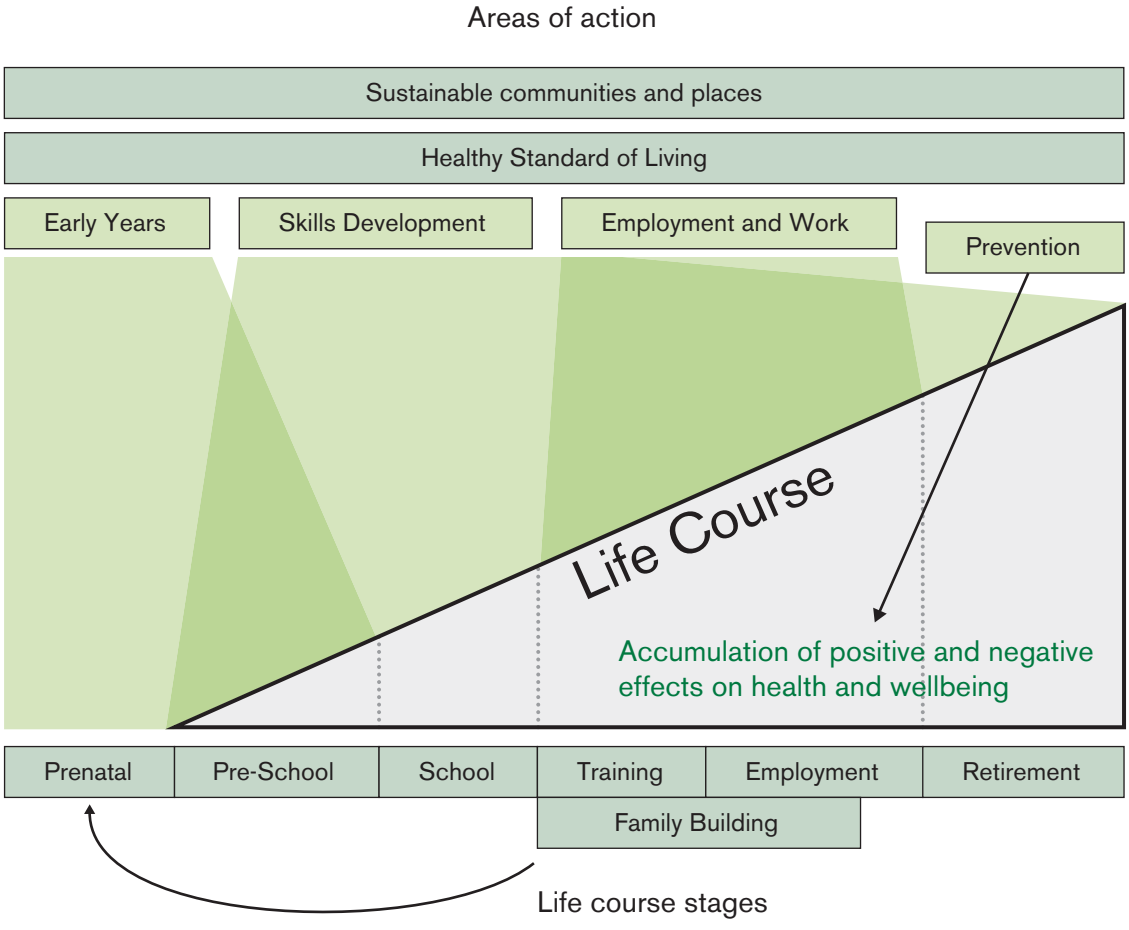


Photo: Anthony Strack/Getty Images

Policy Objective A
Give every child the best start in life

Priority objectives

1 Reduce inequalities in the early development of physical and emotional health, and cognitive, linguistic, and social skills.

2 Ensure high quality maternity services, parenting programmes, childcare and early years education to meet need across the social gradient.

3 Build the resilience and well-being of young children across the social gradient.

Policy recommendations

1 Increase the proportion of overall expenditure allocated to the early years and ensure expenditure on early years development is focused progressively across the social gradient.

2 Support families to achieve progressive improvements in early child development, including:
— Giving priority to pre- and post-natal interventions that reduce adverse outcomes of pregnancy and infancy
— Providing paid parental leave in the first year of life with a minimum income for healthy living
— Providing routine support to families through parenting programmes, children's centres and key workers, delivered to meet social need via outreach to families
— Developing programmes for the transition to school.

3 Provide good quality early years education and childcare proportionately across the gradient. This provision should be:
— Combined with outreach to increase the take-up by children from disadvantaged families
— Provided on the basis of evaluated models and to meet quality standards.

If you are a single parent you don't get to go out that much, you don't really see anybody.

Quote from participant in qualitative work undertaken for the Review, which explored barriers to healthy lives among specific groups living in Hackney (London), Birmingham and Manchester. See Annex 1 and www.ucl.ac.uk/gheg/marmotreview. The remaining quotes in this summary also come from this work.

Inequalities in early child development

Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are laid in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being– from obesity, heart disease and mental health, to educational achievement and economic status.[15] To have an impact on health inequalities we need to address the social gradient in children's access to positive early experiences. Later interventions, although important, are considerably less effective where good early foundations are lacking.[16]

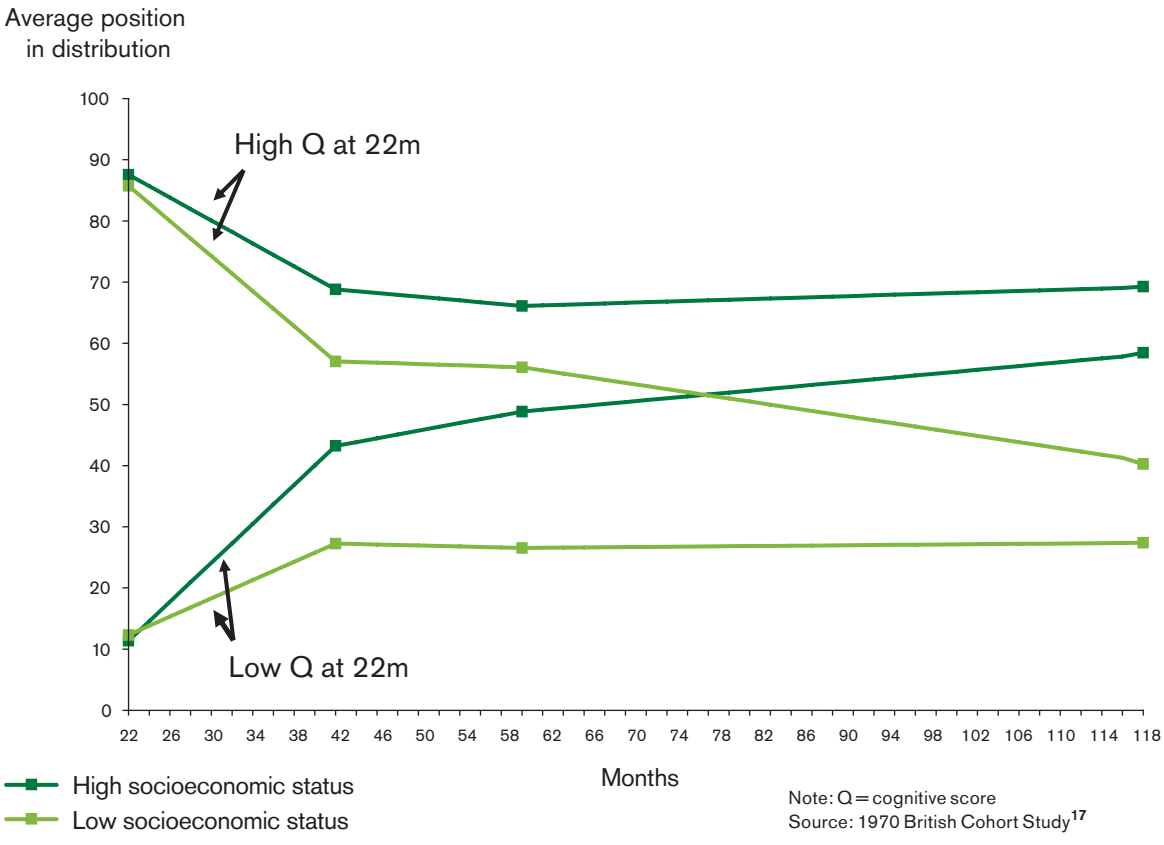
As Figure 6 shows, children who have low cognitive scores at 22 months of age but who grow up in families of high socioeconomic position improve their relative scores as they approach the age of 10. The relative position of children with high scores at 22 months, but who grow up in families of low socioeconomic position, worsens as they approach age 10.

What can be done to reduce inequalities in early child development?

There has been a strong government commitment to the early years, enacted through a wide range of policy initiatives, including Sure Start and the Healthy Child Programme. It is vital that this is sustained over the long term. Even greater priority must be given to ensuring expenditure early in the developmental life cycle (that is, on children below the age of 5) and that more is invested in interventions that have been proved to be effective.

We are therefore calling for a 'second revolution in the early years', to increase the proportion of overall expenditure allocated there. This expenditure should be focused proportionately across the social gradient to ensure effective support to parents (starting in pregnancy and continuing through the transition of the child into primary school), including quality early education and childcare.

Figure 6 Inequality in early cognitive development of children in the 1970 British Cohort Study, at ages 22 months to 10 years



Note: Q = cognitive score
Source: 1970 British Cohort Study[17]

Policy Objective B

Enable all children, young people and adults to maximise their capabilities and have control over their lives

Priority objectives

1 Reduce the social gradient in skills and qualifications.

2 Ensure that schools, families and communities work in partnership to reduce the gradient in health, well-being and resilience of children and young people.

3 Improve the access and use of quality lifelong learning across the social gradient.

Policy recommendations

1 Ensure that reducing social inequalities in pupils' educational outcomes is a sustained priority.

2 Prioritise reducing social inequalities in life skills, by:
— Extending the role of schools in supporting families and communities and taking a 'whole child' approach to education
— Consistently implementing 'full service' extended school approaches
— Developing the school-based workforce to build their skills in working across school–home boundaries and addressing social and emotional development, physical and mental health and well-being.

3 Increase access and use of quality lifelong learning opportunities across the social gradient, by:
— Providing easily accessible support and advice for 16–25 year olds on life skills, training and employment opportunities
— Providing work-based learning, including apprenticeships, for young people and those changing jobs/careers
— Increasing availability of non-vocational lifelong learning across the life course.

If there is no education there are no jobs these days, so it is really worrying. If your children don't get a good education then what's going to happen to them?

(Focus group participant)

Inequalities in education and skills

Inequalities in educational outcomes affect physical and mental health, as well as income, employment and quality of life. The graded relationship between socioeconomic position and educational outcome has significant implications for subsequent employment, income, living standards, behaviours, and mental and physical health (Figure 7).

To achieve equity from the start, investment in the early years is crucial. However, maintaining the reduction of inequalities across the gradient also requires a sustained commitment to children and young people through the years of education. Central to this is the acquisition of cognitive and non-cognitive skills, which are strongly associated with educational achievement and with a whole range of other outcomes including better employment, income and physical and mental health.

Success in education brings many advantages. If we are serious about reducing both social and health inequalities, we must maintain our focus on improving educational outcomes across the gradient.

What can be done to reduce inequalities in education and skills?

Inequalities in educational outcomes are as persistent as those for health and are subject to a similar social gradient. Despite many decades of policies aimed at equalising educational opportunities, the attainment gap remains. As with health inequalities, reducing educational inequalities involves understanding the interaction between the social determinants of educational outcomes, including family background, neighbourhood and relationships with peers, as well as what goes on in schools. Indeed, evidence on the most important factors influencing educational attainment suggests that it is families, rather than schools, that have the most influence. Closer links between schools, the family, and the local community are needed.

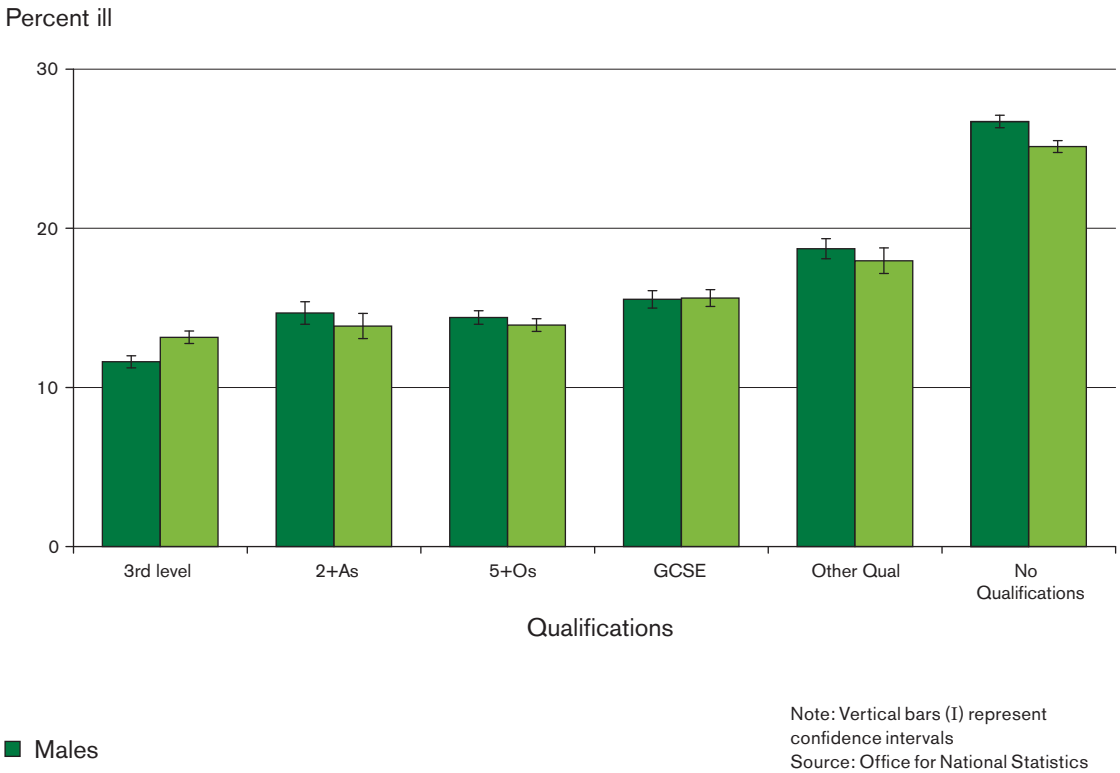
Investing in the early years, thereby improving early cognitive and non-cognitive development and children's readiness for school, is vital for later educational outcomes. Once at school, it is important that children and young people are able to develop skills for life and for work as well as attain qualifications.

Closer links between schools, the family, and the local community are important steps to this achievement. The development of extended services in and around schools is important, but more is needed to develop the skills of teaching and non-teaching staff to work across home–school boundaries and develop the broader life skills of children and young people.

For those who leave school at 16, further support is vital in the form of skills development for work and training, management of relationships, and advice on substance misuse, debt, continuing education, housing concerns and pregnancy and parenting. Such training and support should be developed and located in every community, designed specifically for this age group.

Central to our vision is the full development of people's capabilities across the social gradient. Without life skills and readiness for work, as well as educational achievement, young people will not be able to fulfil their full potential, to flourish and take control over their lives.

Figure 7 Standardised limiting illness rates in 2001 at ages 16–74, by education level recorded in 2001



Note: Vertical bars (I) represent confidence intervals
Source: Office for National Statistics Longitudinal Study[18]

Policy Objective C
Create fair employment and good work for all

Priority objectives

1 Improve access to good jobs and reduce long-term unemployment across the social gradient.

2 Make it easier for people who are disadvantaged in the labour market to obtain and keep work.

3 Improve quality of jobs across the social gradient.

Policy recommendations

1 Prioritise active labour market programmes to achieve timely interventions to reduce long-term unemployment.

2 Encourage, incentivise and, where appropriate, enforce the implementation of measures to improve the quality of jobs across the social gradient, by:
— Ensuring public and private sector employers adhere to equality guidance and legislation
— Implementing guidance on stress management and the effective promotion of well-being and physical and mental health at work.

3 Develop greater security and flexibility in employment, by:
— Prioritising greater flexibility of retirement age
— Encouraging and incentivising employers to create or adapt jobs that are suitable for lone parents, carers and people with mental and physical health problems.

The only [things] I am concerned [about] are the future of my children, the lack of opportunities for the younger generation and the lack of employment – that is very daunting.

(Focus group participant)

Inequalities in work and employment

Being in good employment is protective of health. Conversely, unemployment contributes to poor health. Getting people into work is therefore of critical importance for reducing health inequalities. However, jobs need to be sustainable and offer a minimum level of quality, to include not only a decent living wage, but also opportunities for in-work development, the flexibility to enable people to balance work and family life, and protection from adverse working conditions that can damage health.

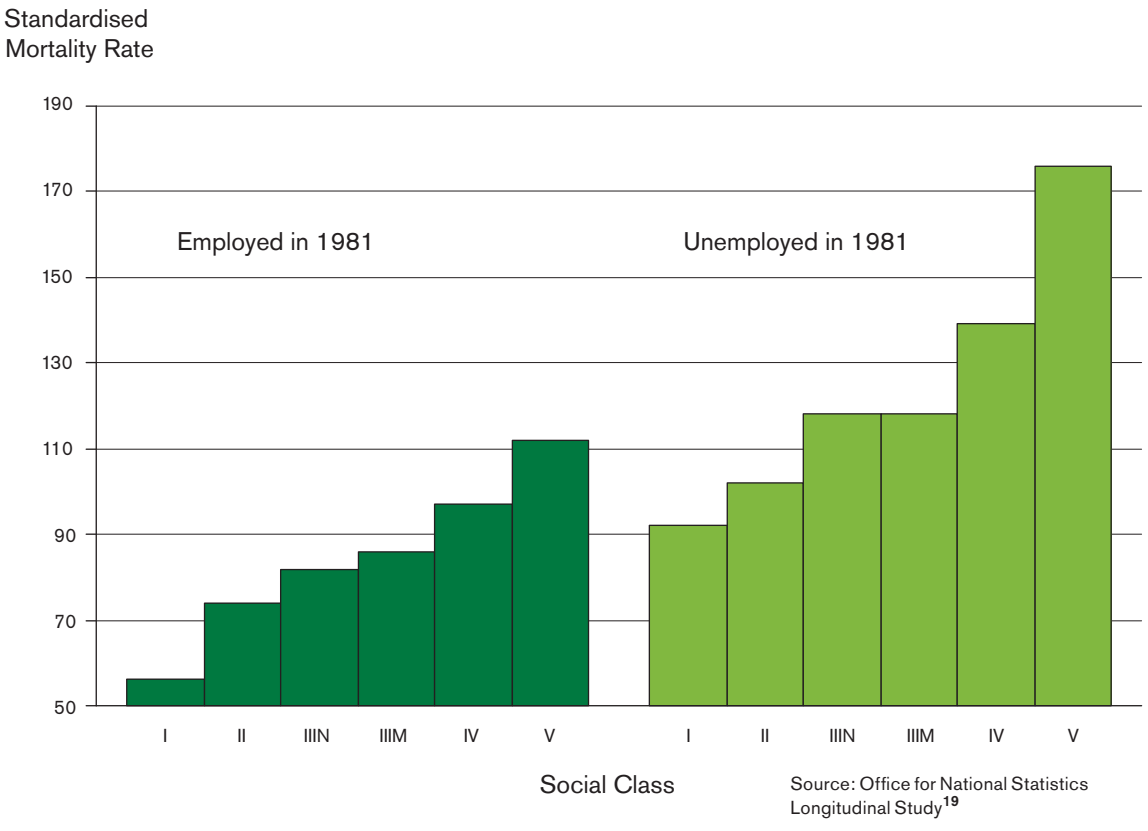
Patterns of employment both reflect and reinforce the social gradient and there are serious inequalities of access to labour market opportunities. Rates of unemployment are highest among those with no or few qualifications and skills, people with disabilities and mental ill-health, those with caring responsibilities, lone parents, those from some ethnic minority groups, older workers and, in particular, young people. When in work, these same groups are more likely to be in low-paid, poor quality jobs with few opportunities for advancement, often working in conditions that are harmful to health. Many are trapped in a cycle of low-paid, poor quality work and unemployment.

The dramatic increase in unemployment in the United Kingdom during the early 1980s stimulated research on the link between unemployment and health. Figure 8 shows the social gradient in the subsequent mortality of those that experienced unemployment in the early 1980s. For each occupational class, the unemployed have higher mortality than the employed.

Insecure and poor quality employment is also associated with increased risks of poor physical and mental health. There is a graded relationship between a person's status at work and how much control and support they have there. These factors, in turn, have biological effects and are related to increased risk of ill-health.

Work is good – and unemployment bad – for physical and mental health, but the quality of work matters. Getting people off benefits and into low paid, insecure and health-damaging work is not a desirable option.

Figure 8 Mortality of men in England and Wales in 1981–92, by social class and employment status at the 1981 Census



Source: Office for National Statistics Longitudinal Study[19]

Policy Objective D
Ensure a healthy standard of living for all

Priority objectives

1 Establish a minimum income for healthy living for people of all ages.

2 Reduce the social gradient in the standard of living through progressive taxation and other fiscal policies.

3 Reduce the cliff edges faced by people moving between benefits and work.

Policy recommendations

1 Develop and implement standards for minimum income for healthy living.

2 Remove 'cliff edges' for those moving in and out of work and improve flexibility of employment.

3 Review and implement systems of taxation, benefits, pensions and tax credits to provide a minimum income for healthy living standards and pathways for moving upwards.

I'm one person who would be better off not working with two kids. I would have more money if I didn't work.

(Focus group participant)

Inequalities in income

Having insufficient money to lead a healthy life is a highly significant cause of health inequalities.[20]

As a society becomes richer, the levels of income and resources that are considered to be adequate also rise. The calculation of Minimum Income for Healthy Living (MIHL) includes the level of income needed for adequate nutrition, physical activity, housing, social interactions, transport, medical care and hygiene. In England there are gaps between a minimum income for healthy living and the level of state benefit payments that many groups receive.

Despite important steps made by the Government to tackle child poverty, the proportion of the UK population living in poverty remains stubbornly high, above the European Union average and worse than in France, Germany, the Netherlands and the Nordic countries. Employment policy has helped, but the UK benefits system remains inadequate.

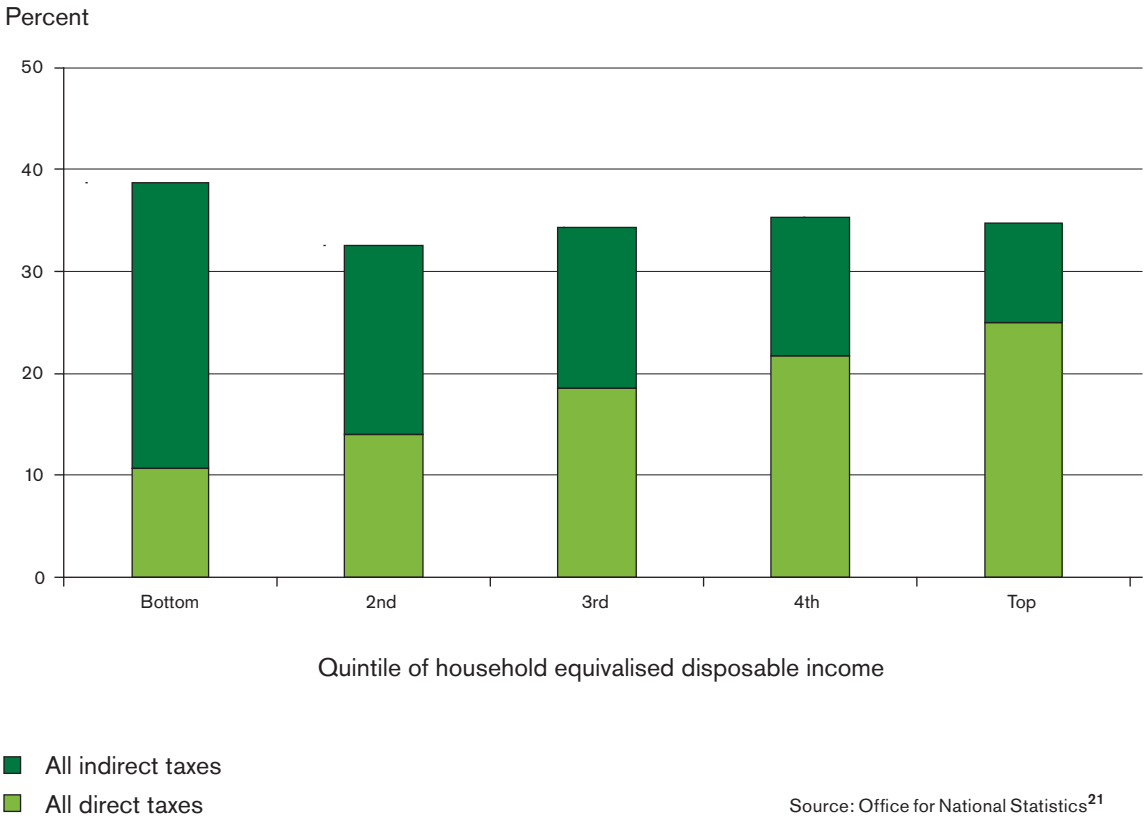
Figure 9 shows that, after taking account of both direct and indirect tax, the taxation system in Britain disadvantages those on lower incomes. The benefits of lower direct tax rates for those on lower incomes are cancelled out by the effects of indirect taxation. People on low incomes spend a larger proportion of their money on commodities that attract indirect taxes. As a result, overall tax, as a proportion of disposable income, is highest in the bottom quintile.

What can be done to reduce income inequalities?

