

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

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Tuesday, 28th October, 2014 at 10.00 am

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

MEMBERSHIP

Councillors

J Akhtar - Hyde Park and Woodhouse;
D Coupar (Chair) - Cross Gates and Whinmoor;
B Flynn - Adel and Wharfedale;
G Hussain - Roundhay;
P Latty - Guiseley and Rawdon;
S Lay - Otley and Yeadon;
J Lewis - Kippax and Methley;
K Maqsood - Gipton and Harehills;
E Taylor - Chapel Allerton;
S Varley - Morley South;
J Walker - Headingley;

Co-optees

Dr J Beal - HealthWatch Leeds

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

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A G E N D A

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

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<p>LATE ITEMS</p> <p>To identify items which have been admitted to the agenda by the Chair for consideration.</p> <p>(The special circumstances shall be specified in the minutes.)</p>	
4			<p>DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS</p> <p>To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.</p>	
5			<p>APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES</p> <p>To receive any apologies for