State benefits increase the incomes of the worst off. Since 1998 tax credits have lifted 500,000 children out of poverty. It is imperative that the system of benefits does not act as a disincentive to enter employment. Over two million workers in Britain stand to lose more than half of any increase in earnings to taxes and reduced benefits. Some 160,000 would keep less than 10p of each extra £1 they earned. Lone parents face some of the weakest incentives to work and earn more, because many will be, or worry they will be, subject to withdrawal of a tax credit or means-tested benefit as their earnings rise.

The current tax and benefit system needs overhauling to strengthen incentives to work for people on low incomes and increase simplicity and certainty for families. The Government could do more to redistribute income and reduce poverty without harming the economy by delivering a net tax cut to people who currently face weak incentives to enter work or to increase their low levels of pay. A more progressive tax system is needed, one that includes the direct and indirect incomes that make up a person's income.

Figure 9 Taxes as a percentage of gross income, by quintile, 2007/8



Source: Office for National Statistics[21]

Policy Objective E
Create and develop healthy and sustainable places and communities

Priority objectives

1 Develop common policies to reduce the scale and impact of climate change and health inequalities.

2 Improve community capital and reduce social isolation across the social gradient.

Policy recommendations

1 Prioritise policies and interventions that reduce both health inequalities and mitigate climate change, by:
— Improving active travel across the social gradient
— Improving the availability of good quality open and green spaces across the social gradient
— Improving the food environment in local areas across the social gradient
— Improving energy efficiency of housing across the social gradient.

2 Fully integrate the planning, transport, housing, environmental and health systems to address the social determinants of health in each locality.

3 Support locally developed and evidence-based community regeneration programmes that:
— Remove barriers to community participation and action
— Reduce social isolation.

You can see the deprivation. All you have to do is look outside. It is in your face every day – litter everywhere, rats and rubbish, it is a dump… It feels like people around you have no meaning to life. I keep my curtains closed at times. It doesn't give you a purpose to do anything.

(Focus group participant)

Inequalities in neighbourhoods and communities

Communities are important for physical and mental health and well-being. The physical and social characteristics of communities, and the degree to which they enable and promote healthy behaviours, all make a contribution to social inequalities in health. However, there is a clear social gradient in 'healthy' community characteristics (Figure 10).

People want to get involved with that, people will want to support that, people will want to volunteer for that, people want to get education to fit the role so that can grow and I don't want people from outside of the community to do that, I want people from inside the community to do that because it's up to us. We care about it.

(Focus group participant)

What can be done to reduce community inequalities?

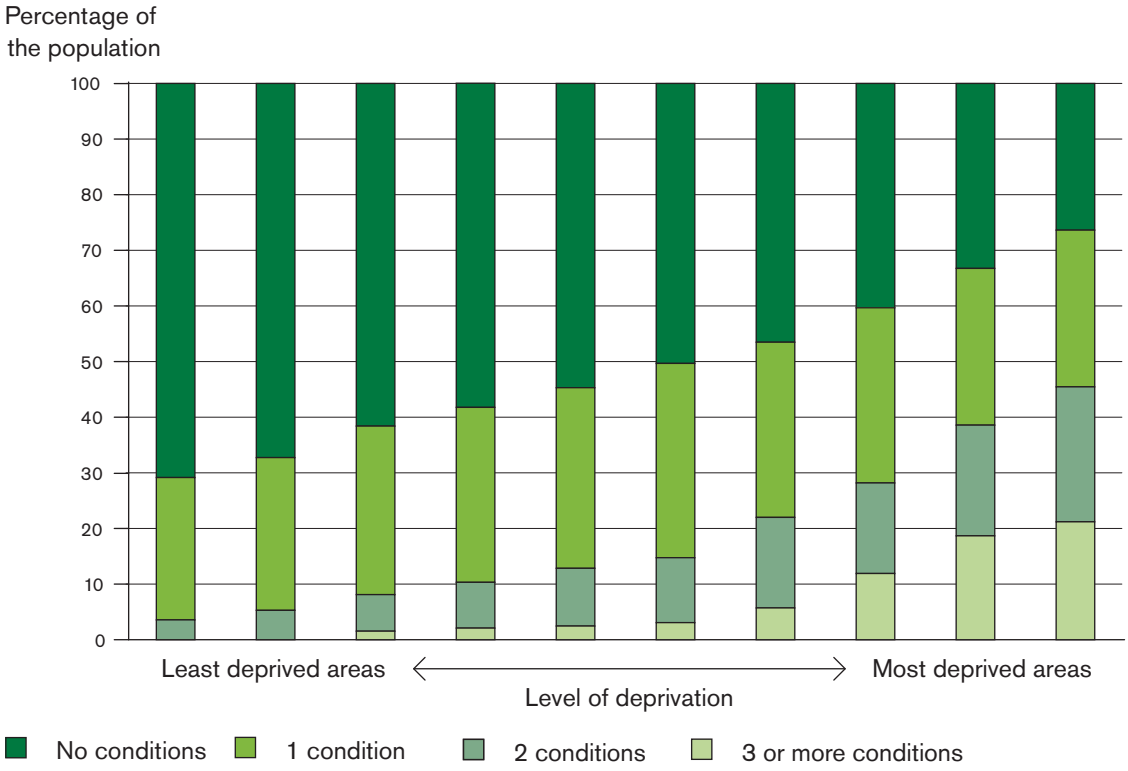
Social capital describes the links between individuals: links that bind and connect people within and between communities. It provides a source of resilience, a buffer against risks of poor health, through social support which is critical to physical and mental well-being, and through the networks that help people find work, or get through economic and other material difficulties. The extent of people's participation in their communities and the added control over their lives that this brings has the potential to contribute to their psychosocial well-being and, as a result, to other health outcomes.

It is vital to build social capital at a local level to ensure that policies are both owned by those most affected and are shaped by their experiences.

Building healthier and more sustainable communities involves choosing to invest differently. For example, the Commission for Architecture and the Built Environment estimates that the budget for new road building, if used differently, could provide 1,000 new parks at an initial capital cost of £10 million each – two parks in each local authority in England. One thousand new parks could save approximately 74,000 tonnes of carbon, based on a 10 hectare park with 200 trees.[22]

Much of what we recommend for reducing health inequalities – active travel (for example walking or cycling), public transport, energy-efficient houses, availability of green space, healthy eating, reduced carbon-based pollution – will also benefit the sustainability agenda.

Figure 10 Populations living in areas with, in relative terms, the least favourable environmental conditions, 2001–6



Environmental conditions: river water quality, air quality, green space, habitat favourable to biodiversity, flood risk, litter, detritus, housing conditions, road accidents, regulated sites (e.g. landfill)

Source: Department for Environment, Food and Rural Affairs[23]

Policy Objective F
Strengthen the role and impact of ill-health prevention

Priority objectives

1 Prioritise prevention and early detection of those conditions most strongly related to health inequalities.

2 Increase availability of long-term and sustainable funding in ill health prevention across the social gradient.

Policy recommendations

1 Prioritise investment in ill health prevention and health promotion across government departments to reduce the social gradient.

2 Implement an evidence-based programme of ill health preventive interventions that are effective across the social gradient by:
— Increasing and improving the scale and quality of medical drug treatment programmes
— Focusing public health interventions such as smoking cessation programmes and alcohol reduction on reducing the social gradient
— Improving programmes to address the causes of obesity across the social gradient.

3 Focus core efforts of public health departments on interventions related to the social determinants of health proportionately across the gradient.

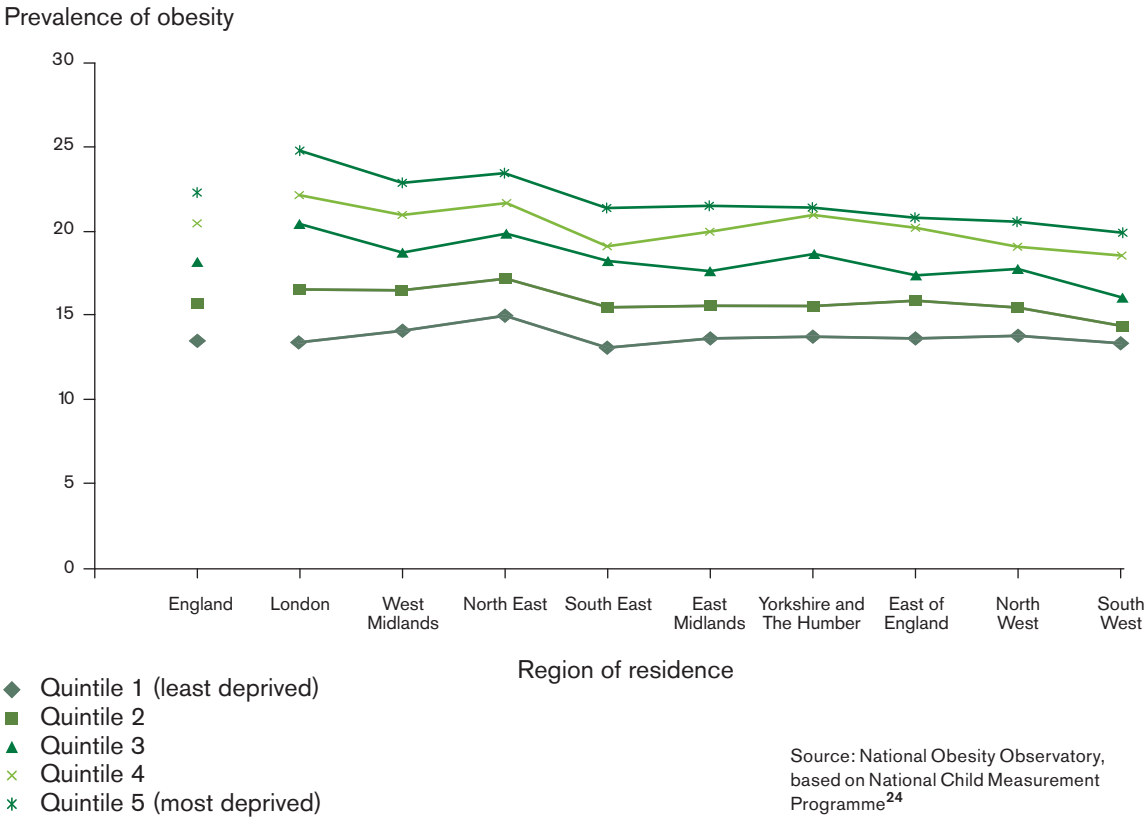
Many of the key health behaviours significant to the development of chronic disease follow the social gradient: smoking, obesity, lack of physical activity, unhealthy nutrition. An example is shown for obesity in Figure 11. Each of the five policy areas of our recommendations are targeted at preventing the social gradient in incidence of illness. In addition, reducing health inequalities requires a focus on these health behaviours.

The importance of investing in the early years is key to preventing ill health later in life, as is investing in healthy schools and healthy employment as well as more traditional forms of ill-health prevention such as drug treatment and smoking cessation programmes. The accumulation of experiences a child receives shapes the outcomes and choices they will make when they become adults.

Prevention of ill health has traditionally been the responsibility of the NHS, but we put prevention in the context of the social determinants of health. Hence, all our recommendations require involvement of a range of stakeholders. Local and national decisions made in schools, the workplace, at home, and in government services all have the potential to help or hinder ill-health prevention.

At present only 4 per cent of NHS funding is spent on prevention. Yet, the evidence shows that partnership working between primary care, local authorities and the third sector to deliver effective universal and targeted preventive interventions can bring important benefits.

Figure 11 Prevalence of obesity (>95th centile), by region and deprivation quintile, children aged 10–11 years, 2007/8



Source: National Obesity Observatory, based on National Child Measurement Programme[24]

Delivery systems

Even backed by the best evidence and with the most carefully designed and well resourced interventions, national policies will not reduce inequalities if local delivery systems cannot deliver them. The recommendations we make depend both on local partnerships and on national cross-cutting government policies.

Central direction, local delivery

Where does responsibility for action lie? There is no question that central, regional, and local government all have crucial roles to play. As we conducted this Review, we formed partnerships with the North West region of England, and with London; both regions are seeking to put the reduction of health inequalities at the centre of their strategy and actions.[25] They will be joined by several other local governments, Primary Care Trusts, and third sector organisations.

The argument was put to us that local practitioners want principles for action rather than detailed, specific recommendations. Local areas suggested they will exercise the freedom to develop locally appropriate plans for reducing health inequalities. The policy proposals made in this Review are intended to provide evidence of interventions that will reduce health inequalities and to give directions of travel without detailed prescription of exactly how policies should be developed and implemented. Similarly, the Review has proposed a national framework of indicators, within which local areas develop those needed for monitoring local performance improvement in their own areas.

Individual and community empowerment

Linked to the question of whether action should be central or local is the role of individual responsibility, often juxtaposed against the responsibility of government. This Review puts empowerment of individuals and communities at the centre of action to reduce health inequalities. But achieving individual empowerment requires social action. Our vision is of creating conditions for individuals to take control of their own lives. For some communities this will mean removing structural barriers to participation, for others facilitating and developing capacity and capability through personal and community development.

There needs to be a more systematic approach to engaging communities by Local Strategic Partnerships at both district and neighbourhood levels, moving beyond often routine, brief consultations to effective participation in which individuals and communities define the problems and develop community solutions. Without such participation and a shift of power towards individuals and communities it will be difficult to achieve the penetration of interventions needed to impact effectively on health inequalities.

Strategic policy should be underpinned by a limited number of aspirational targets that support the intended strategic direction, to improve and reduce inequalities in life and health expectancy and monitor child development and social inclusion across the social gradient.

National health outcome targets across the social gradient

It is proposed that national targets in the immediate future should cover:

- **Life expectancy (to capture years of life)**
- **Health expectancy (to capture the quality of those years).**

Once an indicator of well-being is developed that is suitable for large-scale implementation, this should be included as a third national target on health inequality.

National targets for child development across the social gradient

It is proposed that national targets should cover:

- **Readiness for school (to capture early years development)**
- **Young people not in education, employment or training (to capture skill development during the school years and the control that school leavers have over their lives).**

National target for social inclusion

It is proposed that there be a national target that progressively increases the proportion of households that have an income, after tax and benefits, that is sufficient for healthy living.

National and regional leadership should promote awareness of the underlying social causes of health inequalities and build understanding across the NHS, local government, third sector and private sector services of the need to scale up interventions and sustain intensity using mainstream funding. Interventions should have an evidenced-based evaluation framework and a health equity impact assessment. This would help delivery organisations shape effective interventions, understand impacts of other policies on health distributions and avoid drift into small-scale projects focused on individual behaviours and lifestyle.

Conclusion

Social justice is a matter of life and death. It affects the way people live, their consequent chances of illness and their risk of premature death.

This is the opinion of the Commission on Social Determinants of Health set up by the World Health Organisation. Theirs was a global remit and we can all easily recognise the health inequalities experienced by people living in poor countries, people for whom absolute poverty is a daily reality.

It is harder for many people to accept that serious health inequalities exist here in England. We have a highly valued NHS and the overall health of the population in this country has improved greatly over the past 50 years. Yet in the wealthiest part of London, one ward in Kensington and Chelsea, a man can expect to live to 88 years, while a few kilometres away in Tottenham Green, one of the capital's poorer wards, male life expectancy is 71. Dramatic health inequalities are still a dominant feature of health in England across all regions.

But health inequalities are not inevitable and can be significantly reduced. They stem from avoidable inequalities in society: of income, education, employment and neighbourhood circumstances. Inequalities present before birth set the scene for poorer health and other outcomes accumulating throughout the life course.

The central tenet of this Review is that avoidable health inequalities are unfair and putting them right is a matter of social justice. There will be those who say that our recommendations cannot be afforded, particularly in the current economic climate. We say that it is *inaction* that cannot be afforded, for the human and economic costs are too high. The health and well-being of today's children depend on us having the courage and imagination to rise to the challenge of doing things differently, to put sustainability and well-being before economic growth and bring about a more equal and fair society.

List of abbreviations

DEfRA	Department for Environment, Food and Rural Affairs
DFLE	Disability Free Life Expectancy
GCSE	General Certificate of Secondary Education
GHQ	General Health Questionnaire
MIHL	Minimum Income for Healthy Living
NHS	National Health Service
NS-SEC	National Statistics Socio-economic Classification
ONS	Office for National Statistics

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Leeds CITY COUNCIL

Report author: Ian Cameron
Tel: 3057574

Report of Director of Public Health

Report to Executive Board

Date: 20th June 2012

Subject: Public Health in Leeds City Council – New Responsibilities

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. From 1st April 2013, Leeds City Council will have a new duty to take such steps as it considers appropriate for improving the health of the people of Leeds.

2. Although health in Leeds is continuing to improve, there are still populations within the city who suffer unacceptably poor health - with over a 12 year difference in life expectancy for men and over an eight year difference for women across the city.

3. The creation of a new Executive member for the portfolio of Health and Well Being recognises the significance of this agenda and new leadership role for the Council.

4. To help in this new role, public health responsibilities, staff, and funding will transfer from the NHS to the Council

5. The proposal is to create, within the Council, an Office of the Director of Public Health which will operate on a hub and spoke model with staff working in localities, and across all Directorates and Central and Corporate Functions. The Director of Public Health will be accountable to the Chief Executive.

6. There is a Leeds Public Health Transition Plan, jointly agreed by NHS Airedale, Bradford and Leeds and Leeds City Council. This has been endorsed by NHS North of England. National HR guidance is still awaited on the transfer of staff from the NHS to the Council. Clarity on funding transferring to the Council as a ring fenced public health grant from April 2013 is not expected to emerge until December 2012.

7. A fully integrated public health function in the Council at both strategic and delivery level offers an exciting opportunity for the Council to lead new, innovative ways to tackle intractable public health problems at local level and reduce health inequalities across the city.

Recommendations

2. Executive Board is recommended to:

a) Note the new public health responsibilities coming to the Council after April 2013 as a result of the Health and Social Care Act 2012

b) Endorse the creation of the Office of the Director of Public Health as an additional Central and Corporate Function with the Director of Public Health operationally accountable to the Chief Executive

c) Endorse the principles behind the Operating Model of the Office of the Director of Public Health and provide authority to progress the transfer of public health functions, staff resources to the Council

d) Note progress made on the Leeds Public Health Transition Plan, the issues raised, national milestones and NHS assurance process

e) Note that a further report will made to Executive Board in the autumn which will set out the key priorities and actions to be taken within the Joint Health and Well Being Strategy that will reduce health inequalities and improve health and well being citywide and within localities.

1 Purpose of this report

1.1 To update members on the new public health responsibilities coming to the Council after April 2013, as a result of the Health and Social Care Act 2012.

1.2 To update members on progress and issues on implementing the Leeds Public Health Transition Plan which is jointly agreed by Leeds City Council and NHS Airedale, Bradford and Leeds and which has been formally endorsed by NHS North of England.

1.3 To seek endorsement for, and to progress, the proposed Operating Model for public health in Leeds City Council. This involves the development of the Office of the Director of Public Health as an additional Central and Corporate function alongside Customer Access and Performance, Resources and Legal Services.

2 Background information

2.1 Since the proposal to abolish Primary Care Trusts was announced in May 2010 there has been considerable work undertaken locally to understand the implications for public health and to prepare for the new Public Health and NHS arrangements.

2.2 On 24th April 2012, Leeds City Council and NHS Airedale, Bradford and Leeds received formal endorsement from NHS North of England of the jointly agreed Leeds Public Health Transition Plan. Further assurance checks on progress by NHS North of England are planned for July, October and December of this year.

2.3 The various workstreams on the transfer of Public Health responsibilities to Leeds City Council, NHS Commissioning Board and Public Health England continue under a Public Health Transition Programme Board. This is chaired by the Joint Director of Public Health with Council and NHS representation.

2.4 A crucial next step is to agree the working arrangements for Public Health within Leeds City Council. There are significant implications for ways of working both cultural and structural. In addition, for the Public Health Transition Programme Board to make progress there are also hard edged issues including how public health service contracts get managed and how providers get paid as well as where transferring public health staff will be based following PCT closure on 31st March 2013.

2.5 The issues set out below on the Public Health Operating Model are centred, around the new leadership role of the Council and how this new role can be supported by, firstly, the public health responsibilities transferring to the Council, and secondly, by new the organisational systems and relationships that will be in place after 31st March 2013.

3 Main issues

The new leadership role for Leeds City Council

3.1 From 1st April 2013, Leeds City Council will have a new duty to take such steps as it considers appropriate for improving the health of the people of Leeds.

3.2 Improving the health and wellbeing of the public will be critical to achieving the Vision for Leeds to be the best city in the United Kingdom.

3.3 Although health in Leeds continues to improve, there are still populations within the city who suffer unacceptably poor health and wide inequalities in health continue to persist. There is over a 12 year difference in life expectancy for men and a difference of over eight years for women. Leeds is the third worst city for men and fifth worst for women in terms of this gap between the best and worst life expectancy.

3.4 This new leadership role will focus on the vision and priorities set out for Leeds in the City Priorities Plan and the forthcoming Joint Health and Well Being Strategy. The priorities will be based on the Joint Strategic Needs Assessment 2012.

3.5 Improving and protecting health and well being of all while improving the health of the poorest fastest will be central to the Councils new leadership role. This will require a focus on what kills people today; tackling unhealthy lifestyles; tackling enhancing the social determinants of health, assuring equitable and effective health care services; and empowering communities, families and individuals.

3.6 Progress on this new leadership role will be judged against the national Public Health Outcomes Framework plus the Adult Social Care and NHS Outcomes Frameworks and the forthcoming work on Children's Health Outcomes.

3.7 Leeds City Council already does much to improve health. The new duty gives the Council the opportunities to go further. Leeds City Council has the levers, power and influence to create and coordinate innovative ways to tackle intractable public health problems. The Council will aim to become an organisation that advances the health and well being of the people of Leeds across all its roles and spheres of influence. This will build upon and enhance partnership working within localities and neighbourhoods.

3.8 The creation of a new Executive member portfolio for Health and Well Being is a clear statement that recognises the significance of this new leadership role for the Council.

3.9 Elected members will wish to exercise this new leadership role by:

- Harnessing the ambitions, changes and benefits of becoming "Best Council"
- Developing new partnerships and new leadership models at more local level but also citywide and beyond.
- Building public health capacity and capability including for the wider workforce within the Council and elsewhere (e.g planners, leisure centre staff, teachers, social workers, business leaders).
- Fostering an asset based approach to joint working
- Developing new ways of looking at, and using funding across the Council and with partners locally and city wide
- Ensuring delivery is intelligence driven and evidence based

3.10 To support the Councils new leadership role and new duty, the Health and Social Care Act 2012 will:

a) Provide the statutory basis for the transfer of a number of public health functions, staff and funding from the NHS.

b) Create a number of new bodies and structures with a new public health system. The responsibilities of which will impact on the people of Leeds e.g.

Public Health England, Clinical Commissioning Groups, NHS Commissioning Board, Health and Well Being Board, Local Health Resilience Partnership, Healthwatch.

3.11 The following sections describe in more detail how these two additional support mechanisms from the Health and Social Care Act will both help the Council and determine the way the public health role of the Council gets discharged.

Transfer of public health responsibilities to Leeds City Council

Director of Public Health role

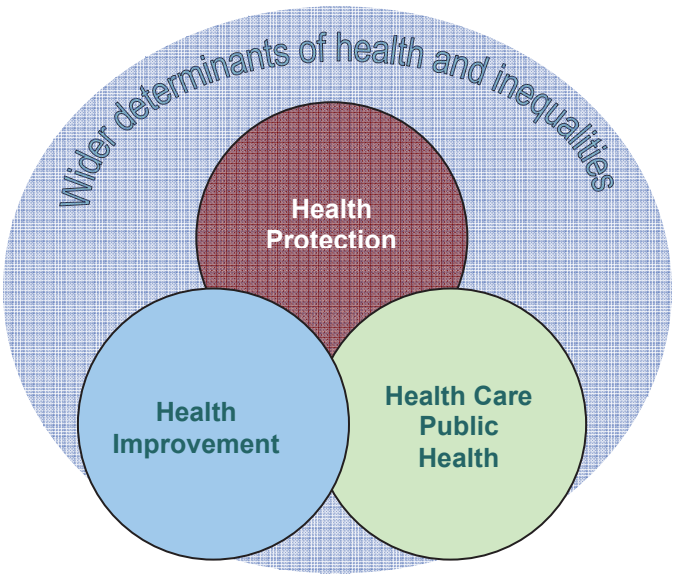
3.9 The Director of Public Health will:

- Be appointed, jointly with the Secretary of State for Health
- Have responsibility for the Councils new public health functions
- Be added to the list of Statutory Chief Officers, supported by statutory guidance on responsibilities
- Have delegated day to day responsibilities for a ring fenced public health grant from the Department of Health (this grant will be based on current expenditure on service contract costs and staff costs for those public health responsibilities passing to the Council.
- Be a statutory member of the Health and Well Being board
- Have to produce an annual report on the health of the local population which the Council will have to publish.

Public Health Functions

The Director of Public Health and the specialist public health resources available will support the leadership role of the Council across all domains of the Leeds

Public Health Model.



This will be undertaken through the following business functions.

- Commissioning a comprehensive range of public health services
- Health protection leadership, planning and delivery
- Public health advice to the three Leeds Clinical Commissioning Groups
- Influencing and supporting the public health contribution of Council Directorates/other Central and Corporate functions.
- Advice, monitoring and assurance on public health services commissioned for Leeds residents by Public Health England and the NHS Commissioning Board.

Plus

- Public Health workforce development (including Council, NHS, third sector staff plus formal public health specialist training)
- Public Health intelligence and information

Plus

Supporting all elected members, the work of the Executive members, Scrutiny committees, other relevant committees and contributing to all the work of the Council

- Contribute to the Health and Well Being Board, Children's Trust Board and the City Partnerships plus area and local partnerships.

3.10 More detail on the functions and new responsibilities are set out in Appendix 1. In this new complex system there is still much to be sorted out nationally, on roles, responsibilities and accountabilities. This is particularly so around health protection issues such as health emergency planning, screening, infection control, vaccination and immunisation. In addition, it should be noted that the Council will have responsibility for a number of mandatory services.

Ways of working

3.11 As stated earlier, the leadership role of the Council for the new public health system will be helped by the development of new organisations/agencies under the Health and Social Care Act 2012. To maximise those benefits the Director of Public Health/Specialist Staff will have to develop new ways of working with new partnerships. These include:

Working across the Council

3.12 The intention is for public health staff to work across all Directorates and Central and Corporate functions

e.g. Working with Adult Social Care and Childrens Services on both services and broader determinants such as education, social inclusion

e.g Working with Environments and Neighbourhoods, City Development on broader determinants of health such as leisure, planning, housing, transport, employment

e.g. Working with Customer Access and Performance and Resources on area partnerships, locality working, emergency planning, information intelligence, staff health.

Working with the NHS

3.13 The Director of Public Health/specialist health staff will work on behalf of the Council with the NHS Commissioning Board, Clinical Commissioning Groups and continue to work with NHS providers in order to ensure the health sector plays its part in delivering an integrated approach to priorities within Leeds.

Working with Public Health England

3.14 The Director of Public Health will establish effective working arrangements with the local Public Health England Unit over the coordination of health protection activities, plus access and links to the evidence and intelligence services currently provided by the Public Health Observatories.

3.15 As the Chief Executive of Public Health England has only just been appointed it is unclear how Public Health England will develop and how working relationships with Leeds will be best organised.

Working with the public, third, academic and private sectors

3.16 The Director of Public Health will continue to work with local criminal justice partners and, in the future, the Police and Crime Commissioner to promote safer communities. She/he will work with the third sector and local communities to ensure there are integrated health and well being services that meet the needs of the local communities. Academic links will be maintained and fostered and account will be taken on national decisions on the future arrangements for current honorary contracts. The aim is to continue current research activity with partner organisations. Leeds is an accredited training base for public health specialists and the intention is for this to continue within Leeds City Council.

Working across West Yorkshire, regionally and with Core Cities

At present there is minimal West Yorkshire sharing of resource and service hosting. However this is now being pursued for health emergency planning. Options are being explored to maximise existing scarce skills and resources. There is currently a Yorkshire and Humber Directors of Public Health Network and the wish is for this to continue. Specific topic/issues networks have been reviewed with some e.g. tobacco and alcohol continuing at present.

Structure and design

3.17 Following discussions with Cabinet and with Corporate Leadership Team the direction of travel for public health within the Council is:

- To create an Office of the Director of Public Health
- For this to be one of the “Central and Corporate functions” alongside Resources, Customer Access and Performance, Legal services
- The Director of Public Health to be accountable to the Chief Executive and be a member of the Corporate Leadership Team
- The Director of Public Health to be accountable for the new Public Health responsibilities of the Council, the ring fenced public health grant (around £30m) and delivery against the Public Health Outcomes Framework
- That the Office of the Director of Public Health and public health staff work on a hub and spoke model whereby staff are based, where appropriate in Council Directorates/Corporate Functions/localities.
- That professional and line management of PH staff remains with the DPH
- That this approach allows the creation of a delivery plan from the Office of the Director of Public Health that is owned by public health staff in the central hub and the aligned “spokes”, including work with the three Clinical Commissioning Groups

3.18 Taking into account joint posts currently based in the Council plus training posts the transition could involve up to 95 staff. Based on a presentation made by Jane Watson to Corporate Leadership Team in December on Council locations/re-locations, the assumption is that the Director of Public/PA will be based in Civic Hall. The current thinking is that around one third of staff would be based in a central hub with two thirds based in localities, Directorates, other Central and Corporate functions.

Update on the transfer

3.19 The Public Health Transition Plan jointly agreed between NHS Airedale, Bradford and Leeds and Leeds City Council was submitted by NHS North of England on 26th March. The plan has been rated "green" and a positive formal response has been received by the Council and NHSABL.

3.20 The key dates for the next steps in the assurance process by the North of England are July 2012, October 2012, December 2012.

3.21 Governance arrangements for the various transition workstreams are centred on a Public Health Transition Programme Board. This is chaired by the Director of Public Health, supported by a Programme Manager employed by Leeds City Council and is accountable to the Executive Board and to NHS Airedale, Bradford and Leeds Board.

3.22 National HR guidance on staff transfers to the Council is still awaited including the appointment of the Director of Public Health. However, on 17th May the Department of Health announced that staff who have access to the NHS Pension Scheme on 31st March 2013 will retain this right. Further information and decisions on pension arrangements are awaited.

3.23 The Department of Health will undertake a further financial return on NHS expenditure including public health expenditure based on 2011/12. This is welcome news for Leeds. John Lawlor, CEO NHS ABL will be on a national working group related to this new return. This will form the basis of the ring fenced public health grant for Leeds City Council from 2013/14.

3.24 A significant factor in the transfer of responsibilities to Leeds City Council will be how current contracts will be managed. Around 70 contracts cover Leeds Teaching Hospitals NHS Trust, Leeds and Yorkshire Partnership Foundation Trust, Leeds Community Health, individual general practices and the third sector. On 8th May the Corporate Leadership Team considered a number of options. The option to be pursued is for a centralised approach with the Procurement Unit being enhanced with contract management expertise. Sexual health services, a mandatory requirement for the Council, covers all the providers listed above. This has a level of complexity that makes it ideal to test out the preferred option for the new contracting arrangements.

3.25 A working assumption is that staff can stay in their present NHS base till 31st March 2013. Discussions are taking place on re-location and timings. Current advice is that a central location for the majority of staff is the most feasible and

practical option in the first instance. The hub and spoke model (described in 3.18) would therefore have to occur as part of the wider Council relocation programme.

4 Corporate Considerations

4.1 Consultation and Engagement

4.1.1 Communication and engagement is a distinct workstream under the Public Health Transition Programme Board. A draft Communication and Engagement plan has been submitted to the Strategic Health Authority as part of the national assurance process. This plan will now be further developed jointly with Leeds City Council's nominated communication lead to ensure that the needs of Leeds City Council are fully covered.

4.1.2 In summary the Communication and Engagement plan covers actions across the following areas:

- Ensuring NHS Leeds public health and PCT staff are informed about the public health transition process
- Providing opportunities for NHS Leeds public health and PCT staff to feedback views on the public health transition and future of public health in Leeds
- Engaging and effectively communicating with Leeds City Council staff (and members) about the plans for the transition and the potential impact on the local authority
- Engaging and effectively communicating with current key stakeholders and those developing as the transition progresses e.g. Clinical Commissioning Groups, NHS North of England, Health Protection Agency, Regional Director of Public Health, NHS Commissioning Board and Public Health England in order to keep them up to date with Public Health transition developments and the future of Public Health in Leeds
- Effectively communicating with key partners across the Leeds Health Economy e.g. Leeds Teaching Hospitals Trust, Leeds Partnership Foundation Trust, Leeds Community Healthcare NHS Foundation Trust, Voluntary Community & Faith Sector and Independent Contractors in order to keep them up to date with Public Health transition developments and the future of Public Health in Leeds

4.2 Equality and Diversity / Cohesion and Integration

4.2.1 NHS Airedale, Bradford and Leeds along with NHS Calderdale, Kirklees, Wakefield are using a combined People Transition Policy to underpin the transfer of PCT to various destinations including Leeds City Council. This policy conforms with Public Equity Duties and good employment practice.

4.3 Council policies and City Priorities

4.3.1 The transfer of public health to the Council fits and supports the delivery of the City Priorities. Ensuring that Public Health staff work within Council policies is acknowledged in the Public Health Transition Plan.

4.4 Resources and value for money

4.4.1 Along with the transfer of responsibilities from the NHS there will be a ring fenced public health grant. This will be based on current expenditure for the centralised services and staff costs set out in Appendix 1. Based on a detailed return by NHS Leeds on 2010/11 expenditure to the Department of Health and agreed by Leeds City Council this would equate to around £30m or £36 per head. For England as a whole the figure was £40 per head. There is considerable variation e.g. Sheffield £44, Manchester £57, Liverpool £73, Blackpool £112. The Leeds figure reflects historical expenditure rather than a one-off year of low expenditure. The Department of Health has commissioned and received a report on future funding formula for the public health grant. This has not been published and the latest estimate for details of the 2013/14 public health grant is December 2012.

The Department of Health is intending to run a similar exercise on public health expenditure on 2011/12 at the end of June. This is to be welcomed and will therefore capture the additional investments made in 2011/12. It is expected that this return would, as before, have to be agreed with Leeds City Council. The low level of historic funding is clearly not the most helpful legacy for the Council in taking on its new responsibilities.

A priority has to be to ensure all current service contracts and costs are covered so that a safe transfer of commissioning responsibilities can occur from April 2013. There have been suggestions that expenditure of the public health grant will be monitored centrally by the Department of Health but no firm details have emerged yet.

4.5 Legal Implications, Access to Information and Call In

4.5.1 There is a contract and HR workstream under the Public Health Transition Board arrangements, which will cover the legal aspects of the transfer. In addition this has been recognised within the Legal Services work programme for 2012/13.

4.6 Risk Management

4.6.1 The management of the risks associated with the transfer is included within the governance arrangements of the Public Health Transition Board. Risks are reported both to the Council and NHS Airedale, Bradford and Leeds.

5 Conclusions

5.1 The new leadership role for the Council on health and well being provides an exciting opportunity to better tackle the health issues described in the Joint Strategic Needs Assessment 2012 and the health inequality priorities in the City Priorities Plan.

5.2 The transfer of public health responsibilities, staff and resources will help deliver this new role.

5.3 The creation of the Office of the Director of Public Health on a hub and spoke model with strong locality working and strong links to all Directorates/Central and Corporate functions will enhance both the delivery of key public health outcomes

but also the integration of health and well being across the policies and working of the whole Council.

5.4 Implementation of the Leeds Public Health Transition Plan is being progressed jointly by the Council and NHS Airedale, Bradford and Leeds. Further national information on HR issues, and finance is still awaited.

5.5 The intention is for Leeds City Council to be a public health drive organisation, working with local people and partner organisations to promote health, prevent disease and prolong life. Priority will be given to improving those with the poorest health the fastest, so as to reduce health inequalities.

6 Recommendations

Executive Board is recommended to:

a) Note the new public health responsibilities coming to the Council after April 2013 as a result of the Health and Social Care Act 2012.

b) Endorse the creation of the Office of the Director of Public Health as an additional Central and Corporate function with Director of Public Health operationally accountable to the Chief Executive

c) Endorse the principles behind the Operating Model of the Office of the Director of Public Health and provide authority to progress the transfer of public health functions, staff and resources to the Council

d) Note progress made on the Leeds Public Health Transition Plan, the issues raised, national milestones and NHS assurance process.

e) Note that a further report will be made to Executive Board in the autumn which will set out key priorities and actions to be taken within the Joint Health and Well Being Strategy that will reduce health inequalities and improve health and well being for all citywide and within localities.

7 Background documents [1]

7.1 Public Health in Local Government, December 2011 (www.dh.gov.uk/publications)

[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.

Appendix 1a

Public Health Functions

1) Commissioning of Public Health services

The following are set out by the Department of Health. Commissioning responsibilities include:

Mandatory services

- Comprehensive sexual health services (including testing and treatment for sexually transmitted infections, contraception outside of the GP contract and sexual health promotion and disease prevention)
- Local authority role in dealing with health protection incidents, outbreaks and emergencies
- Ensuring NHS commissioners receive the public health advice they need
- National Child Measurement Programme
- NHS Health Check assessment

Discretionary services

- Tobacco control and smoking cessation services
- Alcohol and drug misuse services
- Public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19) (and in the longer term all public health services for children and young people)
- Interventions to tackle obesity such as community lifestyle and weight management services

- Locally-led nutrition initiatives
- Increasing levels of physical activity in the local population
- Public mental health services
- Dental public health services
- Accidental injury prevention
- Population level interventions to reduce and prevent birth defects
- Behavioural and lifestyle campaigns to prevent cancer and long term conditions
- Local initiatives on workplace health
- Supporting, reviewing and challenging delivery of key public health funded and NHS delivered services such as immunisation and screening programmes
- Local initiatives to reduce excess deaths as a result of seasonal mortality
- Public health aspects of promotion of community safety, violence prevention and response
- Public health aspects of local initiatives to tackle social exclusion
- Local initiatives that reduce public health impacts of environmental risks

Local initiatives that reduce public health impacts of environmental risks.

In fulfilling its commissioning responsibilities public health will also take a strategic view on commissioning/decommissioning, re-design, influencing and working with public, third and private sector, using an asset based approach.

2) Health Protection

Leeds City Council, as a category one responder already has a legal duty to take steps that plans are in place to protect the local population. The Health and Social Care Act 2012 extends this duty to ensuring that plans are in place to protect the health of the local population from threats ranging from relatively minor disease outbreaks to full scale public health for immunisation and screening, prevention and control of infection (whether hospital or outside) are robust and in place across Leeds. Alongside the West Yorkshire Local Resilience Forum (a multi-agency partnership made up of representatives from local public services), under the new arrangements a Local Health Resilience Partnership is to be established. This will focus on the health response to emergency preparedness, resilience and response. The nominated Director of Public Health (across West Yorkshire) will be mandated to Chair this partnership alongside a lead Director from the NHS Commissioning Board.

3) <u>Public Health advice to the three Leeds Clinical Commissioning Groups</u>

This mandatory service will provide a health care population focus to support the commissioning responsibilities of the CCG's. This will be undertaken through a Memorandum of Understanding with the Clinical Commissioning Groups based on national guidance on the "Core Offer". Other public health advice that the

CCG's in Leeds are likely to want on primary care services, infection control etc. is out-with the national guidance and subject to separate negotiations.

4) Influencing the public health contribution of Council Directorates/other Central and Corporate functions

Under the new arrangements within the Council the intention is for senior staff/their teams to a) influence and support colleagues who have a key role in creating better health e.g. leisure, planning, transport, housing, education, culture b) engage in the re-design of health and social care services across all ages c) enhance the collation of information and intelligence for needs assessment surveillance monitoring, evaluation, research and communication with the public.

5) Advice, monitoring and assurance on public health services commissioned for Leeds residents by the NHS Commissioning Board and Public Health England

The Director of Public Health will have a formal role in monitoring public health services commissioned and delivered elsewhere within the health system. These include children's services under 5 years, vaccination and immunisation, screening, abortion services. The Director of Public Health will provide challenge and advice to the NHS Commissioning Board, at a minimum via the Health and Well Being Board. The Director of Public Health will also be championing screening and immunisation through relationships with the three Clinical Commissioning Groups and with local clinicians.

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Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 247 4707

Report of Head of Scrutiny and Member Development

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

Date: 24 October 2012

Subject: Better Lives Explained – Leeds draft Local Account of Adult Social Care 2012/13

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

Introduction

1. In 2011 the Government announced its intention to replace the Care Quality Commission's annual assessment of Adult Social Care from 2011/12 onwards – with local authorities becoming required to publish a local account of outcomes in social care and priorities for quality.

2. As part of learning process to prepare for the mandatory requirement to produce a Local Account of its Adult Social Care from 2012/13 onwards, Leeds City Council's first Local Account for the citizens of Leeds was presented to Executive Board in February 2012. This provided a user friendly description of the Council's social care activities, alongside the quality of adult social care services. It also provided an explanation of the Council's progress in achieving its objectives and outlined the major plans for Adult Social Care.

3. This report offers members of the Executive Board a highlighted summary of the main areas of achievement of Adult Social Care and indicates areas of service identified within the Leeds Local Account as requiring further development to sustain or improve performance.

Background information

4. In 2011 the Government announced its intention to replace the Care Quality Commission's annual assessment of Adult Social Care from 2011/12 onwards – with local authorities becoming required to publish a local account of outcomes in social care and priorities for quality.

5. Previously, until the end of 2009/10, the performance of each Council with Adult Social Care responsibilities was annually assessed by the Care Quality Commission. The final assessment of Adult Social Care in Leeds was published by the Care Quality Commission on the 25 November 2010 and considered by the Executive Board on 8 December 2010**.**

6. The requirement for Local Authorities to produce a Local Account has been established by Central Government policy and has replaced the Care Quality Commission's annual performance assessment of Adult Social Care.

7. Local accounts are intended to be self-assessed and published by Councils. There is no National Government role in assurance and there has been no specific guidance produced to cover the content of a local account. Local Accounts are expected to provide a report of the quality and outcome priorities which the council has agreed, in consultation with its partners, and the progress it has made in achieving them during the past year.

Leeds' Local Account of Adult Social Care 2012/13

8. A draft of Leeds City Council's local account of Adult Social Care 2012/13 – Better Lives Explained – is appended to this report for the Scrutiny Board's consideration and comment. It is intended to formally launch the finalised 2012/13 Local Account at the 'Better Lives' event scheduled for 14 December 2012.

9. The current draft has been co-produced with the support of a working group of service users and carers groups, with Leeds Local Involvement Network (LINk) having also provided input into the current draft.

10. At its meeting in February 2012, Executive Board resolved that the areas for improvement, as set out within the previous Local Account be referred to the Scrutiny Board (Health and Wellbeing and Adult Social Care) for oversight of performance. Considering the draft 2012/13 Local Account provides members of the Scrutiny Board with an opportunity to review performance, while reflecting on future plans.

Recommendations

11. The Scrutiny Board is recommended to:
    a. Note and, where appropriate, comment on the content of 'Better Lives Explained' – Leeds draft Local Account of Adult Social Care 2012/13;
    b. Identify any specific areas that require further and/or more detailed scrutiny; and,
    c. Consider how and when the Board should consider progress against the plans identified in Leeds draft Local Account of Adult Social Care 2012/13.

Background documents[1]

12. None.

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

Better Lives Explained

Our local account of Adult Social Care 2012/13

Leeds CITY COUNCIL

October 2012

Contents

Introduction

Welcome to the second 'Local Account' of Adult Social Care in Leeds.

Every Leeds citizen has the right to know how the council provides care, support and protection for our most vulnerable citizens. In this document you will find information on what we have achieved over the past year and on our priorities for improvement and development over the coming year.

This booklet has been produced by people with social care needs; carers of people who need care and support and council officers working together. This embodies an approach that we would like to build on and which forms a clear foundation for future developments in the city.

With permission, we have included the real-life stories of some Leeds residents whose lives have been have been touched by adult social care and who, as a result, have been helped to stay independent, have been protected from harm, or have taken control over their care and support services. For me, these accounts are compelling evidence that social care services in Leeds are working effectively to help people live the lives they want and works flexibly to ensure the support we deliver matches the unique circumstances of the individual.

I am grateful to Leeds Involving People for nominating the 'Making it Real' Service Expert Advisory Group; to the group for their hard work in editing the Local Account, and to the many service users and carers who contributed to the contents of the report. In future years we will build upon this approach and further extend the opportunities for people and groups to tell it how it really is.

Cllr Lucinda Yeadon
Executive Board Member, Adult Social Care

Foreword

We want Leeds to be the best city in the UK: one which offers it citizens the best support in maintaining their health and wellbeing. Over the last year we have started to introduce new measures that will help local people with care and support needs enjoy better lives than before. The Council has been working with a broad range of organisations to ensure that there are wider care and support choices available and better ways for people to gain access to them. Our new plans are bearing fruit as innovative services emerge.

New legislation and recently published national policy proposals have endorsed our direction of travel. Our focus will remain on ensuring that people with social care needs can access services earlier; and that care and support help reconnect people at risk of isolation back with their communities and delay the need for institutional care.

In addition to many improvements, this report shows a number of areas where we still have much to do to meet citizens' rightful expectations of their care and support. We are addressing these and expect that in future years our efforts will result in all our citizens leading better lives.

During the next 12 months, our priorities for delivering better lives will focus on:

Better lives through integrated services
This will be done through delivering the new city-wide Health and Wellbeing strategy, through which we will provide easier access to joined-up health and social care services, which will recognise the whole person, not a medical condition or a care and support need.

People with social care needs will receive co-ordinated, effective, personalised support from a range of agencies in the health, social care, independent and third sectors, all working together. These same services will, where possible, help people with poor physical or mental health to learn or re-learn the skills they need for independent daily living.

Better lives through housing care and support
We will do this by extending the use of personal budgets, which are being used successfully by a growing number of people who are improving their own lives through taking control of their housing, care and support needs.

We will improve the range of daytime activities for people with eligible needs, providing them with the day-to-day support they need to stay living at home, or close to home, for longer.

People whose circumstances make them vulnerable in living safely and independently will be given the safeguarding and support they need to stay in control of their lives.

Better lives through enterprise
This will be done by ensuring resources are efficiently matched and directed towards those with the greatest need. Existing and new kinds of enterprise will be developed in the Leeds care market which will provide a variety of services that are geared to respond to people with all levels of support and care need.

And finally, we know we will continue to face new challenges over the coming years, but we are confident that the city will have the health and social care infrastructure that will allow us to meet and overcome them. We understand what we need to do and are well on the road to delivering services which fulfil the rising expectations of Leeds people, who want efficient services, offering good value for money and delivering the best social care and support.

Sandie Keene
Director of Adult Social Services

‘Making it Real’ Service Expert Advisory Group

We are some of the people of Leeds who need care and support from others to live our lives. We want better lives and we want to have control of our own services. There is a quiet revolution taking place here, and many might say “about time too”. The council is committed to recognise our role in planning and assessing our social care. During the last 12 months it has made public this promise to its citizens through signing up to the ‘Making it Real’ principles, involving us in judging, ‘what’s working’, ‘what’s not working’ and ‘what’s to be done about it’. The Local Account forms part of this commitment. We are partners in its contents, producing together what you see here.

This is only a first step towards making our lives better. The council and its partners are working with us to lead the delivery of better social care giving us greater choice and control over our own services.

Joy Fisher, Paul Landey, Sharon Sears, Amijit Singh, Ken Watson

We are some of the 39,900 people who receive social care and support in Leeds and have contributed to the Local Account because we want to provide a real picture of what social care is really like in the city.

Margaret Barnett
Alan Barnett
Mafooz Begum
Anne Bolderson
Anita Broadbent
Neil Broom
Jean Cowling
Marion Crossley
Martin Crossley
Grace Dickenson
Pam Green
Joy Fisher
Gladys Hartley
Rita Heslop
Fay Hooper
Max Hooper
Nargis Hussain
Linda Kirkby
Roobena Khartoun
Paul Landey
Molly Letsford
Tahira Latin
Anita Meakin
Alia Nessa
Donovan Parker
Mavis Pope
Hilda Rushworth
Christine Richardson
Florence Roberts
Diana Sales
Felicity Savage
Elsie Scales
Sharon Sears
Judith Simms
Margaret Verity
Dee Thorne
Amijit Singh Uppal
Ken Watson
Val Watson
Hazel Woodcock
Geoff Yeadon
Linda Yu
Aspergers Carers Support Group
Cross Gates Carers
‘Making it Real’ Service Expert Advisory Group
Himmat Asian Carers Group
Koshish Asian Carers Group
Morley Town Hall Carers Group
Yeadon Carers
Leeds LINk Steering Group
Wetherby Carers

Better Lives for Leeds' citizens – what's the offer?

What is Care & Support?

Many people need social care or support at some point in their lives, and some people need social care throughout their lives. These may be frail older people or learning, sensory or physically disabled people. They may have mental health problems, or be substance misusers or have another social care need altogether. Many people get some or all their support from their friends and families. At times these families and friends may also need help to enable them to keep on providing care and they too will be looking for social care to meet this need. Help can take many forms and support is tailored to meet the needs of each individual. However, services that people with social care needs often use include luncheon clubs, supportive equipment, home care, personal assistants or care homes.

The council work with health agencies, community groups, voluntary organisations and business partners to ensure that everyone in Leeds can access local adult social care services which meet their needs in ways which suit their lifestyles. Some adult social care services are managed directly by the council but most are provided by other organisations on behalf of the council.

Not all adult social care is funded by the council. A significant proportion of people with care needs find and pay all or part of the costs of their personal care. Although we do not keep a record of local people purchasing their social care, it is likely that the number is growing.

Did you know?

*There are around **39,900 people over 65 in Leeds with some level of social care need**. Of these **22,100** are estimated to be **in need of some formal care services** with the remainder supported through friends and family.*

*Last year around 15,100 people per week with mental health conditions, learning disabilities or with physical or sensory impairments received services from luncheon clubs, neighbourhood networks and voluntary groups. **The Council provides more support per head of population for voluntary and community groups than any other city in the country.***

A new Health & Wellbeing Strategy for our city

The Council and its key partners are committed to a new Joint Health and Well Being Strategy.

Under the leadership of the Health and Wellbeing Board, Leeds will become a healthy and caring city for all ages. We will work together to ensure that:

- people live longer and have healthier lives
- people live full, active and independent lives
- people enjoy the best possible quality of life
- people are involved in decisions made about them
- people live in healthy and sustainable communities

We want to make Leeds a place where people can be supported to have better lives than they have now.

Over the next three years we intend to achieve this through a mixture of enterprise and integration, where the council join up with health and other service providers to create an adult social care sector that is varied, accessible to all and fit for its purpose.

We are in the middle of a major programme of changing the way that local services are delivered. This is creating and encouraging new options for people with social care needs. Many of these are emerging from local communities getting together to support neighbours and friends.

Our actions will move public funding away from directly-provided services and towards individuals who will be able to pay for the care they want. In future, people with social care needs will be empowered, through their use of personal budgets, to be in control, to have choice and to be safe.

Underlying our vision are the nationally-accepted priorities for social care in the UK, which are:

- Enhancing the quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support
- Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm.

Our vision is in tune with the recently published draft Care and Support Bill and the national government white paper Caring for Our Future (2012) which outlines the coalition's proposals for the future of social care.

Better Lives through integrated services

Why are we joining up social care and health services?

We're doing this so that people with health and social care needs can have their treatment, care and support combined in a single integrated package, which they will be able to control. This will provide more effective coordination of services and give a better experience of support.

Organisational changes are taking place in Leeds (and across the country) following the implementation of the new Health and Social Care Act 2012. Implementation of new legislation has led to:

- The establishment of three clinical commissioning groups in the city. These will be responsible for designing local health services and will do this by commissioning or buying local health and care services. Clinical commissioning groups will work with patients, health care professionals, in partnership with local communities and local authorities.
- A new Health and Wellbeing Board has already been established in shadow form before assuming its statutory functions in 2013. This group of Councillors and senior council and health executives will provide leadership of the development of services across the city.
- Responsibility for public health services will transfer from the NHS to local government by March 2013.

What are our plans for making lives better?

Council social care staff are working more closely with doctors and nurses to provide new joined up services which will improve the care and support available to people with social care needs:

- During 2011/12, the council introduced a new reablement service across the city. This provides short, intensive periods of support, designed to help people return to independence as quickly as is safe and practical. 563 people received this service over the year. Reablement will help people to recover their skills after an accident or illness and will reduce the need for long term intensive support. During 2012/13 we will significantly increase the size of this service so that it can support three or four times this number of people.
- The council and health partners are increasing the availability of new 'assistive technology' which provides support and extra security to disabled or older people who are at risk when on their own at home. The Telecare Service can install sensors on ceilings, doors and walls, or provides devices that may be worn by the service user on a belt or a pendant. Types of sensor include smoke detectors and flood detectors as well as fall sensors and wandering alerts. For people who have become forgetful, there are also medication dispensers. If a Telecare sensor is activated staff at the council's 24-hour response centre, will make contact with the person to check on his or her safety.
- Joint work is ongoing between the council and health partners to develop new joint short term residential services which will help people recover after hospital treatment or prevent hospital admission. These will become operational by December 2012.
- Adult social care and health partners are working to develop a One Stop Shop for assistive technology in Leeds which will be located at Clarence Dock.
- Newly established integrated front line community health and social care teams are finding new ways for health and social care professionals to work together to provide a better service to people with long term health conditions. These integrated teams will be in place across the city by the end of the current financial year.
- Health and social care staff are developing ways to share information where they have the permission of the individuals and when it is safe and appropriate to do so. This will allow the identification of those people most at risk of hospital admission who can benefit from early diagnosis and treatment.

Can integrated health and social care teams really make a difference to patient care and experience?

We all know how frustrating it is for patients who are seen by lots of different healthcare professionals about the same condition and it's often just as frustrating for the staff who find themselves duplicating work. With all the changes to the way healthcare is provided, we asked the people on the frontline if integrated health and social care is really the answer to making the process much more seamless for everyone involved.

Isabel Vickers, Practice Matron from Robin Lane Medical Centre, received a call about a patient from a separate practice, Mrs Jones*, who was extremely distressed about her husband's care.

Mr Jones is registered at Robin Lane Medical Centre but his wife was becoming increasingly stressed with the care that was being provided for her husband, so much so that it was affecting her blood pressure. Mr Jones suffers with many long-term conditions including severe leg ulcers. With the current system, there was no support in place to ease the pressure from Mrs Jones which was a direct result of the demands that she was facing from caring for her elderly, frail husband.

Mr Jones regularly attended the Leeds Teaching Hospital NHS Foundation Trust every few weeks to see his consultant in relation to his leg ulcers which had been getting severely worse. This meant that he needed to change his prescriptions and medication regularly, which in turn meant that the district nurses didn't have the right dressings for his ulcers when they visited him.

All these changes were adding to both the Jones' stress levels in addition to the various health professionals who were going in and out of their home without notice on most days.

There were obvious breakdowns in communication between the hospital, district nursing teams, the medical centre and the pharmacy. This fragmented care meant that Mrs Jones was becoming increasingly distressed and wasn't able to have any time to herself or plan her days.

When Isabel heard about these concerns, she contacted social services and in partnership, they developed a sustainable care plan that was suitable for both Mr and Mrs Jones. By working jointly, they were able to put in place a 'sitting service' to give Mrs Jones some time to herself a couple of times a week. In addition, an overnight/ respite plan was implemented for one to two weeks, between three to four times a year, depending on what they found most suitable. This enabled Mrs Jones to have some time to herself and even plan a well-deserved holiday.

How has this made a difference?

- Mrs Jones now feels less stressed and more importantly, her blood pressure has also settled. She also has a bit more time for herself!
- Mr Jones also feels more reassured and less of a burden on his wife. He was feeling guilty seeing his wife upset, knowing that he wasn't able to offer her much support.
- The district nurses have also benefited from this approach. The number of visits they made were reduced as Mr Jones is now getting better care overall, meaning less delay in the wound healing process.

** The couple's name has been changed to protect their privacy.*

I have a better life because...

Susie's story: *"They gave me my confidence back, they helped me. Mum still won't let me climb ladders, though!"*

Susie is a very unusual young woman. Like a lot of people her age she likes makeup, music and handbags - and she wouldn't be without her mobile phone! She's also a qualified beauty therapist and has a BTEC National Diploma in Business Administration and Law.

Unlike most people her age Susie has coped for the past 14 years with a brain tumour. Diagnosed at age 10, Susie is no stranger to hospitals and the SkILs team became involved after a fall and a bump to the head left her with poor mobility and a very worried mum. As Susie says, 'My mum wasn't happy about leaving me on a morning.'

Kathy and Elaine from the team helped Susie regain some confidence with things like using the oven and showering. She also has various pieces of equipment such as a falls bracelet, perching stool, pills dispenser and even a talking jug!

The teamwork is obvious, with a holistic approach to the support for Susie. *'We do get involved with the family as well,'* says Kathy.

Wendy, Susie's mum, is very pleased with the speed at which thing happened once the SkILs team became involved.

Everyone is pleased with Susie's progress; from lacking in confidence using the oven and needing help in the shower, Susie is back to baking and cooking and showering by herself.

Kathy says, *"When we first came in we had to actually be in the bathroom with Susie when she was getting a shower…then we'd get to where we were waiting outside, ready for her to shout, then got where we didn't do anything."*

Of the SkILs staff Susie says, *'They gave me my confidence back, they helped me. Mum still won't let me climb ladders, though!'*

What is reablement and SkILs?

As the name suggests, reablement is about helping people regain the ability to do some or all of the activities they could do prior to an accident or illness. It pulls together a variety of different types of support to help people live more independently at home, such as equipment, alarms and sensors.

A reablement programme can also include intensive, time-limited support from adult social care's Skills for Independent Living team (SkILs for short). This team supports people to develop and practise daily living skills such as washing, bathing, cooking and taking medication. There is also a specialist team dealing specifically with people with mental health issues.

Read what people are saying about reablement at www.leeds.gov.uk/independence. For more information about adult social care, contact Customer Services on 0113 222 4401.

I have a better life because...

Albert's Story: *"I 'm really confident now."*

Albert is a very independent ex-forces man who had to go to hospital following a fall in the shower. He disliked being in the hospital and wanted to get home as soon as possible. *"I like my independence,"* he says, *"I'm a bit stubborn!"*

With help from Sue and Susan from the SkiLs team (part of Leeds' reablement service) and some assistive technology Albert has regained his confidence and knows that help is available if necessary. He now has equipment including an intercom and an alarm bracelet which means that help is always quickly available.

"He's made us a cup of tea sometimes," adds Sue.

Sue and Susan really enjoyed working with Albert. *"He's been a lovely man to work with and it's been nice to see his progress,"* is their verdict.

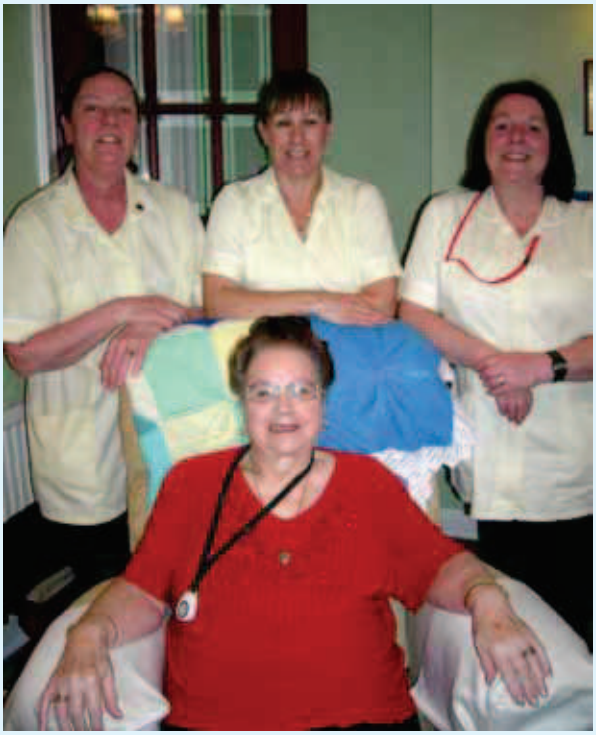
I have a better life because...

Margaret's Story: *"I can not speak highly enough of these girls."*

Born in Garforth, Margaret has been a musician for 50 years, both as a church organist and as an accompanist.

After collapsing in November with pneumonia Margaret was taken into St James' Hospital and went from being a vibrant, lively lady to someone whose confidence, as she says, was completely gone.

'I couldn't even make a cup of tea,' she says, 'I couldn't look after myself.' Margaret also has other health issues such as asthma, heart failure and diabetes.



Sue, Gail and Karen from the SkILs team became involved in supporting Margaret when she came out of hospital. *'I owe them so much,'* says Margaret, *'I'll never be out of their debt!'*

'They chivvied me along and got me going,' she adds, *'they gave me so much encouragement. They helped me with meals, made suggestions, helped me to wash… they helped me to make it. They are so kind, all of them, especially Sue and Karen and Gail.'*

'It's a pleasure, because Margaret is a trier,' explains Sue, and Karen agrees.

Margaret also has equipment to help her around her home, such as rail and a perching stool. She also has an alarm pendant in case of emergencies.

'I cannot speak highly enough of these lovely girls,' says Margaret. 'Long may they continue to help the community. Thank you to them ALL.'

Did you know?

In 2011/12, around 2,250 people contacted the council seeking advice on the best way to meet their social care needs and making their own arrangements. A further 3,000 were referred on for help from other agencies.

Better Lives through housing, care and support

How are we changing care and support in Leeds?

The council is working with private house builders and developers, social housing providers and community, voluntary, faith and enterprise organisations to create a variety of housing options (including residential and extra care) with support adaptable for people's changing needs. With the new housing options comes care and support to maintain people living at home independently, safely and with dignity for as long as possible. Each option is tailored to the needs of local areas and communities as well as individuals.

Extra Care Housing is a new form of supported housing. It is designed for frailer, older people, and varying levels of care and support are available on site. People who live in Extra Care Housing have their own self contained homes with a legal right to occupy the property.

Keeping independent

The Neighbourhood Networks in Leeds

The council and its health partners support a network of 37 small community organisations across Leeds. The Neighbourhood Networks provide services for older people which:

- Reduce loneliness
- Help older people to remain involved in their communities
- Broaden the range of care and support available
- Offer advice about healthy lifestyles

Many also offer additional services including:

- Intensive support at home
- Winter warmth information
- Hospital discharge support

The work of the Neighbourhood Networks is based upon the continued support of over 1,650 volunteers. Volunteers of all ages and skills offer varying degrees of support to the schemes but undoubtedly are a valuable asset for all the Neighbourhood Networks. Their roles include serving refreshments, picking people up for groups and appointments, befriending and arranging groups and activities.

The number of older people registered with the Neighbourhood Networks has increased by 7.4% in the last year to 21,500 as at 31 March 2012. There has also been an increase of over 9% in the number of older people from black and minority ethnic communities accessing these services in the last year.

In October 2011 two of the Neighbourhood Networks received Royal recognition for their work. Both of the schemes received awards under the Duke of York Community Initiative and were presented with their accreditation by the Duke of York at a ceremony in Harrogate.

What are our plans for making lives better?

- Leeds City Council has introduced a "quality framework" for residential and nursing home care. This will require providers to sign-up to a set of quality standards that are directly related to the care fee and will give the council greater influence over the cost and quality of independent sector care.
- We have agreed to refurbish the Bramley Fulfilling Lives centre. The main emphasis of the transformation programme for services for people with learning disabilities is to provide opportunities for customers to benefit from engaging in the life of the city through investment in new, small community bases with day opportunities provided by non-Council organisations.
- The council is working with its partners to achieve affordable housing and care options on a city-wide basis. "The Older People's Housing and Care Programme" is reviewing local population needs in comparison with the housing and care which is available now in Leeds.
- The Leeds Dementia Strategy (2012) is being developed to make Leeds a dementia friendly city. This will support people with dementia to live their lives to the full as part of the community. Living Well With Dementia In Leeds will address the diverse needs of the whole community affected by dementia, including families, neighbours and friends of people with the condition.
- New services to assist people with mental health conditions to live independently are being developed. A key element is the transitional housing unit which offers eight supported accommodation placements to people with enduring and severe mental health problems.
- We are working with health partners to improve local services for people with Autistic Spectrum Disorder. An autism diagnostic service has been established in Leeds. We will improve the training for social workers about autism and introduce autism 'champions' within health and social care agencies.
- 'Safe Places' has been launched at Leeds Bus Station. This nationwide project is aimed at helping people with learning disabilities to deal with any incident that takes place.

During 2011/12, three older peoples' care homes and four day centres closed as part of the Better Lives programme. In most cases existing service users were successfully transferred to alternative services in the independent and third sector. For some, however, changing services caused anxiety and distress. The changes were controversial and have been painful for some service users, carers and staff. We continue to work with these groups to help us to develop and improve our plans.

Did you know?

*There are **96 care homes for older people** in Leeds where people receive care supported by the council. During 2011/12 officers from the council visited these care homes to check the quality of care provided. At any one time **around 6 or 7 homes had their admissions suspended** until quality improved to the required standards.*

*In 2011/12, **9,069 people received specialist help at home** and **2,386 people received financial support** from the council to live in **care homes.***

I have a better life because...

Joan's Story: *"It has come out positive in the end"*

Joan (85) was the first person to move from Kirklands House and is settling in to her new home at Primrose Court, an independent sector residential care home.

Throughout the process of moving Joan was supported by her son, Paul, who ensured that his mother's dignity, choice and rights were respected. To ensure this is the case, every person who moves is given a Care Guarantee which details how they will be supported.

Paul points out that in the beginning some things did not go smoothly, but believes that

"it has come out positive in the end." and adds

"it has improved the situation for my mother."

Joan is happy where she lives and says; *"I know some of the people here and a few people from the church come."*

Paul is keen that the lessons they learned, for example, the practicalities of moving furniture and belongings are being used to help other people and Joan points out that

"for those who moved after me, it has run smoothly."

Dignity Champions check out residential and nursing care homes in Leeds

A group of volunteers have been visiting care homes for older people in Leeds since 2008 to conduct an audit to ensure that residents are being treated with dignity and respect, that their rights and privacy are protected, that they have a say in their care, that there is choice and involvement in their care and activities, and they are aware how to complain.

In the last 18 months over 50 unannounced visits have been carried out. **In the vast majority of cases homes have been found to meet our dignity standards**. Areas where there have been problems include the quality of food, lack of activities and hazards such as poor lighting. These concerns have been followed up by council officers and the problems rectified.

Having more choice, getting more control

People with social care needs and their carers can choose to receive a cash payment from the council to buy their own care services. Help is available to find and employ people to provide their services and to sort out the paperwork.

Mum & I have a better life because...

Paul's Story: *"This is the best thing I have ever done for Mum!"*

89-year-old Olive lives in sheltered accommodation in Wetherby just a mile from her son Paul who helps care for her. She was diagnosed with Alzheimer's five years ago. For the last six months Olive has been using a personal budget to employ a team of five personal assistants.

Paul tells us, in his own words, the difference this has made in both their lives.

"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.

"For anyone in a similar situation I would definitely recommend using a personal budget. This is the best thing I have ever done for my Mum."

Over the next year we will work with service users and carers of Leeds as co-leaders of a 'Better Lives' forum which will oversee the development of personal social care in the city. Our plans will be informed through the nationally validated Personal Budgets Outcomes Evaluation Tool 'P.O.E.T.' survey which will make sure we know even more about how far we have succeeded in ensuring that Leeds is the best city for social care and that we truly are helping people to live better lives.

Everyone is different, so it follows that people should be able to tailor their care and support to suit their life.

If the council assess you to be eligible for support for your social care and you are living at home, you will now receive council support for your care as a personal budget. This is money from the council so that you can choose and manage our own support, mixing and matching services from the council and other providers. Not everyone wants to manage the money themselves, so there are various ways that you can receive and manage your personal budget – it's your choice:

- As a payment directly into your bank account
- As a payment to a suitable person on your behalf, such as a close relative
- As a payment to a Trust, such as a group of family members
- Via an Individual Service Fund – this is where a care provider organisation looks after your budget on your behalf
- Managed by the council (this is limited to services provided or commissioned by the council)
- As a mixed budget – a combination of the above

By the end of this year, everyone will be receiving their care through a personal budget. We are well on the way to meeting this commitment. In 2011/12, 6,122 people chose to receive their social care in this way (52% of all the people receiving specialist care at home).

Confused? Not sure how you can use your personal budget to arrange your own support? Help is available for you.

You can speak to other people in Leeds who already use personal budgets. Contact Free to Live, the personal budget peer support network on 0113 214 3594 or email them at: info@freetoliveleeds.org or visit www.freetoliveleeds.org

Advice about employing a personal assistant is available from an organisation called ASIST (Actively Seeking Independence Support Team). You can contact ASIST on 0113 214 3599.

I have a better life because...

Doris B's Story: *"I would certainly recommend using a personal budget to other people my age!"*

Doris B lives in LS8 and is 85. She has mobility difficulties due to a progressive neurological condition as well as diabetes, thyroid problems, eczema and asthma. Doris uses her personal budget to employ her friend Pauline who provides most of her support.

"I decided to try using a personal budget because I was unsatisfied with the help I was getting before. I'm not hard to please, but I don't like different people rushing in and out all the time. I've known Pauline for 25 years. She lives just round the corner I've been paying her to help me with some things, but now I can employ her properly - it makes all the difference. Pauline will be able to support me with showering, dressing and preparing meals. And she will be able to help me get away for the weekend, go out to the theatre or visit my family. I'm looking forward to getting out and about, going to all the places I'd forgotten about. I would certainly recommend using a personal budget to other people my age!"

Time For Carers grant scheme

Carers Leeds manages the Leeds City Council grant scheme to allow carers to take a break.

The Time for Carers grant is available for people caring for someone for 35 hours a week or more to help them take a break (holiday, day trip, alternative therapy, course, driving lessons etc).

Carers' support groups in Leeds

There are numerous support groups for carers all across Leeds. Some of these are associated with Carers Leeds or the Alzheimer's Society, some with the Older Carers Support Service and some are independent groups of carers.

These groups provide a relaxed, supportive environment where people can get together with others in a similar position and talk through the things that are on their minds.

If you would like to know more about support groups for carers in Leeds please contact one of the organisations listed on page 41 or see our new A to Z of services directory.

79% of all adult social care service users receive practical help on a regular basis from their husband/wife, partner, friends, neighbours or family members.

Carer's Emergency Scheme

Carers, have you ever thought what would happen if you were unavoidably delayed or taken ill or called away in the middle of the night?

The **Carer's Emergency Service** offers both you and the person you care for the peace of mind of knowing that a plan would be activated should such an occasion arise.

Please ring **0845 026 8923 to register your interest**

You will then be visited in your own home by one of the Emergency Liaison Officers from Housing21.

Short Breaks & Respite Breaks

Short breaks can be arranged by Adult Social Care, following an assessment, either in specialist accommodation or with an approved family.

Home based sitter schemes are also available. See page 41 for contact details.

A carer is...

Someone who looks after a relative, partner or friend on an unpaid basis who, because of the effects of disability, physical or mental illness, old age or substance abuse, cannot manage without help. This includes parents caring for a child with disability or health-related care needs.

Dementia Cafés in Leeds

Leeds Alzheimer's Society's dementia cafés take place on a monthly basis. People with dementia and their carers can come together and share their experiences and find out more information about supports and services.

The cafés are in a relaxed and supportive environment where people can chat openly over a cup of tea and slice of cake.

There are cafés in Headingley, Harehills, Yeadon, Otley, Collingham, Boston Spa, Garforth, Pudsey, Rothwell, Beeston and Armley as well as Moortown and Chapel Allerton.

To find out where and when the next cafés take place, please call the Alzheimer's Society on 0113 231 1727.

Carers Leeds – first point of contact for general advice information and support

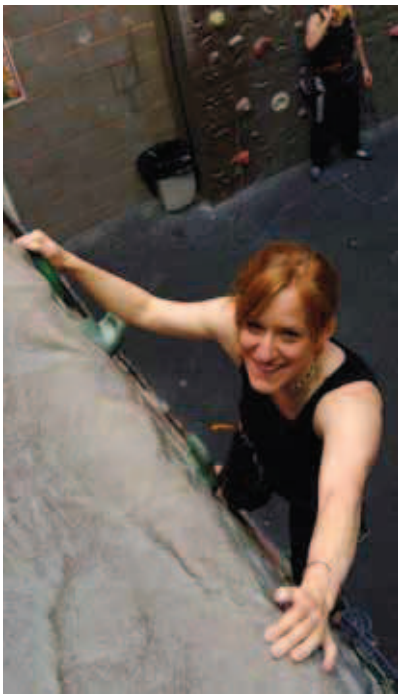
Carers Leeds offers a confidential support and information service to all carers over age 18. This includes: time to talk, either over the phone or in person; information about all kinds of help available; support in understanding of how the health and social care system works; support from other carers; advice about benefits and money issues; courses to help carers cope with the impact of their role on their health and their life; carers support groups; information about holidays and respite breaks and a bi-monthly newsletter. Carers Leeds is based in Leeds city centre but can visit carers at home. They have a specialist worker for young adult carers aged 18-30 and another who works with carers and family members affected by another's substance misuse.

Age UK Support Service for older carers of an adult with learning difficulties

This service has been created to support carers who are themselves over age 65 years, who are caring for an adult with learning difficulties, usually their son or daughter and may have been caring consistently for many decades. It is recognised that these carers have additional difficulties due to their own age and ill-health.

Mental Health Carers' Team – Leeds Partnerships Foundation Trust

Telephone and one-to-one advice and support for carers of people with mental health problems, primarily those who are using mental health services. Information and training about mental health issues. Longer-term support for mental health carers.



Dementia Carer's Support Service – Alzheimer's Leeds

The Dementia Carers Support service provides information and advice to all carers of any person with dementia, advocacy and emotional support; they have several carers support groups, a newsletter, and social events. They work closely with the memory services and jointly provide Dementia Cafés and other groups for people who are living with dementia.

Willows Young Carers Project (Barnardos)

This is a special service for children or young people under age 18 years of age who care for an adult directly, or are affected by a caring situation at home. The service provides one-to-one support and groups and activities for the young person as well as advice and advocacy for the family. They help young carers throughout the Leeds area.

Details of these and many more services can be found in the new A to Z of services, available from GPs, One Stop Centres or by calling 0113 222 4401.

Better Lives through enterprise

How will this help us provide better support?

New ways of providing social care services are appearing in Leeds which complement existing services. Some of these new options are already working in local communities and providing older and disabled adults with a greater variety of services that are geared to respond to people's specific needs. This approach is encouraging more community action such as volunteering and new small social care organisations. Leeds now has many new kinds of social care organisations including private enterprises, co-operatives and user-led services which are contributing to the care and support available in the city. These organisations provide alternatives to traditional social care and support services and offer the potential to deliver or co-ordinate social care services in the future.

These new services are offering more choice and are ensuring that we maximise the benefit of public money being spent in local areas and communities.

We'll be doing this in several ways, through:

- encouraging existing social care providers to respond with flexible and innovative ways of delivering care and support;
- encouraging new kinds of social care organisations (for example, social enterprises, co-operatives and micro businesses) to develop across the city;
- maximising community support for people with care and support needs through volunteering;
- encouraging and supporting the practice of corporate social responsibility;
- nurturing and harnessing the entrepreneurial spirit of staff, the public and existing organisations to encourage the development of different kinds of enterprises; and
- developing long-term, mutually beneficial relationships between private and third sector organisations based on shared values.

You know what you want and how to pay for it? – Book it yourself

Leeds City Council is working with other local authorities in a regional consortium and the private sector to make it **possible for people to choose and book their social care on line** – coming to Leeds in 2013.

Building Community Capacity

We are working to ensure that **more people have the opportunity to volunteer**, but also that **volunteers are properly recognised and rewarded** and that the benefits that volunteering brings to communities and individuals is celebrated.

I have a better life because...

Ryan's Story: *"Touchstone have been really patient with me."*

Ryan approached Touchstone, an organisation that supports people with mental health needs and those who care for them in Leeds. The organisation offers access to services that aid an individual's mental health recovery: for example this could include attending a social group.

"I've had to drop out of the course a couple of times and they've been really patient with me and let me join back on again" says Ryan.

Ryan is currently on an admin placement and is hoping that this will give him extra experience to get back into the workplace.

Ryan says the Touchstone experience has been really positive for him. He takes every day as it comes and feels that he now has a long term aim with something to work towards and look forward to.

Paying for your own care?

If you have found your own care and support and you are not applying for help with the costs you do not need to involve the Council. You can look for any support that meets your needs. However, the Council can still offer advice if you'd like them to. Please contact the council and say that you're thinking of self funding but would like some advice (see page 39 for details).

Care charges can be considerable and long term planning is essential, fortunately there are many organisations that can offer financial advice (see page 39 for contact details).

Developing a more diverse care market

In October 2010 the council established a business support and investment fund under the banner of 'Ideas that change lives'. The fund provides small start-up grants (up to £1K) up to larger sustainment grants (up to £9K).

- The 27 investments made to date have resulted in the establishment of eight brand new person centred services in Leeds with a further 13 new ideas currently being developed with support from the programme.
- Four brand new social enterprises have been established in Leeds.
- 17 existing third sector/social enterprise organisations have been supported to develop and/or establish a new service responding to the personalisation agenda.
- 26 new jobs have been created.

What are our plans for making lives better?

In 2012/13 the council will support volunteering by:

- developing a 'Volunteer Licence' which will recognise training undertaken by volunteers that work with vulnerable adults.
- ensuring that the appropriate use of volunteering is included in commissioning (buying) services.
- expanding the Dignity Volunteer programme that has been running successfully since 2008. Dignity Volunteers carry out dignity audits of the independent sector residential care homes for older people in Leeds.
- exploring a new approach to volunteering through the Ideas that Change Lives (ITCL) investment programme – based on the idea of reciprocity. Reciprocity works on the idea that all people have something valuable to offer and when you view everyone as an asset you move to a model of two-way exchange. Timebanks are an example of such an approach and ITCL has recently invested in a group that is exploring the development of a Timebank in the Hyde Park area.

We will develop and support corporate social responsibility in three ways:

- by encouraging long-term relationships and partnerships between private sector companies and social enterprises and the wider third sector;
- by identifying and building on shared values between companies and third sector organisations; and
- by spreading the message that successful corporate social responsibility is a long-term investment for companies and benefits both parties.

We will encourage new kinds of social care organisation:

- by supporting the increase of the number of social enterprises and user-led organisations, and helping them to work across the whole city.

Some of the new services starting in Leeds

Experience Community

Experience Community is a tourism business which helps disabled people and people with mobility issues become more independent. It produces guides of different tourist destinations which show how people with different disabilities can experience and enjoy each attraction. The business also offers tailored group excursions and short breaks for disabled people.

Craig Grimes is the founder of Experience Community who has used his experience as a disabled person to develop the service.

Get Cooking

Get Cooking is a new social enterprise that teaches basic cooking skills to groups of people with particular social care needs and medical conditions, particularly those with acquired brain injury. The business aims to use cooking as a means to aid rehabilitation or recovery and to help people grow in confidence. The business also offers cookery courses to people who would benefit from learning how to cook fresh, healthy, home cooked food.

This micro enterprise has been established by Emily Carey, a Multiple Sclerosis-specialist social worker.

Connections Health and Social Care

Connections Health and Social Care is a new social enterprise, based in south Leeds, which provides services to help people and their carers to remain living independently in their own home for as long as possible.

Services include the provision of personal assistants, end of life support, continuing and overnight care and supporting/caring for those with a disability. A new and exciting service recently started is the enablement service which enables service users to regain skills to do as much as they can/want for themselves. It is designed to support service users who wish to socialise more i.e. shopping, trips, holidays and visits to places of interest.

Who are we helping now, and how will this change?

There is a growing aging population in Leeds which is creating more demand for services and support at a time when funding is reducing year on year.

Overall the black and minority ethnic population of Leeds continues to experience disproportionate health inequalities. This is the result of a complex mix of factors including the impact of migration; access to and experience of health services and prevention initiatives; culture and lifestyle; racism and discrimination; and biological susceptibility.

The Leeds **Joint Strategic Needs Assessment** (JSNA) 2012 is key to understanding the health and well being needs and inequalities across and within Leeds.

It includes over 80 detailed reports on populations, behaviours, specific health conditions, children, wider factors, key populations and equality groups, service

There were 214,000 hospital admissions for Leeds residents in 2011. On average 42% of these admissions were as an emergency. For the most deprived areas in Leeds this proportion is higher at 49% and for the least deprived areas of Leeds it is lower at 33%.

*The growth in the number of older people in Leeds, means that the number of **people with dementia in Leeds is expected to increase by 40%** in the next 15 years, from an estimated 8,400 to over 12,000.*

The main risk factor for dementia is ageing, and therefore is more prevalent in areas with longer life expectancy. These are generally the least deprived and more rural areas surrounding the city. This in turn gives rise to needs for access to information and access to services associated with rural areas.

People with learning disabilities, particularly people with Down's Syndrome, are at risk of dementia, and other conditions linked to ageing, at a younger age. As health and life expectancy improve, we expect to find more people with both learning disability and dementia.

Leeds men can expect to live for 77.9 years and women 82.2 years

On average men living in the least deprived areas of Leeds can expect to live 12.4 years longer than men living in the most deprived areas of Leeds. For women the gap is 8.4 years.

utilisation and locality information.

Here are some of its key facts and figures.

The full JSNA can be found at the Leeds Observatory website in the 'Resources and Documents' section.

www.
westyorkshireobservatory.
org/leeds

The number of people in Leeds aged over 65 estimated to be living with depression is 10,111 and severe depression is 3,232.

*There are over **150,000** people living in areas of Leeds that rank among the **most deprived 10% in England***

*Approximately one in ten people of Leeds have a caring role looking after a relative or friend with a long term condition. The 2001 census suggested there are **70,000 carers in Leeds.** The 2011 census is likely to show this number has increased. It is estimated that carers save the economy £119 billion a year. In Leeds that would equate to **about £12 million.***

*Leeds **Irish, Jewish and some eastern European communities are ageing groups** within the population. Most people of Caribbean and south Asian origin came to Leeds more recently and the number of older people from these communities is expected to increase significantly in the coming years.*

This is what we are doing

- Action is being taken across the city to control smoking with a targeted focus on those areas with the highest prevalence.
- Action is being taken to keep people of all ages healthy and to prevent the long term conditions that arise from obesity
- The new Leeds Alcohol Harm Reduction Plan will address the health, social and economic harm caused by alcohol to individuals, families and wider society
- We will undertake a further focused needs assessment of dementia in Leeds
- Increasing the involvement of carers in care planning including hospital discharge arrangement and improving access to a wide range of short breaks for carers

Better Lives with less money

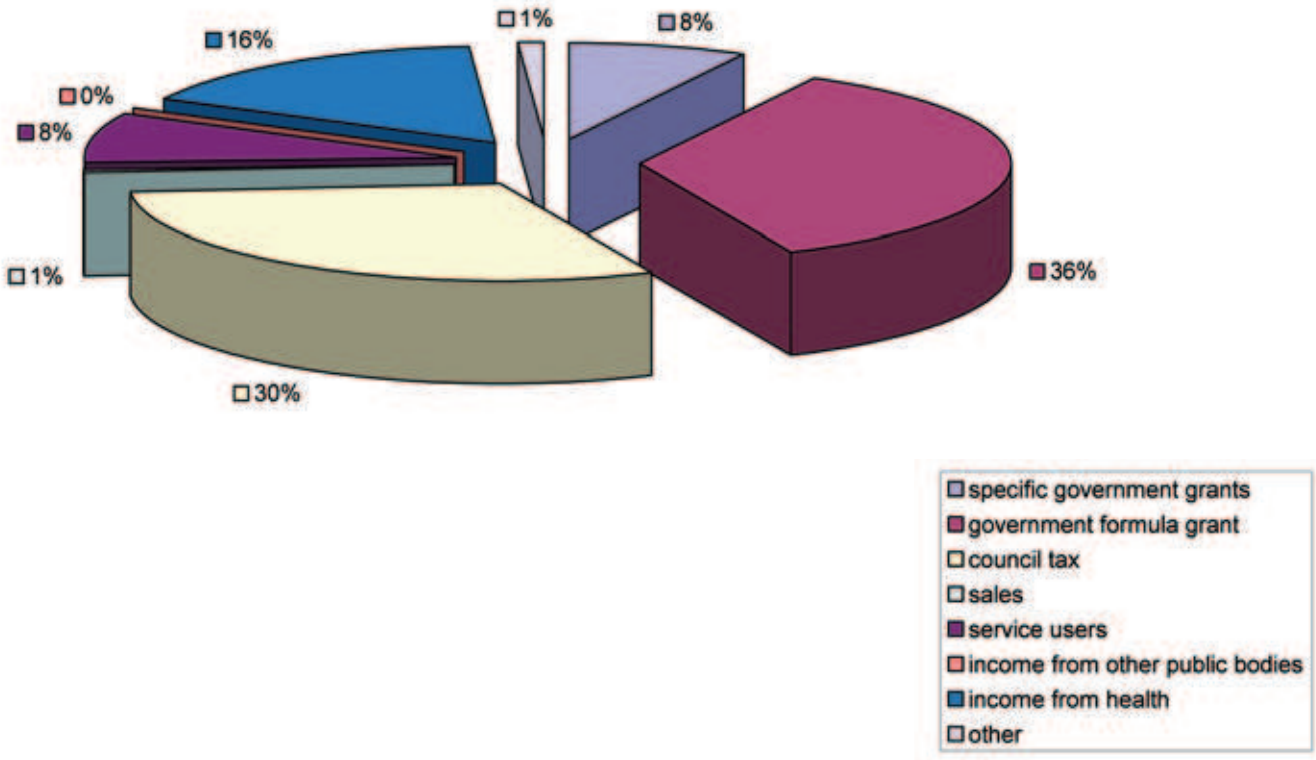
Over the last 5 years the council's Adult Social Care service has delivered savings of over £60m savings through changing the way we do things. These savings have enabled the investment in new types of service and helped to deal with the growing demand for services.

In 2012/13 we are projecting to deliver savings of £9m. The main service changes within these savings relate to home care, day care and residential care.

- The home care service has been refocused on helping people to regain and maintain their independence through the reablement and telecare services. Alongside this, the amount of long-term care provided by the council has reduced as staff have left the service, with the independent sector taking on more care.
- There has been some reduction in the council's residential and day care for older people provided directly by the council alongside a growing role for the independent sector. Within day services for people with learning disabilities, people are being offered more flexible day opportunities using bases in local communities rather than in large day centres.

Although we have had success in meeting the challenge to deliver better for each pound we spend, we will continue to face financial challenges over the coming years.

Where the council got its money for adult social care in 2011/12



Like every other city across the country, Leeds needs to ensure that more people get better health and social care services at a time when it has less money.

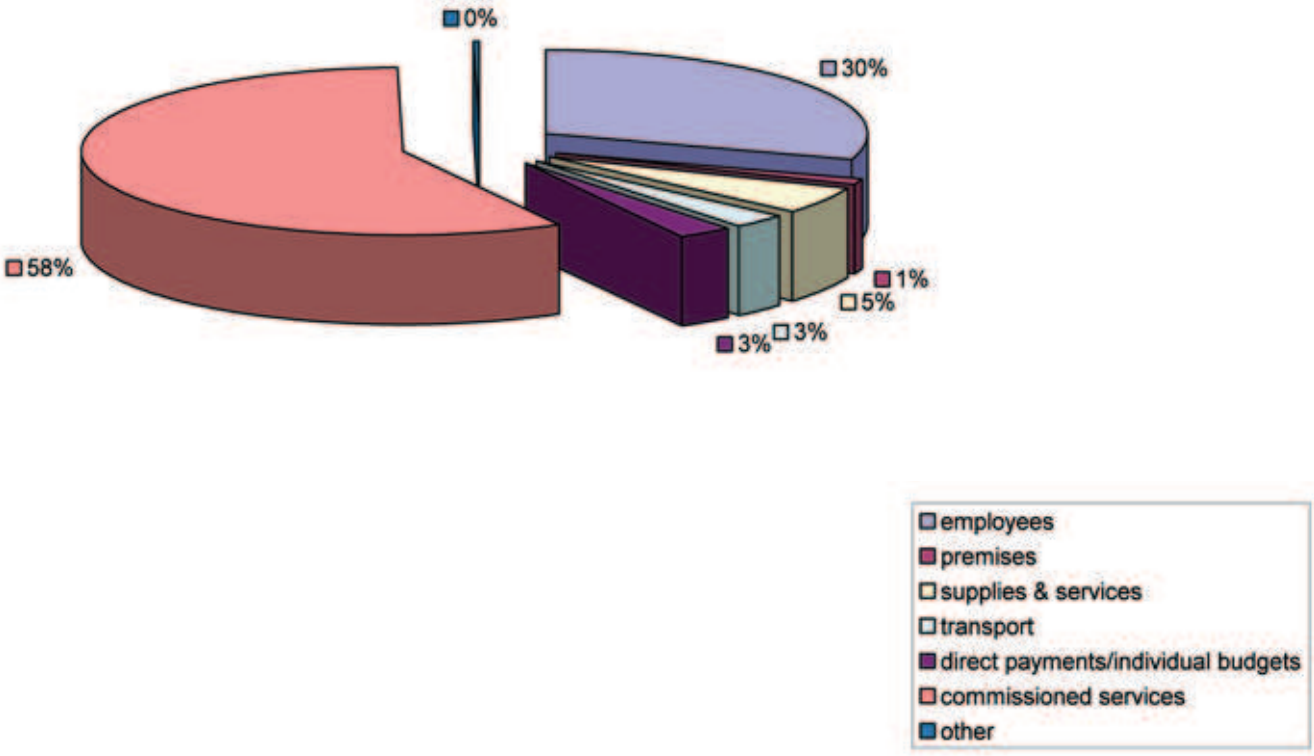
We expect that the demand for social care will continue and that there will be increasing demands for higher quality social care. This is based on:

- increasing expectations and aspirations of people with social care needs to live safer, independent and more fulfilling lives
- an expected increase in number of older people and learning disabled people in Leeds
- a growing demand for easier access and greater choice and control over social care by service users.

Ensuring that there is high quality adult social care available to the people of Leeds is a priority for support within the council and the budget for social care and services is expected to increase over the next two years whilst greater efficiencies within the services are being introduced.

However, the future remains challenging. The council's overall budget is expected to fall by 2.1% in each of the next two years and it faces the challenge of increased demand with less money.

How your money is spent on adult social care in 2011/12



Are lives getting better? Having the information I need,

Some good things

97% of adult social care service users report that if they telephoned a social worker the call was answered promptly and professionally *(ASC survey April 2012)*

92% of adult social care service users report that their social worker explained things clearly *(ASC survey April 2012)*

This is what we are currently doing

People find out about the care and services that are available in a number of ways. These include:

- Through booklets and leaflets such as the Leeds Care Services Directory
- Through websites such as the Leeds City Council website, the Leeds Directory
- Through advice from council One stop centres and from the council contact centre
- From doctors, nurses and other professionals

A Home Care Provider tells us:

"The people who use our services are more informed, more confident and in control of their support.

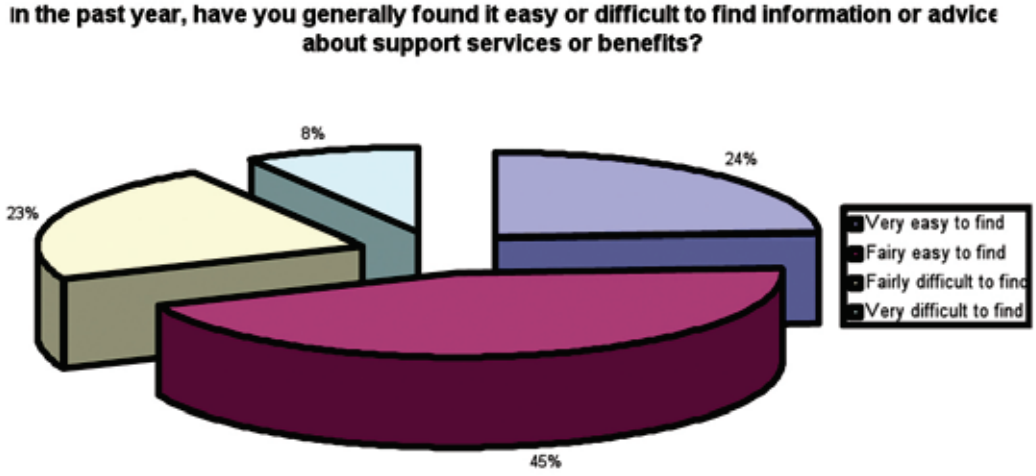
With this, we are able to devise much more in depth, personalised care plans which in turn better meet the individual needs of the client."

Local Care Force July 12

"I had to go to hell and back before I got help."

"You're completely on your own when it first starts."

Yeadon Carers 2012



when I need it.

Some areas where we could do better

"Navigating the council website is difficult. We need a section dedicated to telling people with our needs about the help that is available."

Carers' Groups

About 1/3 of service users who had tried to get information in 2011/12 had difficulties in finding out about the help that is available. *(PSS Survey 2012)*

Our Service Experts Advisory Group told us:

"Information was sometimes not easy to understand, was not always available in the required range of forms and there were examples of it being wrong, out of date or inadequate."

'In some cases it had taken a long time to uncover information and some people have simply not known what help is available. This is especially true of people coming into contact with social care for the first time."

Our Service Experts Advisory Group told us:

"Contacting people is often difficult, we cannot always get hold of someone who understands our services."

Cross Gates Carers' Group told us:

"Carers sometimes feel excluded from discussions with professionals and we often find it difficult to find out what the plans are for the people we care for."

"We would like more contact with the council so that they can let us know more about the new services that are emerging which we could use."

Koshish & Himmat Carers Groups

So, this is what we are doing to improve services:

- Establishing user led information and support provision which will enable people to contact someone who understands the kind of issues likely to be encountered and will offer peer support
- We are working with the NHS in Leeds to improve our systems so that you can get easier access to the care and support you need, when you need it.
- We have recently improved the quality of our information to service users and carers
- We are developing area based care management teams integrated with health community teams to make it easier for you to access support through GPs and nurses

Are lives getting better? Keeping our friends and family

Some good things

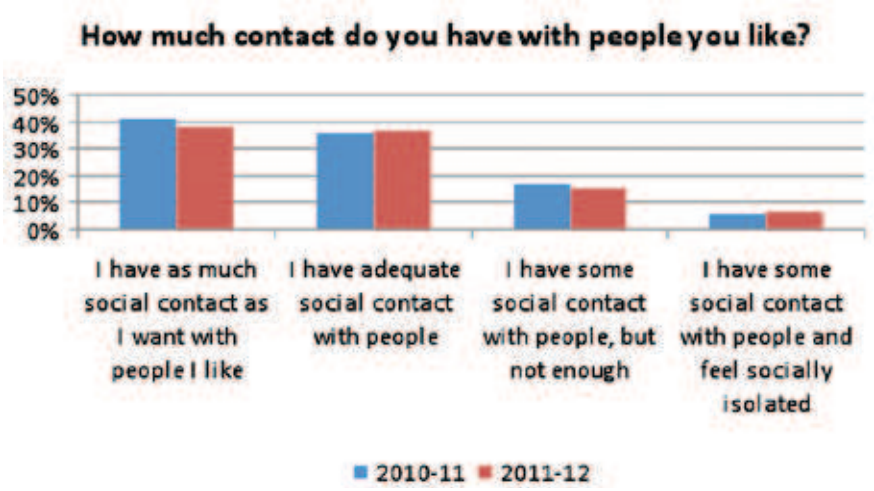
In 2011/12 over 80 learning disabled people were helped into employment, an increase of 23% on the previous year.

This is what we are currently doing:

- We are working with service users to make our city more accessible to disabled and older people
- The council provides specialist transport such as the Leeds Access Bus
- The council supports 270 luncheon clubs and social groups for people with care and support needs
- Personal budgets are available for those assessed as having care needs which can be used to keep in touch with family and friends and to maintain social contacts
- Mobility aids and adaptations are available commercially or through the council and its health partners. Each year around 2500 people receive support from the council in this way
- We are supporting learning disabled people and people with mental health issues to gain employment
- Leeds now has 12 Changing Places toilets with more planned for this year

Our Service Experts Advisory Group told us:

"We put a great deal into the community and this is generally valued."



75% of social care users have 'as much as they want' or 'adequate' social contact.

An increasing proportion of council supported social care report that they are able to spend their time doing things they value or enjoy (up 3% to 67% in 2011/12).

Leeds provides significantly more directly accessible support than other authorities for adults with lower levels of social care need, such as luncheon clubs, neighbourhood networks and services directly provided by voluntary groups. 11,900 people with lower levels of social care need directly access these services every week.

"We need lifting and handling training and we need it where we live, not just in the centre of Leeds"

Koshish Asian Carers Group

Our Service Experts Advisory Group told us:

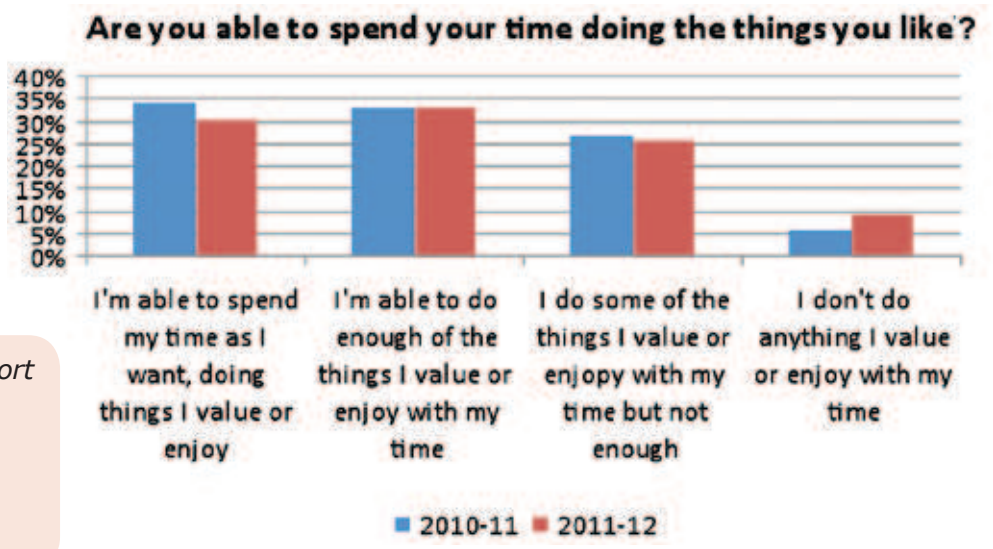
"We are still not able to go out without having to plan a long way in advance."

and having active and supportive communities

Some areas where we could do better

"Mother is isolated because she doesn't speak the same language as the people who provide services"

Koshish Asian Carers Group



"We need more support with transport to help people attend Leeds Asperger Adults"

A service user

Only **64%** of service users feel able to do enough or more of the **things that they value or enjoy**. This is a lower proportion than the previous year.

"If I do go out, its to the White Rose Centre as I can order a scooter, but I have to do this in advance."

A service user

Our Service Experts Advisory Group told us:

"We want better transport facilities. We would like the council to provide start up funding and support for groups and activities as part of promoting social enterprises."

"There is a great deal of ignorance about autism and training needs to be made available to health and social work staff, and to all people who provide services to the public such as bus drivers, post office workers etc so that people like my daughter can manage."

A Carer 2012

So, this is what we are doing to improve services:

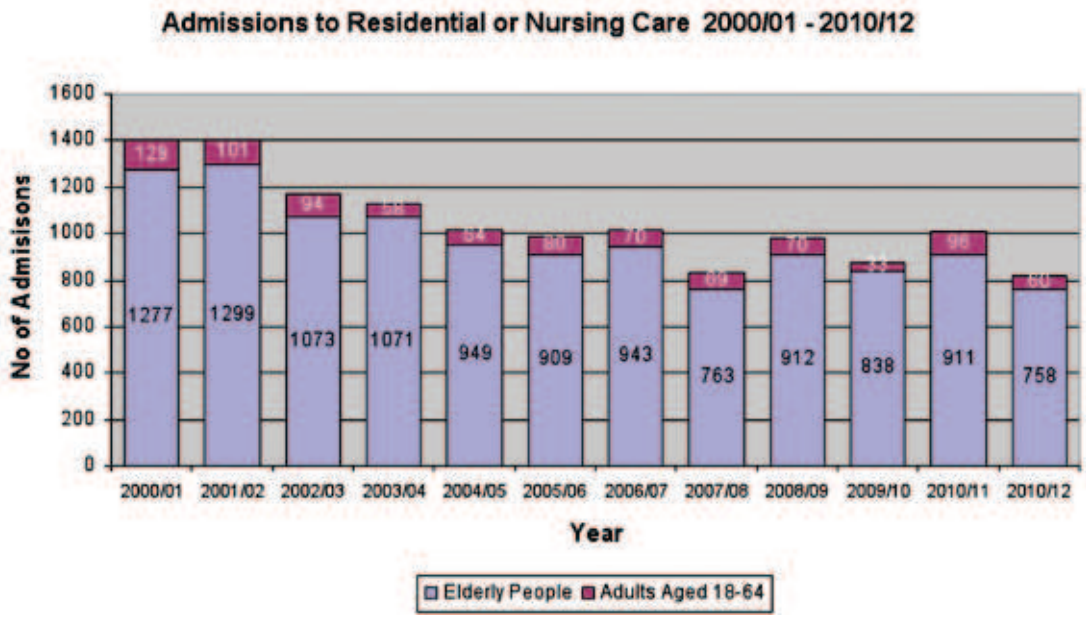
- We are developing the potential of our **'Shared Lives' service**, where an individual or family is paid to include an isolated or disabled person in their family and community life as an **alternative to care homes**
- **Local Health and Wellbeing Boards** are establishing local plans alongside NHS and Council, voluntary and private sector partners to improve the quality of life of people living in Leeds
- We are making sure that new buildings such as the T**rinity Shopping Centre and the Leeds Arena** will be **fully accessible** to disabled people when they open in the coming year.
- We are developing new **Health and Wellbeing Centres** which will promote healthy lifestyles and exercise across Leeds. The first of these is due to open in 2013
- We are working with West Yorkshire Transport to address **barriers to travel**, including the use of **concessionary fares schemes**.
- Social care **training will be extended to carers** and other people supporting the public

Are lives getting better? My support, my care

Some good things

This is what we are currently doing:

- Many people get help from local voluntary and community groups which are funded by the Council.
- There is a broad range of support for carers in Leeds
- Thousands of people per year receive specialist social care support from the Council.
- The Council is working closer with NHS and housing agencies to improve services
- Over 4000 people at any one time use 'telecare' alarms to keep them safe



As a result of better preventative services and better alternatives, **fewer people** are needing to meet their care needs through support from the Council for **residential and nursing care**. A smaller proportion of Leeds residents were admitted to Council supported residential care than the average for similar cities and for England as a whole.

"I asked for equipment and I got it within 2 days."

A service user

Our Service Experts Advisory Group told us:

"Having our own personal assistant is the best way to avoid concerns regarding the quality and consistency of care services"

A Home Care Provider tells us:

"The Council is getting better at working with social care providers and this is helping us to provide better care." **Polkadot Care**

All home care providers used by the Council who were assessed in 2011/12 **met our local standards of care**.

The council received a **72% increase in compliments** and a **2% decrease in complaints** over the past year.

"Telecare is brilliant."

Yeadon Carers 2012

19% of telecare service users would have moved into a care home if the service wasn't available.

70% of reablement customers require no further care or support after the service is complete.

Inspections show that all **council run residential and nursing care homes are fully compliant** with the Care Quality Commission.

Some areas where we could do better

"There is no-one you can turn to over the weekend."

Yeadon Carers 2012

"Getting and keeping contact with social workers is a problem."

Asperger Carers Support Group

"We're worried about what's going to happen to our loved ones after we've died."

Carers Groups

"Nobody takes any notice of carers needs."

A Carer 2012

Overall, 14% of service users were not satisfied with the care and support service they received.

Our Service Experts Advisory Group told us:

"In most cases it took a long time to get the right care, and there are constraints around the planning of care which can sometimes make it difficult to get consistent staffing and flexible care."

A Home Care Provider tells us:

"Where we would like to see improvement is for those clients who need more specialised support around mental health issues or learning disabilities, for whom generic home care is not sufficient. In our experience some clients' support needs are often missed at assessment stage and it can be difficult to organise a referral or further assessment."

Local Care Force July 12

So, this is what we are doing to improve services:

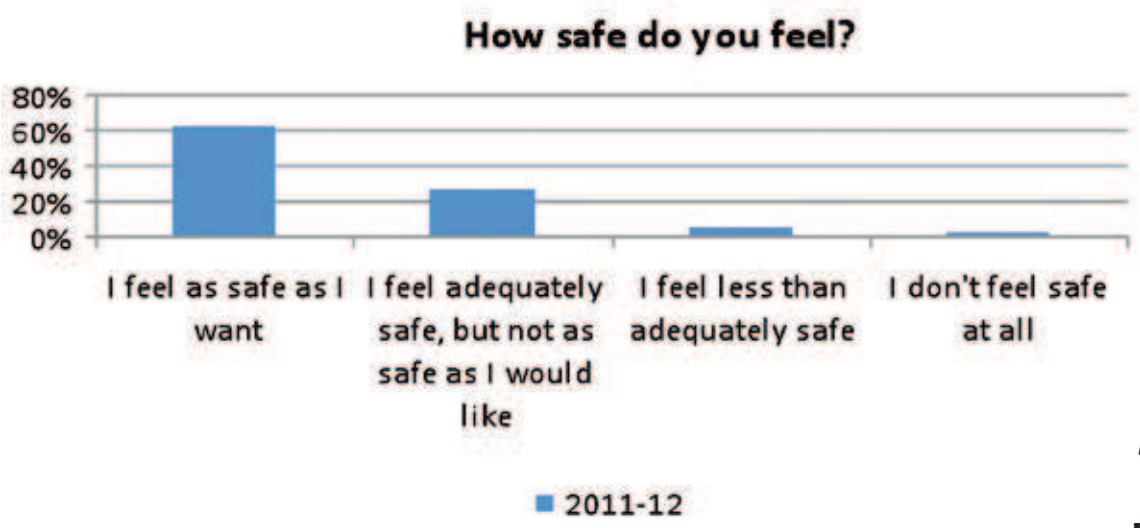
- In 2011/12 the council established an agreement with the residential and nursing home providers that it uses in Leeds to **pay according to the quality of care provided** to service users. It will be using this to improve the quality of care provided locally
- We are **improving our identification of carers and our support** for them.
- Introducing new processes which will ensure that **all people** who would benefit from **re-ablement service**s can access them
- We are promoting the **development of new and innovative services** so that people have more choice about what support would suit them best

Are lives getting better? Feeling in control and safe

Some good things

This is what we are currently doing:

- The council arranges for social workers to investigate concerns about the abuse or neglect of adults in Leeds
- We are encouraging a broader range of services for people to choose from
- We support 6 agencies to work as advocates for vulnerable adults and people who need social care and support
- The council checks out the quality of all the care homes and domiciliary care agencies that it uses to support people with social care needs
- There is an out of hours emergency social work service which works all weekends, evenings and bank holidays
- The council supports a Carers Emergency Scheme



92% of people receiving care and support in Leeds feel safe and 82% think their social care helps them to feel safe. *(PSS survey 2012)*

74% of the people completing their program of reablement in Leeds between January and April 2012 report that they now feel they have control over their lives.

95% of adult social care service users report that they feel that their social care worker/s treated them with respect. *(ASC Survey April 2012)*

96% of Adult Social Care service users said that their **views were listened to and taken into account** by their social care worker. *(ASC Survey 2012)*

Our Service Experts Advisory Group told us:

"We feel in control of our care and support."

"Mother has a high level of trust and confidence in the carer who visits on most occasions. Also, there is regular informal review and discussion with the care supervisor."

A Carer 2012

A Home Care Provider tells us:

"The way in which Leeds citizens are able to access support has dramatically improved and is much more focussed around choice, independence and dignity than it ever has been."

Local Care Force July 12

Some areas where we could do better

8% of people receiving council supported care and support don't feel safe.
(PSS survey 2012)

Some carers told us:

"We are sometimes threatened or hit by the people we are caring for and this is not always taken seriously by the professionals we tell."

"No-one knows how you're feeling inside."

A Carer 2012

Our Service Experts Advisory Group told us:

"We are worried about having difficulties should something go wrong. We would like an emergency number which we could ring to get emergency care."

So, this is what we are doing to improve services:

- Providing improved safeguarding training for staff and testing to make sure that everyone understands their responsibilities and knows how they should be undertaken
- We are implementing a safeguarding quality framework to make sure that all investigations are undertaken to national and local standards
- We are commissioning new advocacy services which will make sure that everybody can get support to say what they want
- Developing our support arrangements so that people can quickly access care when they need it

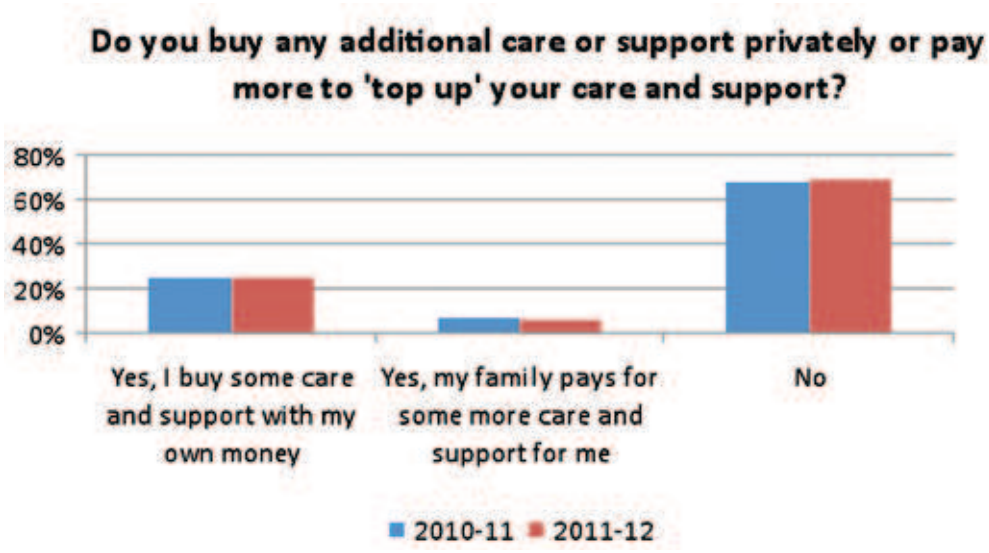
Are lives getting better? Personal budget - my money

Some good things

This is what we are currently doing:

- We have established processes to support people who purchase their own care through a council provided cash personal budget
- Leeds has a user led organisation called ASIST who help people to identify and manage services they have purchased with their personal budgets
- Leeds has a personal budget peer support network run by personal budget holders to advise and support personal budget holders

In 2011/12, Leeds City Council provided 52.1% of people receiving specialist social care services with their support through a personal budget and 17.7% of this group chose to take it as a cash payment. Leeds is rapidly increasing the proportion of people who receive support through personal budgets year on year. It is performing better than most local authorities.
(ASCOF 2012)



"Asist are great. They came to see me with the social worker and helped me sort out employing our personal assistants. I felt included and in touch."

A Carer 2012

Some areas where we could do better

Although many more people than ever are receiving their social care through a personal budget, a smaller proportion feel that they have control over their daily life in 2011/12 (74%) than the previous year (79%). Leeds performance is now only average in relation to comparable towns and cities.

31% of all council supported users of social care buy additional care to 'top up their support.
(PSS survey 2012)

Our Service Experts Advisory Group told us:

"We are concerned about the assessment process, which can feel adversarial and designed to elicit savings."

A Carers' Group told us:

"We're worried that if the people we care for receive cash from the council to buy their support, it will affect our pensions and benefits."

Our Service Experts Advisory Group suggested:

"Establish a 'try before you buy' arrangement, with both companies and personal assistants. This would create a trial period for both sides to get to know the other and make sure they are suited."

So, this is what we are doing:

- We are developing 'pre-loaded' cards which will enable people without bank accounts to be able to take up the council's offer of a cash payment as part of their personal budget
- We are reviewing our processes to make sure you can change the way you receive your support when your services are annually reviewed
- We are working with independent organisations such as the Neighbourhood Networks to increase the support available for people.

Better Lives - measuring our performance

Indicator Reference
1A: Social care-related quality of life This indicator represents an average score for a person based on the responses of those that completed the
1B: The proportion of people who use services who have control over their daily life This indicator is the average score of those who responded "I have as much control or adequate control" to your daily life?" on the Adult Social Care Survey
1C: Proportion of people using social care who receive self-directed support, and those receiving directed support This is a percentage of the service users who are helped to live at home and carers who have chosen the
1C: Proportion of people using social care who receive self-directed support, and those receiving This is a percentage of the service users who are helped to live at home and carers who have chosen the payment to purchase it
1E: Proportion of adults with learning disabilities in paid employment This is a percentage of service users with learning disabilities know to be in paid employment
1F: Proportion of adults in contact with secondary mental health services in paid employment This indicator measures the percentage of adults receiving mental health services who are know to be in paid
1G: Proportion of adults with learning disabilities who live in their own home or with their family This indicator measure the proportion of adults with learning disabilities who are know to the council, who are family in the current financial year.
1H: Proportion of adults in contact with secondary mental health services who live independently, This indicator measures the percentage of adults receiving secondary mental health services who are living
2A: Permanent admissions to residential and nursing care homes, per 100,000 population, part 1 This measure the number of people aged 18-64 who are permanently admitted to residential or nursing home.
2A: Permanent admissions to residential and nursing care homes, per 100,000 population, part 2 This measure the number of people aged 65+ who are permanently admitted to residential or nursing home
2B: Proportion of older people (65 and over) who were still at home 91 days after discharge from This measure the proportion of older people who received a short term package of care after leaving hospital
2C: Delayed transfers of care from hospital, and those which are attributable to adult social care This measures the proportion of people who were ready to leave hospital whose discharge was delayed due
3A: Overall satisfaction of people who use services with their care and support This indicator is the average score of those who responded "I am extremely satisfied" or "I am very satisfied" generally found it easy or difficult to find information and advice about support, services or benefits ?" on the
3D: The proportion of people who use services and carers who find it easy to find information This indicator is the average score of those who responded "Very easy to find" or "fairly easy to find" to the with the care and support services you receive?" on the Adult Social Care Survey
4A: The proportion of people who use services who feel safe This indicator is the average score of those who responded "I feel as safe as I want" to the question " Which safe you feel?" on the Adult Social Care Survey
4B: The proportion of people who use services who say that those services have made them feel This indicator is the average score of those who responded "yes" to the question "Do care and support services Survey

**Comparator local authorities have been defined by CIPFA*

The Adult Social Care Outcomes Framework is a set of outcomes measures which have been agreed nationally and are aimed at demonstrating the achievements of adult social care. The measures provide a benchmark for comparison of performance between local authorities.

	2010/11 Score	2011/12 Score	2011/12 Av. for Comparable Local Authorities	Improving?
Adult Social Care Survey	18.5	**18.4**	18.6	⇔
the question "How much control do you have over	78.8	**73.5**	73.5	⇩
direct payments – Part 1, any form of self- services they want to receive	29.0%	**52.1%**	40.1%	⇧
direct payments – Part 2, cash payments only services they want to receive and received a cash	11.7%	**17.7%**	13.6%	⇧
	6.3%	**7.1%**	6.5%	⇧
employment		**11.9**		
recorded as living in their own home or with their	71.1%	**83.7%**	74.1%	⇧
with or without support independently		**59.1**		
– 18-64	18.3	**11.2**	15.5	⇧
– 65+	816.2	**671.9**	723.4	⇧
hospital into reablement/rehabilitation services and were still living at home 3 months later	85.4%	**85.7%**	82.38	⇧
to a health or social care related reason		**3.28**		
to the question " In the past year, have you Adult Social Care Survey	59.9	**63.4**	62.6	⇧
about services question " How satisfied or dissatisfied are you	52.7	**53**	66.2	⇧
of the following statements best describes how	61.9	**62.7**	62.5	⇧
safe and secure help you in feeling safe" on the Adult Social Care		**84.3**	75.8	

	Leeds is performing better than comparable local authorities
	Leeds is performing as well as comparable local authorities
	Leeds is performing worse than comparable local authorities

⇧	Leeds performance is improving
⇔	Leeds performance has remained constant
⇩	Leeds performance is declining

Abuse of vulnerable adults

What is safeguarding?

Safeguarding adults refers to the **protection of an 'adult at risk' from abuse or neglect**. Abuse is mistreatment by any other person or persons that violates a person's human and civil rights. Abuse can happen anywhere - in a person's own home, in a residential or nursing home, in a supported living setting, a hospital or GP surgery, a prison, day centre or educational setting, library, sports centre, within the workplace, or within the community.

Abuse may be committed by a professional, a paid carer, family member, another adult at risk, or anyone else.

If there are concerns about a person you know over 18 years of age, who needs, or might need, health and social care support and who might be being abused or at risk of abuse from another person, then they are likely to be an 'adult at risk' and a safeguarding adult referral should be made to the council.

Safeguarding Referrals – 2011/12

- There were 3,449 referrals for safeguarding adults received by the council during 2011/12, which is 686 more than were received in 2010/11
- The largest number of referrals are made by social care staff followed by health and housing staff.

A safeguarding coordinator from Adult Social Care or an NHS organisation will then arrange for an investigation into the allegations or concerns. We need to do an investigation to find out the facts about what has happened. The decisions about the help you need must be based on all the information available.

Safeguarding Investigations – 2011/12

- Most investigations in 2011/12 followed concerns about physical abuse (41%) followed by neglect (29%) and financial abuse (17%).
- More safeguarding investigations were undertaken in 2011/12 than in any previous year (986).
- The largest number of safeguarding investigations involve people who are categorised as having a physical disability or frailty (405, or 41%). 265 or 27% involve someone with a learning disability and 201 or 20% involve a person with dementia.

The council commissions a group of independent experts to review the quality of its investigations into allegations of abuse of vulnerable adults and they told us:

"Records indicated that prompt action was taken to safeguard the individuals concerned, investigations instigated and protection plans put in place."

CPEA Ltd. Dec 2011

Case Conclusion	Number	%
Fully Substantiated	333	48%
Partly Substantiated	70	10%
Not Substantiated	127	18%
Inconclusive/not determined	168	24%
Total	**698**	**100%**

The Outcomes of Safeguarding Investigations – 2011/12

- 58% of safeguarding investigations concluded within the year were either fully or partially substantiated.
- 39% of investigations that were concluded in 2011/12 involved a person with a physical disability. 30% of concluded investigations involved a person with a learning disability.

Where can I get information & advice?

There are 16 one stop centres across Leeds where you can get advice on a range of services face to face. Our centres work with a variety of partners to bring you the services you need locally.

1. **Aireborough One Stop Centre**, Mon, Tues, Thurs, Fri 8.30am - 4pm. Wed 8.30am - 3pm
   Micklefield House, New Road Side, Rawdon, LS19 6DF

2. **Armley One Stop Centre**, opening hours same as Aireborough
   2 Stocks Hill, Armley, LS12 1UQ

3. **City Centre One Stop**, Mon - Thur 8.30am - 4pm. Fri 9.30am - 4pm
   2 Great George Street, Leeds, LS2 8BA

4. **Dewsbury Road One Stop Centre**, Mon, Tues 8.30am - 4pm. Wed 8.30am - 3pm. Thurs, Fri 8.30am - 5pm
   190 Dewsbury Road, LS11 6PF

5. **Garforth One Stop Centre**, Mon, Tues, Thur, Fri 9am - 4.30pm. Wed 9am - 3pm
   Lidgett Lane, Garforth, LS25 1EH

6. **Morley One Stop Centre**, opening hours same as Dewsbury Road
   Morley Town Hall, Morley, LS27 9DY

7. **North Seacroft Joint Services Centre**, Mon, Tues, Thurs, Fri 9am - 5pm. Wed 9am - 3pm
   Unit 8, Seacroft Shopping Centre, LS14 6LU

8. **Osmondthorpe One Stop Centre**, opening hours same as Aireborough
   81a Wykebeck Mount, LS8 0JE

9. **Otley One Stop Centre**, Mon 10am - 6pm. Tues, Wed, Thurs 9am - 4.30pm. Fri 9am - 4pm. Sat 10am - 12pm appointment only
   8 Boroughgate, Otley, LS21 3AH

10. **Pudsey One Stop Centre**, Mon, Tues 8.30am - 4pm. Wed 8.30 - 3pm. Thurs, Fri 8.30am - 4.30pm
    Pudsey Town Hall, Robin Lane, Pudsey, LS28 7BL

11. **Reginald Centre,** Mon to Fri 8.30am - 5pm. Sat 11am - 1pm appointment only
    263 Chapeltown Road, Chapeltown, LS7 3EX

12. **Rothwell One Stop Centre**, opening hours same as Aireborough
    Marsh Street, Rothwell,LS26 0AD

13. **South Seacroft One Stop Services**, opening hours same as Aireborough
    91-95 Moresdale Lane, Seacroft, LS14 6GG

14. **The Compton Centre**, Mon, Tues, Thirs, Fri 8.30am - 4pm. Wed 8.30am - 3pm. Sat 10am - 1.30pm appointment only
    Junction of Compton Road and Harehills Lane, LS9 7BG

15. **The St. George's Centre**, Mon to Fri 8am - 6pm
    St George's Road, Middleton, LS10 4UZ

16. **Wetherby One Stop Centre**, Mon to Wed 9am - 3pm. Thurs, Fri 9am - 4pm.
    24 Westgate, Wetherby, LS22 6NL

Contact us to tell us about how you think we are doing or about our plans for the future. You can do this in the following ways:

Email: stuart.cameron-strickland@leeds.gov.uk

Telephone: **0113 224 3342**.

Letter: The Performance & Quality Assurance Team, Adult Social Care, 2nd floor East, Merrion House, Merrion Way, Leeds LS2 8QB.

Other useful contacts and telephone numbers if you wish to contact us regarding any council service:

1. Online enquiry form - www.leeds.gov.uk
2. By email - general.enquiries@leeds.gov.uk
3. By telephone – **0113 222 4444** and minicom **0113 222 4410**. Opening times Monday - Friday 8 am - 6 pm.
4. To make a complaint or a compliment to the council about any council service, please use our online complaints form.

Where can I get information & advice?

What services are available?

Leeds Care Services Directory - www.carechoices.co.uk/region/Leeds

The Leeds Directory, offering independent care home contracts advice and information – tel 0800 389 2077

First Stop Advice – 0800 389 2077

Financial Advice

The Society of Later Life Advisers – not for profit organisation specialising in funding residential and nursing care - www.societyoflaterlifeadvisers.co.uk tel 0845 303 2909

Age UK – www.ageuk.org - tel 0800 169 6565

Self Directed Support

Free to Live - the personal budget peer support network on 0113 214 3594 or email them at: infotoliveleeds.org or, visit www.freetoliveleeds.org

ASIST - Advice about employing a personal assistant 0113 214 3599

Carers

Leeds Carers Centre - the first stop in Leeds for advice for carers - 0113 246 8338, or visit info@carersleeds

Alzheimer's Society - support for carers of dementia suffers - 0113 231 1727

Older Carers Support Service - support for people over 65 caring for an adult with a learning disability – 0113 272 0377

Mental Health Carers - Support for carers looking after someone with a mental health problem other than dementia - 0113 295 4445

Carers Emergency Service - 0845 026 8923

Do you want to know more?

If you would like more information about local social care needs and how the Council is responding to them, you may find the following documents helpful:

- **City Priority Plan 2011/2015** This document describes what the Council and its partners are doing to make Leeds the best city in the UK – http://www.leeds.gov.uk/Council_Publications/Vision_for_Leeds/City_Priority_Plan.aspx
- **Leeds City Council Business Plan 2011/2015** This document outlines what the Council want to change and improve over the next four years and how they intend to go about it) http://www.leeds.gov.uk/files/Internet2007/2011/42/council%20business%20plan%20lraw.pdf
- **State of the City Report** This sets out key facts about Leeds, the challenges it faces and how we, along with the NHS and other public and third sector partners, will be working to secure the best possible prospects for the city. It provides a high level account of what is going on in the city and is for anyone wanting to know more about Leeds - http://www.leeds.gov.uk/files/Internet2007/2011/50/sotc%20vr(1).pdf
- **Joint Strategic Needs Analysis** This document identifies the currently unmet and future health, social care and wellbeing needs of the local population. It provides a comprehensive profile of Leeds across a number of areas crucial to the health and wellbeing of the population – http://www.westyorkshireobservatory.org/
- **Market Position Statement 2010/11** This document presents our best intelligence on current and forecast supply and demand for adult social care services in Leeds and provides a guide to the likely level of future resourcing. - tel 0113 247 8630
- **The Leeds Safeguarding Adult Partnership Board Annual Report 2011/12** This report details the improvements in safeguards for vulnerable citizens in Leeds that the Board have achieved over the last 12 months - http://www.leedssafeguardingadults.org.uk/documents/annual_reports/lsap_annual_report_2011-12.pdf
- **A to Z directory of services** This new directory contains health and social care services that cover the whole of Leeds - tel 0113 222 4401. It will be published late 2012.

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Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 247 4707

Report of Head of Scrutiny and Member Development

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

Date: 24 October 2012

Subject: Work Schedule

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

1 Purpose of this report

1.1 The purpose of this report is to consider the Scrutiny Board's work schedule for the forthcoming municipal year.

2 Main issues

2.1 An outline work schedule is attached as Appendix 1, which incorporates the areas previously discussed and identified for inclusion by the Scrutiny Board. The work schedule is likely to be subject to change throughout the municipal year, to reflect any emerging issues and/or any changes in the Scrutiny Board's priorities.

2.2 Attached at Appendix 2 are the minutes from the Executive Board meetings held on 18 July 2012 and 5 September 2012, respectively.

3 Recommendations

3.1 Members are asked to:

a) Note the information presented; and,
b) Consider the current outline work schedule and agree any amendments if/ where appropriate.

4. Background papers[1]

None used

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

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Scrutiny Board (Health and Wellbeing and Adult Social Care) 2012/13 Municipal Year **Appendix 1**

	Schedule of meetings/visits during 201213		
Area of review	**June**	**July**	**August**
Dementia in Leeds		Draft Strategy SB 25 July 2012 @ 10 am	
Mental Health Services in Leeds			
Loneliness and Social Isolation		Initial briefing around issues SB 25 July 2012 @ 10 am	
Balancing planning authority duties with future public health responsibilities			
Review of Partnership effectiveness and associated arrangements			
Other (details defined)		• Review of Children's Congenital Cardiac Services • Review of Services for Adults with Congenital Heart Disease SB 25 July 2012 @ 10 am	Call-in – Decision around the replacement Adult Social Care Records System. SB 9 August 2012 @ 2:30 pm
Briefings	• Potential work areas/ topics • Equality Improvement Priorities SB 27 June 2012 @ 10 am		
Budget & Policy Framework Plans			
Recommendation Tracking			
Performance Monitoring	2011/12 Quarter 4 performance report SB 27 June 2012 @ 10 am		

Key: SB – Scrutiny Board (Safer and Stronger Communities) Meeting WG – Working Group Meeting

Updated: October 2012

Scrutiny Board (Health and Wellbeing and Adult Social Care) 2012/13 Municipal Year **Appendix 1**

	Schedule of meetings/visits during 201213		
Area of review	**September**	**October**	**November**
Dementia in Leeds			
Mental Health Services in Leeds	• Mental Health Needs Assessment • Current Provision • Leeds Suicide Audit SB 26 September 2012 @ 10 am		
Loneliness and Social Isolation			
Balancing planning authority duties with future public health responsibilities		Report to SB SB 24 October 2012 @ 10 am	
Review of Partnership effectiveness and associated arrangements			

Key: SB – Scrutiny Board (Safer and Stronger Communities) Meeting WG – Working Group Meeting

Updated: October 2012

Scrutiny Board (Health and Wellbeing and Adult Social Care) 2012/13 Municipal Year **Appendix 1**

	Schedule of meetings/visits during 201213		
Area of review	**September**	**October**	**November**
Transformation of Health and Social Care			Update reports from previous Scrutiny Inquiry, relating to: (a) Recommendation 7 – risk stratification (b) Recommendation 8 – integrated health and social care teams (including lessons from demonstrator sites) (c) Recommendation 9 – partnership arrangements ASC / LYPFT (d) Recommendation 10 – update on general governance arrangements associated with service integration (e) Recommendation 11 – Harry Booth House progress SB 21 November 2012 @ 10 am
Other (details defined)	Update on Services for the Blind and Visually Impaired SB 26 September 2012 @ 10 am	Consideration of the draft Adult Social Care Local Account SB 24 October 2012 @ 10 am	Health Service Developments Working Group – update on the work of Clinical Commissioning Groups WG date to be determined
Briefings			Transformation of Health and Social Care – overview of the work of the Transformation Board WG date to be determined
Budget & Policy Framework Plans			

Key: SB – Scrutiny Board (Safer and Stronger Communities) Meeting WG – Working Group Meeting

Updated: October 2012

Scrutiny Board (Health and Wellbeing and Adult Social Care) 2012/13 Municipal Year **Appendix 1**

	Schedule of meetings/visits during 201213		
Area of review	**September**	**October**	**November**
Recommendation Tracking			
Performance Monitoring	• 2012/13 Quarter 1 performance report • NHS Airedale Bradford and Leeds Cluster – performance report SB 26 September 2012 @ 10 am	• 2012/13 Quarter 1 performance report (Pubic Health) SB 24 October 2012 @ 10 am	

Key: SB – Scrutiny Board (Safer and Stronger Communities) Meeting WG – Working Group Meeting

Updated: October 2012

Scrutiny Board (Health and Wellbeing and Adult Social Care) 2012/13 Municipal Year **Appendix 1**

	Schedule of meetings/visits during 201213		
Area of review	**December**	**January**	**February**
Dementia in Leeds		Update on Strategy and Action Plan SB 23 January 2013 @ 10 am	
Mental Health Services in Leeds	WG – date to be determined		WG – date to be determined
Loneliness and Social Isolation	WG – date to be determined		WG – date to be determined
Balancing planning authority duties with future public health responsibilities			
Review of Partnership effectiveness and associated arrangements			
Other (details defined)	Care Quality Commission – local activity report SB 19 December 2012 @ 10 am Quality Accounts: Updates on progress/ priorities identified in 2012 from: • LTHT • LYPFT • LCH • YAS (particularly focus on Patient Transport Service performance/ progress) To include commissioner assurance – NHS ABL/ CCGs. SB 19 December 2012 @ 10 am	Update on progress against the Leeds Tobacco Action Plan and previous Scrutiny Board recommendations. SB 23 January 2013 @ 10 am Health Service Developments Working Group WG date to be determined	Update on Services for the Blind and Visually Impaired SB 20 February 2013 @ 10 am Draft Quality Accounts for 2012/13 from: • LTHT • LYPFT • LCH • YAS To include commissioner assurance – NHS ABL/ CCGs. SB 20 February 2013 @ 10 am

Key: SB – Scrutiny Board (Safer and Stronger Communities) Meeting WG – Working Group Meeting

Updated: October 2012

Scrutiny Board (Health and Wellbeing and Adult Social Care) 2012/13 Municipal Year **Appendix 1**

	Schedule of meetings/visits during 201213		
Area of review	**December**	**January**	**February**
Briefings			
Budget & Policy Framework Plans			
Recommendation Tracking			
Performance Monitoring	• 2012/13 Quarter 2 performance report • NHS Airedale Bradford and Leeds Cluster – performance report SB 19 December 2012 @ 10 am		

Key: SB – Scrutiny Board (Safer and Stronger Communities) Meeting WG – Working Group Meeting

Updated: October 2012

Scrutiny Board (Health and Wellbeing and Adult Social Care) 2012/13 Municipal Year **Appendix 1**

	Schedule of meetings/visits during 201213		
Area of review	**March**	**April**	**May**
Dementia in Leeds			
Mental Health Services in Leeds			
Loneliness and Social Isolation			
Balancing planning authority duties with future public health responsibilities			
Review of Partnership effectiveness and associated arrangements	Annual Assessment by the SB SB 27 March 2013 @ 10 am		
Other (details defined)	Health Service Developments Working Group WG date to be determined	Health Service Developments Working Group WG date to be determined	
Briefings	Equality Improvement Priorities SB 27 June 2012 @ 10 am		
Budget & Policy Framework Plans			
Recommendation Tracking			
Performance Monitoring	• 2012/13 Quarter 3 performance report • NHS Airedale Bradford and Leeds Cluster – performance report SB 27 March 2013 @ 10 am		

Key: SB – Scrutiny Board (Safer and Stronger Communities) Meeting WG – Working Group Meeting

Updated: October 2012

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EXECUTIVE BOARD

WEDNESDAY, 18TH JULY, 2012

PRESENT: Councillor K Wakefield in the Chair

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

33 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 A to the report referred to in Minute No. 40 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that the appendix 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 benefit of keeping the information exempt is considered greater than that of allowing public access to the information.

(b) Appendix 1 to the report referred to in Minute No. 42 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that the appendix contains the detailed prices submitted by the contractor for the goods supplied. It is, therefore, considered that the public interest in maintaining the content of appendix 1 as exempt outweighs the public interest in disclosing the information contained in Appendix 1, as disclosure would prejudice the commercial interests of the contractor and the prices submitted relates to the financial/business affairs of a particular company.

(c) Appendix 1 to the report referred to in Minute No. 45 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that the appendix contains information which if disclosed to the public would, or would be likely to prejudice the commercial interests of the Council and/or proposed partner. It is therefore deemed in the public interest not to disclose such information.

(d) Appendix A to the report referred to in Minute No. 53 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that the public interest in maintaining the exemption in relation to this confidential appendix outweighs the public interest in disclosing the information, by reason of the fact that it contains information and

financial details which, if disclosed, would adversely affect the business of the Council and may also adversely affect the business affairs of the other parties concerned.

(e) Appendices B to F to the report referred to in Minute No. 54 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that the appendices contain information relating to the financial or business affairs of third parties and of the Council, and the release of such information would be likely to prejudice the interests of all parties concerned. Whilst there maybe a public interest in disclosure, in all the circumstances of the matter, maintaining the exemption is considered to outweigh the public interest in disclosing this information at this time.

(f) The Appendix to the report referred to in Minute No. 57 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that this is information relating to the financial or business affairs of Caddick and the Council, and that in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosure.

(g) Appendix A, together with Plans A and B to the report referred to in Minute No. 60 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that they contain information relating to the financial or business affairs of any particular person (including the authority holding that information). The public interest in maintaining the exemption in relation to this documentation outweighs the public interest in disclosing the information by reason of the fact that they contain information and financial details which, if disclosed, would adversely affect the business of the Council and may also adversely affect the business affairs of the other parties concerned.

34 Late Items

There were no late items as such, however, it was noted that exempt Appendix A to agenda item 9, entitled, 'Little London, Beeston Hill and Holbeck: Housing PFI Updated Affordability Position' had been circulated to Executive Board Members for their consideration, following the publication of the agenda (Minute No. 40 refers).

35 Declaration of Disclosable Pecuniary and Other Interests

There were no declarations of interest made at this point in the meeting, however, declarations of interest were made later in the meeting (Minute No. 54 refers).

36 Minutes

RESOLVED – That the minutes of the meeting held on 20th June 2012, be approved as a correct record.

NEIGHBOURHOODS, PLANNING AND SUPPORT SERVICES

37 Gambling Act 2005 Statement of Licensing Policy

The Head of Licensing and Registration submitted a report on the triennial review of the Gambling Act 2005 Statement of Licensing Policy, with the recommendation that the matter be referred to Scrutiny Board (Resources and Council Services) for consideration, in accordance with the Council's Budget and Policy Framework.

RESOLVED –

(a) That the current Gambling Act 2005 Statement of Licensing Policy 2010-2012 be noted.

(b) That the contents of the submitted report, together with the letter appended to the report, be noted.

(c) That the policy be referred to Scrutiny Board (Resources and Council Services) for its consideration.

(The matters referred to within this minute were not eligible for Call In, as the development of a Policy under the Gambling Act 2005 was a matter for full Council and follows the Council's Budgetary and Policy Framework process)

38 Scrutiny Inquiry into Affordable Housing by Private Developers

The Director of City Development together with the Director of Environment and Neighbourhoods submitted a joint report providing a response to the nine recommendations of the former Scrutiny Board (Regeneration), following its inquiry into Affordable Housing by Private Developers.

Councillor J Procter attended the meeting as Chair of the Scrutiny Board (Regeneration) which had undertaken the inquiry.

RESOLVED – That consideration of the responses to the Scrutiny Board's recommendations, as set out within section 3 of the submitted report, be deferred, in order to enable all relevant parties to discuss such matters further, with an updated report being submitted to the September 2012 meeting of Executive Board for consideration.

39 Derelict and Nuisance Site Programme

The Director of City Development submitted a report presenting the emerging derelict and nuisance site programme, whilst also providing an overview of the early work which had been undertaken in this field.

A Member raised concerns in respect of the related consultation exercise which had been undertaken with Members and the extent to which the programme had been considered by Area Committees. In response, such concerns were acknowledged and it was noted that local Ward Members would be consulted directly on the programme. Additionally, it was noted that if Ward Members wished to suggest further sites for inclusion within the

programme, then such suggestions would be welcomed and considered in line with the programme's processes.

RESOLVED –

(a) That the progress made on the project to deal with derelict and nuisance sites be noted.

(b) That the first tranche of properties to be tackled be agreed, and that a further report be submitted to the Board in June 2013 covering the progress made during 2012/13.

40 Little London, Beeston Hill & Holbeck: Housing PFI Updated Affordability Position

Further to Minute No. 217, 7th March 2012, the Director of City Development submitted a report confirming the outcomes being sought for the Little London, Beeston Hill and Holbeck Private Finance Initiative Project and providing updated details of the financial position, in advance of the Financial Close.

Appendix A to the submitted report, which was designated as exempt under Access to Information Procedure Rule 10.4(3) was circulated to Board Members for their consideration, following the publication of the agenda papers.

Responding to an enquiry, the Board received assurances in respect of the processes which had been followed regarding public procurement regulations.

The Chief Executive advised that dialogue continued with central Government with the aim of ensuring that wherever possible, the pace of progress for such initiatives was maximised.

Following consideration of Appendix A 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 – That (without affecting the authority to proceed to financial close of the project and approvals in relation there to resolved at previous meetings of this Board [and in particular Executive Board resolution 184 (g) – (j) inclusive made on 9 March 2011]):-

(a) The progress made, and the intention to let the contract by the end of July 2012, or as soon as possible after that, to allow a start on site by November 2012, with mobilisation and preliminaries prior to this date, be noted.

(b) The process in place to achieve financial close 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) The key decision to re-profile the Council's affordability contribution to the project, as set out within exempt Appendix A to the submitted report be approved, and the Director of Environment and Neighbourhoods be authorised to approve the final profiling of the contributions.

(d) The updated financial implications and affordability parameters, as set out within exempt Appendix A to the submitted report, be approved.

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

(The matters referred to within this minute were not eligible for Call In, as it was considered that any delay to such matters would seriously prejudice the Council's or the public's interests)

CHILDREN'S SERVICES

41 Design and Cost Report : Hugh Gaitskell Primary School: Additional Accommodation

The Director of Children's Services submitted a report seeking approval to provide additional accommodation at Hugh Gaitskell Primary School for September 2012, whilst also seeking the necessary authority to incur the associated expenditure.

Responding to a concern raised, officers provided assurances in respect of the budgetary implications arising from the proposed provision of additional accommodation within schools and also undertook to submit a report to the September 2012 Executive Board meeting responding to a previous request specifically regarding Bankside Primary School.

RESOLVED –

(a) That approval be given to proceed with works to provide additional accommodation at Hugh Gaitskell Primary School, at an estimated total cost of £514,690.

(b) That approval be given to incur expenditure of £514,690 from capital scheme number 15822\HUG\000.

42 Basic Need programme - Permission to consult on School Place Expansions for 2014

The Director of Children's Services submitted a report which sought permission to consult upon proposals relating four primary school expansions, scheduled to take effect from September 2014, which would form part of the Council's Basic Need programme.

Having reported a concern which had been received from a school governor regarding faith education, the Executive Member for Children's Services

assured the Board that such matters would be addressed as part of the associated consultation exercise.

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

RESOLVED –

(a) That the development of the Little London community hub project be noted.

(b) That approval be given to the following consultation exercises being undertaken:-

- to expand Little London Primary School from a capacity of 210 pupils to 630 pupils with an increase in the admission number from 30 to 90 with effect from September 2014;
- to expand Tranmere Park Primary School from a capacity of 315 pupils to 420 pupils with an increase in the admission number from 45 to 60 with effect from September 2014;
- to expand Rufford Park Primary School from a capacity of 210 pupils to 315 pupils with an increase in the admission number from 30 to 45 with effect from September 2014;
- to expand Sharp Lane Primary School from a capacity of 420 pupils to 630 pupils with an increase in the admission number from 60 to 90 with effect from September 2014.

LEISURE AND SKILLS

43 Establishment of the Leeds Apprenticeship Training Agency (ATA)

The Director of City Development submitted a report which sought approval for Leeds City Council to establish the Leeds Apprenticeship Training Agency (ATA) in partnership with Leeds City College, which would operate as a jointly owned and separate company limited by guarantee.

The Board emphasised the crucial role which Small and Medium Enterprises (SMEs) would play in the delivery of this initiative and received an update on the work currently ongoing to engage with such enterprises. In addition, Members were provided with assurances that the initiative would be a key component of Leeds becoming a NEET (Not in Education, Employment or Training) free city, and that it would also help to equip young people with the necessary skills they required for employment.

In conclusion, the Chair emphasised the ambitious nature of this initiative and thanked the Board for the cross-party support it had received.

RESOLVED –

(a) That Leeds City Council's involvement in the establishment of the Leeds Apprenticeship Training Agency be approved.

(b) That approval of the detailed terms of the Articles of Association and the Member Agreement be delegated to the Director of City Development.

(c) That the Director of City Development, or his nominated representative, be appointed as a Director of the Leeds Apprenticeships Training Agency.

(d) That the Board's endorsement be given to the new company being registered with Companies House.

ADULT SOCIAL CARE

44 Update on the Award of the Contracts for Neigbourhood Network Services for the East of Leeds and on Wider Neighbourhood Network Developments

Further to Minute No. 5, 22nd June 2011, the Director of Adult Social Services submitted a report which provided details of the approval given by the Director to award the contracts for the Neighbourhood Network Service provision for the East of Leeds. In addition, the report detailed background information to the current service provision and the decision to procure the services detailed within the submitted report, whilst also outlining the procurement process and the outcomes from the evaluation stage, taking account of the recommendations and lessons learned from the 2009 citywide Neighbourhood Networks procurement exercise and the Independent Review in 2010.

The Board welcomed the outcomes arising from the procurement process, whilst the Chair thanked the Director of Adult Social Services and her team for all of the work which they had undertaken on this matter.

RESOLVED –

(a) That the award of the contracts for the Neighbourhood Network Services for the East of Leeds to the following organisations be noted:

- Burmantofts area – Burmantofts Senior Action
- South Seacroft area - South Seacroft Friends and Neighbours Scheme
- Richmond Hill - Richmond Hill Elderly Action Limited
- Swarcliffe area - Swarcliffe Good Neighbours Scheme
- Crossgates - Crossgates & District Good Neighbours.

(b) That the procurement process undertaken, and the implementation of lessons learned from the 2010 Independent Review, be noted.

(c) That the continued importance and potential of the Neighbourhood Network Services in delivering the priorities associated with the Adult Social Care 'Better Lives for People in Leeds' programme, be noted.

45 Shared Service Partnership with Calderdale Metropolitan Borough Council to meet Adult Social Care Technology Requirements

The Director of Adult Social Services submitted a report outlining the options available for replacing the current Electronic Social Care Record (ESCR) and ESCR financial systems, whilst also detailing the case for adopting a shared service partnership arrangement with another local authority. In addition, the report outlined the supporting technology components, including Electronic Document Record Management and Reporting, to be implemented alongside the case management solution. The report also sought approval to enter into a partnership agreement with Calderdale Council, release the related funding and incur the necessary expenditure.

The report noted that a number of options for the replacement of the existing ESCR and ESCR financial systems had been investigated. The options considered related to:

- Upgrading the existing system;
- The use of health systems;
- The procurement of a third party system; and
- A potential 'shared service' arrangement with another local authority, where Leeds adopted their case management recording system.

Responding to specific concerns raised as to whether the Adult Social Care Client Information System used by Calderdale Council would be fit for Leeds' purpose, it was requested that related matters were referred to the Corporate Governance and Audit Committee, so that the acquisition of the system could be monitored.

Following a Member's enquiry regarding the costs associated with this scheme, together with the equivalent system used by Children's Services, the Member in question was provided with further details, with officers undertaking to provide more detailed information, should this be required.

Having noted the comments which had been made, it was agreed that further to the related matters being referred to the Corporate Governance and Audit Committee, Executive Board receive an update report every 6 months in order to monitor the progress of the initiative.

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

RESOLVED –

(a) That approval be given to enter into a partnership agreement with Calderdale Metropolitan Borough Council for the purchase of an initial 20% share of their Adult Social Care Client Information System (CIS), with options to increase this share as described in section 3.2 of the submitted report.

(b) That the necessary expenditure be authorised, as defined within exempt Appendix 1 to the submitted report, to undertake the following:-

- purchase a share in the system and implementation support from Calderdale Metropolitan Borough Council;
- implement the Case management, integrated financial and contract management modules of Calderdale's CIS in partnership with Calderdale Metropolitan Borough Council to meets Leeds requirements;
- implement and integrate Leeds City Council's corporate Electronic Document and Records Management System (EDRMS) in parallel with the Case Management System;
- build and develop a reporting and Business Intelligence (BI) solution utilising existing corporate reporting and Business Intelligence technology.

(c) That the matters raised in relation to the Adult Social Care Client Information System be referred to the Corporate Governance and Audit Committee, so that the acquisition of the system can be monitored.

(d) That Executive Board receive a report every 6 months which provides an update in respect of the project's progress.

46 Consultation on the Charges for Non-Residential Adult Social Care Services

The Director of Adult Social Services submitted a report setting out proposals for a consultation process on proposed changes to charges for non-residential Adult Social Care services following approval for a further charging review by Executive Board on 27th July 2011 (Minute No. 36 referred). In addition, the report outlined the reasons for the proposals and the likely implications for customers and income levels. The report also detailed the way in which the public consultation on the impact of these proposals would be conducted.

Members highlighted the need to ensure that the proposed consultation exercise was handled as sensitively as possible.

RESOLVED -

(a) That the public consultation on the proposed new charges that are set out within section 4.8 of the submitted report, be approved.

(b) That the impact of the proposed changes on commissioned services, as outlined within sections 4.17 and 4.18 of the submitted report, be noted.

(c) That the impact of the proposed changes on other Council services, as set out within sections 4.19 and 4.20 of the submitted report, be noted.

(d) That the public consultation on the proposed changes to the financial assessment methodology that are set out within sections 4.21 and 4.22 of the submitted report, be approved.

(e) That a further report be brought to Executive Board later this financial year, with final charging proposals following a more detailed analysis of the impact and the outcome of the consultation.

47 Leeds Safeguarding Adults Partnership Annual Report 2011/2012

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

Professor Paul Kingston, Independent Chair of the Adult Safeguarding Partnership Board, provided an introduction to the key points raised within the annual report, together with a summary of the work undertaken by the Partnership.

Responding to an enquiry, the Board was provided with details regarding the level and source of safeguarding referrals in Leeds. Having noted the significant increase in the number of safeguarding referrals which had been reported over the past year, Members discussed the reasons for such a rise and the accompanying capacity issues.

The Board highlighted the importance for Elected Members to be aware of the safeguarding process and welcomed the fact that a further Members' seminar on such matters was proposed for later in the year. In addition, it was requested that Executive Board members were provided with a further, more detailed breakdown of data relating to the source and levels of safeguarding referrals, which included a distinction between those referrals made in respect of public and private service provision and also NHS provision.

In conclusion, Members welcomed the annual report and the detailed discussion which had taken place, and its was agreed that the submitted report and associated documentation be referred to Scrutiny Board (Health and Wellbeing and Adult Social Care) for further consideration.

RESOLVED –

(a) That the contents of the 2011/12 Leeds Safeguarding Adults Partnership Annual Report, as appended to the submitted report be noted, and that the work programme of the Adult Safeguarding Partnership Board for 2012/13 be endorsed.

(b) That the submitted report and associated documentation be referred to Scrutiny Board (Health and Wellbeing and Adult Social Care) for further consideration.

RESOURCES AND CORPORATE FUNCTIONS

48 Treasury Management Annual Outturn Report 2011/12

The Director of Resources submitted a report providing a final update on the Council's Treasury Management Strategy and operations for 2011/2012.

The Chair thanked all of the officers who had been involved in the Council achieving its current Treasury Management position.

RESOLVED – That the treasury management outturn position for the year 2011/2012, be noted.

49 Annual Risk Management Report

The Director of Resources submitted a report providing assurances upon the strength of the Council's risk management arrangements, whilst presenting an overview of the authority's strategic risks.

The Executive Member for Development and the Economy provided the Board with an update in respect of the current position regarding city flooding. Having considered this matter, Members emphasised the need for all parties to continue to lobby central Government with regard to accessing the funding streams required to establish the level of flood defences necessary to protect the city, given the substantial economic and commercial impact that flooding to Leeds city centre would have upon the whole of the city region.

RESOLVED – That the contents of the annual risk management report be received, and the related assurances provided within the submitted report be noted.

50 Financial Health Monitoring 2012/2013 - First Quarter Report

The Director of Resources submitted a report presenting the Council's projected financial health position for 2012/2013 after three months of the financial year, in respect of the revenue budget and the Housing Revenue Account.

Responding to a Member's concerns, the Board discussed the projected overspend within refuse collection and any potential impact that this may have upon the roll out of further service provision in this area.

RESOLVED – That the projected financial position of the authority, after three months of the financial year, be noted.

51 Capital Programme Update for 2012 - 2015

The Director of Resources submitted a report providing an update upon the financial position for 2012/13 as at June 2012, including an update on capital resources, a summary of schemes upgraded from 'Amber' to 'Green' status since February and a summary of progress which had been made on some major schemes. In addition, the report also included ALMO capital investment proposals and sought specific approvals in order to allow some schemes to progress.

RESOLVED –

(a) That the latest position on the general fund and Housing Revenue Account capital programmes, be noted.

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

(c) That the following allocations from the Economic Initiatives provision in the capital programme be approved:-

- £885,000 for the Eastgate development
- £250,000 for Brunswick Terrace
- £500,000 for Town and District Regeneration Scheme
- £3,345,000 to support the delivery of superfast broadband in the region

(d) That the injection into the capital programme of £10,173,000, funded by government grant to enable the provision of additional primary school places, be approved.

(e) That the economic impact of the Council's capital programme, as detailed within section 5 and Appendix D of the submitted report be noted.

52 Council Business Plan Refresh 2012-2013

The Assistant Chief Executive (Customer Access and Performance) submitted a report outlining a number of proposed amendments and updates to the Council Business Plan, which would ensure that the Plan remained up to date, continued to reflect the Council's main challenges and included targets which were both challenging, but also realistic.

Responding to a Member's enquiry, the Board received reassurance in respect of the proposed target for 2012/2013 regarding the maintenance of non main roads.

RESOLVED – That the changes to the Council Business Plan for 2012-2013, as detailed within the submitted report, be approved.

53 Phase 1 Changing the Workplace: City Centre Office Accommodation

Further to Minute No. 137, 2nd November 2011, the Director of Resources, the Assistant Chief Executive (Customer Access and Performance) and the Director of City Development submitted a joint report detailing the progress which had been made to date in relation to the Changing the Workplace programme, whilst also highlighting the benefits being delivered as a result. Specifically, the report sought agreement to roll out new ways of working within the city centre, which would lead to a reduction in the number of the Council's city centre office properties.

Members highlighted the importance of the scheme and the need to ensure that the progress of it was monitored in terms of costs, savings and value for

money. The Chair acknowledged the comments made and emphasised the vital role that face to face contact played in the delivery of Council services.

Following consideration of Appendix A 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 – That the proposals outlined within the submitted report, regarding city centre office accommodation, together with the specific recommendations contained within section 6.0 of the exempt appendix to the submitted report (which included the submission of an annual report to Executive Board providing an update position of spend on the programme against outcomes delivered), be approved.

54 Loan with Yorkshire County Cricket Club - Variation of Agreement and Granting of Consents

Further to Minute No. 184, 14th January 2009, the Director of Resources submitted a report providing information on a request received by the Council from Yorkshire County Cricket Club regarding a loan provided by the Council to the Club in 2005. The Club's request related to amending the current schedule of repayments for the loan and extending the repayment period. In addition, the report noted that the Club was also seeking the Council's consent to amend its term loan with its bank and to enter into a financial liability.

On behalf of the Board, the Chair thanked all officers who had been involved in the negotiation process with the Club in respect of this matter.

Following consideration of Appendices B to F 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 variation to the Council's loan agreement with Yorkshire County Cricket Club be agreed, as outlined within the submitted report.

(b) That the necessary consents be granted to facilitate Yorkshire County Cricket Club entering into a variation in respect to their loan agreement with their bank and also to enable the Club to accept the loan from its Chairman.

(Councillor Yeadon declared an Other Significant Interest in respect of this matter, as a member of Yorkshire Disabled Cricket Club. The Director of City Development declared an interest in respect of this matter, as the Council's nominated Director on the Board of Yorkshire County Cricket Club)

55 Commission on the Future of Local Government - Progress Update

Further to Minute No. 232, 11th April 2012, the Assistant Chief Executive (Customer Access and Performance) submitted a report providing an update on the outcome of the work undertaken by the Commission on the Future of

Local Government which explored the concept of Civic Enterprise as a means to respond to the changes and challenges which faced local government.

RESOLVED –

(a) That the findings of the Commission, in particular the five Propositions, along with the Commitments and Calls to Action, be noted.

(b) That the work which is underway to enable Leeds to become an enterprising council be supported.

DEVELOPMENT AND THE ECONOMY

56 Design and Cost Report for Broadband Projects

The Director of City Development submitted a report regarding the various broadband initiatives which were underway in the city, whilst also seeking approval and commitment to a Leeds City Council contribution to the delivery of such projects.

RESOLVED –

(a) That the Broadband Delivery UK (BDUK) Local Broadband Plan process be ratified and supported.

(b) That the capital funding contribution to the BDUK and super connected cities project, as outlined within section 4.4.1 of the submitted report be approved.

57 Quarry Hill, Leeds, LS2

Further to Minute No. 7, 11th June 2008, the Director of City Development submitted a report advising of the revised terms upon which the Council's site at Quarry Hill in the city centre could be sold to Caddick Developments Limited.

Responding to an enquiry, Members received clarification in respect of proposals for the development regarding public car parking provision.

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

RESOLVED - That the terms, as detailed within the exempt appendix to the submitted report, be approved.

58 Community Asset Transfer of Holbeck Youth Centre to Health for All (Leeds) Ltd

The Director of City Development submitted a report on the proposed Community Asset Transfer of Holbeck Youth Centre to Health for All (Leeds) Ltd. by way of a 25 year peppercorn, full repairing and insuring lease.

RESOLVED – That the Community Asset Transfer of Holbeck Youth Centre to Health for All, by way of a 25 year peppercorn lease with full repairing and insuring liabilities, be approved.

59 Community Asset Transfer of the former Bramley Lawn Day Centre to Bramley Elderly Action

The Director of City Development submitted a report regarding the proposed Community Asset Transfer of Bramley Lawn Day Centre to Bramley Elderly Action by way of a 25 year peppercorn full repairing and insuring lease.

RESOLVED – That the Community Asset Transfer of Bramley Lawn Day Centre to Bramley Elderly Action, by way of a 25 year peppercorn lease with full repairing and insuring liabilities, be approved.

60 Land Proposals for Eastgate

Further to Minute No. 214, 7th March 2012, the Director of City Development submitted a report which sought to obtain the necessary authority for further land acquisition which related to the delivery of the Eastgate redevelopment scheme. In addition, the report also detailed the current position regarding the delivery of the John Lewis Partnership store as part of the development and which sought the necessary approvals to enable the delivery of a car park on the land presently held by the West Yorkshire Police Authority.

Following consideration of Appendix A and Plans A and B 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 approval be given to the capital injection of funds and the authority to spend (identified in the exempt appendix to the submitted report) into the capital programme for the Council to acquire the West Yorkshire Police landholdings, as shown on exempt plan A, and that approval also be given to allocating the sum identified within the exempt appendix for the demolition of the Millgarth building, which will be dealt with as a Design & Cost report to a future Executive Board.

(b) That subject to the agreement of final terms, approval be given to the Council releasing to Hammerson part of the acquired site necessary to allow for the construction of the John Lewis building (as identified upon exempt plan A to the submitted report).

(c) That the principle that the Council enters into an agreement, subject to the agreement of final terms, with either or both John Lewis and Hammerson, in respect to the delivery and/or operation of the car park, be approved.

(d) That the principle that should the Council be unable to agree acceptable Heads of Terms with Hammerson to deliver the car park, approval be given to the Council delivering a car park, the details of

which would be subject to a further Design & Cost report to Executive Board.

(e) That the necessary authority be provided to the Director of City Development, with the concurrence of the Executive Member for Development and the Economy and the Director of Resources, for the completion of all necessary Heads of Terms and legal documentation, for the various property transactions (as set out within the submitted report and exempt appendix A), so that such matters can be dealt with under the appropriate scheme of delegation.

(The matters referred to within this minute were not eligible for Call In as it was considered that any delay in such matters would seriously prejudice the Council's or the public interest. A delay in completing the Heads of Terms and legal documentation as soon as practically possible may have an impact upon the critical path of approvals which were being sought both from Hammerson and John Lewis Boards)

ENVIRONMENT

61 Leeds Climate Change Strategy 2012-2015 (Light Touch Review)

The Director of Environment and Neighbourhoods submitted a report seeking the endorsement of, and approval to publish the updated Leeds Climate Change Strategy 2012-2015. In addition, the report also outlined the support available from the European Local Energy Assistance (ELENA) mechanism and sought formal approval to join the EU Covenant of Mayors, as a first step towards submitting an ELENA bid.

RESOLVED –

(a) That the Leeds Climate Change Strategy 2012-2015 be approved and that it be published via the Leeds Initiative channels, together with a short non-technical summary.

(b) That the Council's role in delivering the priority actions contained within the strategy be supported and championed.

(c) That the development of an expression of interest and full business case to ELENA to refine and commercialise a series of strategic low carbon energy infrastructure and energy efficiency projects, in order to deliver the objectives of the Leeds Climate Change Strategy 2012-2015, be supported.

(d) That approval be given to Leeds becoming a signatory to the EU Covenant of Mayors and to the submission of the Leeds Climate Change Strategy 2012-2015, as Leeds' Sustainable Energy Action Plan, in order to support an ELENA bid.

62 Funding Application to Department for Communities and Local Government for Weekly Food Waste Collections and Associated Infrastructure

Further to Minute No. 144, 14th December 2011, the Director of Environment and Neighbourhoods submitted a report regarding the submission of a final bid for funding from the Weekly Collection Support Fund (WCSF) managed by the Department for Communities and Local Government (DCLG).

Responding to concerns raised, the Board was assured that the proposed bid was realistic and that the proposals outlined within the submitted report would not lead to a two-tier system across the city. In addition, assurances were also provided in respect of a Member's specific concerns regarding the future delivery of food waste collections in Leeds.

RESOLVED –

(a) That the contents of the submitted report be noted, and that the submission of a final bid to the WCSF by August 17th 2012, to fund the roll-out of weekly food waste collections to 80% of residents in the City be approved.

(b) That the continued provision of these weekly food waste collections for at least two years beyond the end of the DCLG funding period (i.e. 2015/16 and 2016/17) as required by DCLG, be agreed.

(c) That additional funding of approximately £4,000,000 per annum to deliver this service during the financial years 2015/16 to 2016/17 be approved, but it be noted that the savings in disposal costs (compared to landfill) derived from the development of the Residual Waste Treatment PFI facility would significantly offset these costs. Savings of an estimated £2,500,000 per annum from the fortnightly collection of residual waste and recycling that would accompany weekly food waste collections would also mitigate the costs of food waste collections post 2014/15 (as section 4.4 of the submitted report details).

(d) That authority be delegated to the Director of Environment and Neighbourhoods to amend the bid to address feedback from DCLG, provided that the proposals remain within the level of funding, as agreed at resolution (c) above.

(e) That if the bid is successful, approval be given to a fully funded injection into the Capital Programme of the capital costs included within the final approved bid (currently calculated at £8,150,000), and that Authority to Spend up to this amount also be approved.

(f) That officers' intentions to seek further Member approvals regarding the specific weekly food waste collection service roll-out plans be noted, including the proposed geographical areas for inclusion within Phase 1, or, in the event that the DCLG bid is unsuccessful, for the pilot phase of fortnightly residual waste and recycling collections agreed by Executive Board in December 2011.

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

63 RE:FIT Phase 2

Further to Minute No. 157, 5th January 2011, the Director of City Development and the Director of Resources submitted a joint report which sought the support of Executive Board to participate in phase 2 of the RE:FIT programme. In addition, the report also sought agreement to the scope of the procurement.

RESOLVED –

(a) That the project proposals for RE:FIT phase 2, including the associated portfolio of buildings, be approved.

(b) That the injection of £1,500,000 into the capital programme, to be fully funded by unsupported borrowing, be approved.

(c) That the expenditure of up to £1,500,000 on this project be approved.

(d) That authority be delegated to the Director of City Development in order to approve any changes to the portfolio of buildings falling under the RE:FIT phase 2 proposals, in terms of additions or removals.

(e) That authority be delegated to the Director of City Development in order to approve the award of the contract.

DATE OF PUBLICATION: 20TH JULY 2012

LAST DATE FOR CALL IN OF ELIGIBLE DECISIONS: 27TH JULY 2012 (5.00 P.M.)

(Scrutiny Support will notify Directors of any items called in by 12.00 p.m. on 30th July 2012)

EXECUTIVE BOARD

WEDNESDAY, 5TH SEPTEMBER, 2012

PRESENT: Councillor K Wakefield in the Chair

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

64 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 3 to the report referred to in Minute No. 72 under the terms of Access to Information Procedure Rule 10.4(3) and on the grounds that the appendix contains information relating to the financial or business affairs of local authorities. The information relates to proposals that are being developed for consideration by a number of local Councils and in some instances, such proposals are still subject to the relevant approval processes. Therefore, in all the circumstances of the case, it is deemed that at this point in time, it is in the public interest not to disclose this information.

65 Late Items

There were no late items as such, however, it was noted that supplementary information had been circulated to Board Members following the despatch of the agenda in the form of correspondence received on behalf of the Morley Borough Independent Group and Green Group respectively, which provided the individual representations of both Groups in respect of the proposals detailed within the report entitled, 'Gypsy and Travellers Site Options'. (Minute No. 69 referred).

66 Minutes

RESOLVED – That the minutes of the meeting held on 18th July 2012, be approved as a correct record.

CHILDREN'S SERVICES

67 Transfer of Council Owned Land and Buildings to Trust Schools

The Director of Children's Services submitted a report which sought approval for the mechanism to negotiate the detailed terms of the disposal of land and buildings to schools converting, or which have converted, to Trust status, in accordance with the Education and Inspections Act 2006 and The Schools

Organisation (Prescribed Alterations to Maintained Schools)(England) Regulations 2007.

Having acknowledged a Member's comments, it was proposed that the Director of City Development, or such other officer authorised by him, be provided with the necessary authority to negotiate the detailed terms of such disposals of land, but only having first consulted with the relevant Executive Member.

Members raised concerns regarding the potential for Trusts to invest funds from the sale of their Leeds based surplus assets in their other educational assets which are located outside of the city. In response, the Director undertook to confirm Trusts' rights in respect of this matter, and if it was deemed that Trusts did have authority to invest such funds in their other educational assets located outside of Leeds, Members proposed that appropriate representations be made to the Secretary of State for Education.

RESOLVED –

(a) That the contents of the submitted report be noted.

(b) That the Director of City Development, or such other officer authorised by him, in consultation with the relevant Executive Member, be authorised to negotiate the detailed terms of the transfer of the freehold land and buildings to trust schools at less than best consideration.

(c) That if it is confirmed that Trusts have the necessary authority to invest funds from the sale of their Leeds based surplus assets in their other educational assets which are located outside of the city, appropriate representations be made regarding this matter on behalf of the Board to the Secretary of State for Education.

68 Bankside Primary School Capital Project

Further to Minute No. 41, 18th July 2012, the Director of Children's Services submitted a report which provided details of the overspend which had occurred on the Bankside Primary School capital scheme, sought authority to spend £1,593,000, outlined the key issues that the project had encountered and which provided assurances on the improvements which had been made to prevent a re-occurrence of the issues which led to the overspend on, and delay of the project.

The Board emphasised the need to ensure that the necessary lessons were learned from the situation detailed within the submitted report. In addition, it was highlighted that a more cohesive approach between directorates was required and in respect of future Design and Cost Reports relating to similar developments, it was noted that such reports would not be submitted to Executive Board until design freeze and costs were understood, so that Members were in possession of all relevant facts when determining such matters.

Having regard to the involvement of internal audit in this matter, it was suggested that consideration was given to the future role of internal audit in relation to such projects.

RESOLVED –

(a) That the content of the submitted report, which provides details of the issues that contributed to the overspend of £1,593,000, be noted.

(b) That authority to spend £1,593,000 be approved.

NEIGHBOURHOODS, PLANNING AND SUPPORT SERVICES

69 Gypsy and Travellers Site Options

Further to Minute No. 146, 14th December 2011, the Director of Environment and Neighbourhoods submitted a report detailing the findings of officers involved in the assessment of Council owned sites for potential use as Gypsy and Traveller accommodation provision, and which proposed an alternative solution which involved the expansion of the current provision at the Cottingley Springs site.

It was noted that correspondence had been received and circulated to Board Members prior to the meeting on behalf of the Morley Borough Independent Group and the Green Group respectively, which confirmed both Groups' individual positions on the proposals detailed within the submitted report. The Board also noted that a petition signed by local residents had been submitted by Members of the Green Group prior to the meeting.

Members received a summary of the comprehensive site assessment process which had been undertaken on Council owned sites against agreed criteria in order to determine their suitability as Gypsy and Traveller accommodation and which had led to the recommendations detailed within the submitted report.

The Board acknowledged the concerns which had been previously raised in respect of the Cottingley Springs site, however, it was emphasised that should the proposal to expand the Cottingley site proceed, then comprehensive dialogue would continue with all relevant parties, which would be accompanied by a programme of re-design and modernisation of the site, together with a review of the services provided to residents, in order to ensure that their needs were met.

Having noted that none of the Council owned sites detailed within the submitted report had been deemed suitable for use as Gypsy and Traveller accommodation provision, it was suggested that dialogue was undertaken with private land owners, in order to determine whether potentially any privately owned sites could be utilised for this purpose.

RESOLVED –

(a) That it be noted that none of the Council owned sites, as detailed within the table in Appendix A to the submitted report, are currently suitable for use as Gypsy and Traveller accommodation provision.

(b) That officers be requested to identify how Cottingley Springs can be expanded with the development of twelve new pitches.

(c) That on the assumption that the expansion of Cottingley Springs proceeds:-

(i) That such an expansion is complemented by a programme of modernisation at the site to improve the housing offer made to existing tenants.

(ii) That a further funding bid be made to the HCA to part finance the modernisation programme.

(d) That Cottingley Springs be included within the Housing Revenue Account (HRA) Business Plan so that HRA funding can be used to 'match fund' any further HCA award and to finance longer term investment at Cottingley Springs.

(e) That work with the Cottingley Spring's residents and other Council/voluntary sector services proceeds to improve the service offer made to residents, with a review of access to services to be undertaken and to include Health, Adult Social Care and Children's Services.

(f) That the development of a Gypsy and Traveller Lettings Policy be authorised, which will be a satellite policy of the Leeds City Council Lettings Policy.

LEISURE AND SKILLS

70 Inspiring a Generation: A Sporting Legacy for Leeds

The Director of City Development and the Director of Children's Services submitted a joint report outlining proposals aimed at enabling Leeds to build upon the successes of the London 2012 Olympic Games and Paralympic Games, and in particular the successes of local and regional participants. In addition, the report outlined a strategy leading up to 2016 and beyond, which aimed to leave a continuing legacy of the Games for the people of Leeds.

The Board welcomed the timely submission of the report, and highlighted the need to ensure that the momentum arising from the Olympics and Paralympics was built upon, in order to ensure that Leeds' strong sporting tradition continued.

Responding to a Member's comments, it was noted that further work would be undertaken in respect of the Olympic Legacy Fund and how such funding would be allocated, which would include liaison with Leeds Sports Federation.

The Board concurred with the comments made regarding the need to ensure that any initiatives to promote a sporting legacy included the necessary provisions to protect current sports fields and pitches, and wherever possible, increase such facilities across the city.

Members provided a number of examples of how the Games had already made a positive impact upon communities across Leeds, and it was noted that a celebratory reception event for Leeds Paralympians was being scheduled.

In conclusion, the Chair thanked all of those officers who had been involved in successfully delivering all related events throughout Leeds, both prior to and following the Games, he welcomed all of the comments which had been made during the discussion and he proposed that a further report be submitted to a future meeting, in order to provide an update on the progress which had been made on the establishment of a sporting legacy for Leeds.

RESOLVED –

(a) That the contents of the submitted report be noted, along with the following proposals:-

(i) That further work will be undertaken to explore the benefits and costs of Leeds introducing a “BeActive” style programme. The Director of City Development, Director of Children’s Services and Director of Public health to meet and progress further.

(ii) That the emerging Sport and Active Lifestyles strategy is noted and the ambition to be the “most active big city” supported.

(iii) Consult with the Leeds Public on how best to celebrate the achievements of our Olympians and Paralympians, and then establish an Olympic Legacy Fund of £100,000 annually, with details to follow.

(iv) Support future international sports events in Leeds and to use them to inspire a new generation of participants.

(v) To develop proposals for a sustainable school sport system, building on the school games, and that supports Leeds as a child friendly city.

(vi) Establish options for increasing National Non Domestic Rate relief to sports clubs in Leeds.

(vii) Seek a commitment from sporting groups, third sector and business in the city to attend a Leeds Sporting Summit to maintain and further develop sports in Leeds.

(viii) To build on the Games Makers and volunteering which already exists in the city, as we move forward with the other major events planned.

(b) That a further report be submitted to a future meeting of the Board which provides an update on the progress which has been made on the establishment of a sporting legacy for Leeds.

RESOURCES AND CORPORATE FUNCTIONS

71 Financial Health Monitoring 2012/13 - Month 4 Report

The Director of Resources submitted a report which detailed the Council's projected financial health position for 2012/2013 after four months of the financial year.

With regard to Council owned void properties, responding to a Member's comments, it was acknowledged that further consideration needed to be given to the future of such properties on a case by case basis, particularly in respect of the costs associated with the longer term protection and maintenance of them.

In response to a Member's enquiry, the Board received an update on the progress made regarding the rationalisation of refuse collection routes.

RESOLVED – That the projected financial position of the authority, after four months of the financial year, be noted.

72 Consultation on Localised Council Tax Support Scheme

Further to Minute No. 31, 20th June 2012, the Director of Resources submitted a report which provided details of the outcomes arising from the consultation undertaken with the West Yorkshire Police Authority and West Yorkshire Fire and Rescue Service on a local Council Tax Support scheme.

Members noted that as a result of the outcomes from such consultation, the report sought approval to consult upon an alternative scheme proposal, alongside the original proposals, which were approved by the Board for the purposes of consultation in June 2012.

Following consideration of Appendix 3 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 – That additional schemes which would aim to limit scheme spend to Government funding levels, be approved for the purposes of consultation alongside the option already approved by Executive Board.

73 High Cost Legal Money Lending in Leeds

Further to Minute No. 239, 11th April 2012, the Director of City Development submitted a report providing details of the current issues across the city which related high cost legal money lending and advising on the services being offered by the Council and its partners to assist in overcoming such matters. In addition, the report also outlined possible future initiatives which were currently being investigated.

The Board welcomed the work which was being undertaken collectively with partners, such as Leeds Credit Union and Community Development Finance Institutions (CDFIs), and highlighted the need to ensure that public access to, and awareness of such organisations was maximised.

Members highlighted the importance of the work being undertaken to address the issues associated with high cost legal money lending in Leeds and emphasised that the Council should take any incremental measures it could to help tackle such issues.

In conclusion, it was proposed that, in looking to further address such matters in the future, consideration should also be given to the ways in which the Council could help restrict the advertising campaigns of high cost money lenders in the area, how the Council could help address the wider implications arising from high cost money lending, such as the affect upon individuals' mental and physical health, and that an audit be undertaken, in order to determine which communities across the city were most affected by such matters. It was then requested that a report be submitted to a future meeting, which brought together such information, so that the matter could be progressed further.

RESOLVED –

(a) That the extent of the high cost lending market nationally and more particularly that operating in Leeds, as set out within the submitted report and including the information on the sector provided within Appendix 2, be noted.

(b) That the approaches outlined within the 'Conclusions', as set out within section 5 of the submitted report, be noted and welcomed.

(c) That continuing support and promotion of Leeds City Credit Union be agreed, particularly in those areas which complement the delivery of the Leeds City Priority Plans.

(d) That the ongoing work of the inter-Directorate credit union Working Group, and the range of possible future developments, as set out within paragraph 3.17 of the submitted report, be noted and welcomed.

(e) That a report be submitted to a future meeting of the Board which provides an update on the progress made in respect of the work being undertaken to address the wider implications of high cost money lending in Leeds, as discussed during the meeting, and detailing how the problems associated with high cost legal money lending could be addressed further.

ENVIRONMENT

74 Response to the Deputation to Council from Sparrow Park Action Group on 11th July 2012

The Director of Environment and Neighbourhoods submitted a report responding to the deputation presented by Sparrow Park Action Group to the meeting of Council on 11th July 2012 which related to the issues regarding the future ownership, restoration and management of a green space in Headingley, known locally as "Sparrow Park".

RESOLVED – That the contents of the submitted report be noted, and that the case for pursuing a Compulsory Purchase Order under relevant powers be endorsed, subject to the clarifications identified within paragraph 3.2.17 of the submitted report.

75 A Review of City Centre Car Parking in Leeds

The Director of Resources submitted a report providing a summary review of city centre car parking in Leeds and which highlighted the issues which would inform future car parking policy. The review considered the Council's current approach towards city centre parking, and how such an approach related to the Council's policy objectives. In addition, the review considered current and future capacity of car parking spaces within the city centre, provided an analysis of city car park usage and examined recent income trends from Council car parks. In addition, the report highlighted the issues which needed to be taken into account when shaping a future car parking strategy and made recommendations which were consistent with the Council's objectives.

The Board acknowledged the vital importance of the retail economy in Leeds, and in response to a Member's concerns regarding the possibility of reviewing current policies in respect of city centre evening and Sunday parking, it was noted that the summary review was for the purposes of informing a consultation exercise which would be undertaken with relevant stakeholders in respect of the Council's car parking strategy, with the outcomes arising from the consultation being reported back to the Board.

The Board acknowledged that the Council's current car parking strategy and wider transport policy objectives had been set on the basis that a comprehensive transport strategy would be implemented in Leeds, and which to date, had not occurred in its entirety. A matter which Members requested be taken into consideration when undertaking further work on the city centre car parking review.

RESOLVED –

(a) That the contents of the submitted report be noted.

(b) That approval be given to the review informing a consultation with relevant stakeholders regarding the Council's car parking strategy, with agreement being given to the following:-

i) Consideration should be given to reviewing current policies in respect of evening and Sunday car parking.

ii) Occupancy levels at Woodhouse Lane multi-storey car park should be reviewed following the completion of the refurbishment works, with a view to re-assessing prices once a true level of demand can be re-established, taking into account demand from the Arena.

iii) On street parking charges should continue to be reviewed annually on a street by street basis to ensure that charges are more responsive to changes in demand.

iv) Although the Council should review each car park on a site by site basis, it should aim to keep the overall weighted average price of long stay car parking above the cost of public transport.

v) The Council should continue to develop its Park and Ride proposals and income from car parking activities should be ring fenced to expenditure on the transport infrastructure, with additional income generated from parking activities re-invested into improving the transport infrastructure, including Park and Ride schemes.

vi) A parking league table should be published for the permanent car parks in the city centre, showing who operates the car parks and ranked according to how much they charge. A statement demonstrating how the Council re-invests its car parking income should also be published alongside this.

(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)

DEVELOPMENT AND THE ECONOMY

76 Green Space Proposals for the Sovereign Street site

Further to Minute No. 48, 27th July 2011, the Director of City Development submitted a report advising of the progress made in respect of the development of the Sovereign Street green space proposal and which sought agreement of the next steps, including the broad concepts for the scheme; indicative budget parameters and the submission of the planning application. In addition, the report also included a summary of the consultation outcomes about the green space proposal and the programme and timetable for its development.

The Board provided its support for the proposals detailed within the submitted report and it was requested that young people were invited to be involved in the project's design and development.

RESOLVED –

(a) That the progress made in respect of the green space proposals to date be noted.

(b) That the concept design scheme for the new green space at Sovereign Street be approved and that the indicative budget parameter being used as a guide to the design work be noted.

(c) That the submission of a planning application for the green space at Sovereign Street be approved.

(d) That the injection of £2,500,000 into the Sovereign Street green space scheme, funded by the first call on any capital receipts generated from the Sovereign Street development, be approved.

(e) That the outcome of the consultation undertaken to date be noted, and that the consultation proposals with key stakeholders scheduled prior to the planning application determination be approved.

77 Community Asset Transfer

Further to Minute No. 221(B), 7th March 2012, the Director of City Development submitted a report summarising the results of the consultation exercise undertaken in respect of the Community Asset Transfer Policy and presenting a final Community Asset Transfer Policy for approval.

Responding to an enquiry, officers undertook to provide the Member in question with details regarding the current position of all ongoing Community Asset Transfers throughout the city.

Members welcomed the progressive approach being taken by the Council in respect of Community Asset Transfers, and it was acknowledged that further work would be undertaken in order to ensure that the approach continued to be developed.

RESOLVED – That the Community Asset Transfer Policy and Framework documents, as appended at Appendix 1 and Appendix 2 to the submitted report, be approved for use in developing and considering Community Asset Transfers.

78 Stimulating Growth in Affordable Housing

The Director of City Development and the Director of Environment and Neighbourhoods submitted a joint report which outlined a proposed approach towards housing investment, combining a range of funding sources and investment models. Further to this, the report sought a number of approvals from the Board in order to facilitate the development of such an approach.

The Board provided its support for the proposals set out within the submitted report.

RESOLVED –

(a) That the development of an investment programme, as illustrated within the submitted report, be approved, through a contribution of £9,400,000 over three years from the Housing Revenue Account, a contribution of £1,500,000 from the New Homes Bonus and the use of Right To Buy receipts, currently estimated to be £1,900,000 over three years.

(b) That an injection of £1,500,000 and £800,000 into the capital programme from New Homes Bonus and Right To Buy receipts respectively, be approved.

(c) That the development of the investment programme be delegated to the Directors of City Development and Environment and Neighbourhoods, in consultation with the Executive Member for Development and the Economy.

DATE OF PUBLICATION: 7TH SEPTEMBER 2012

LAST DATE FOR CALL IN OF ELIGIBLE DECISIONS: 14TH SEPTEMBER 20121 (5.00 P.M.)

(Scrutiny Support will notify Directors of any items called in by 12.00 p.m. on 17th September 2012)

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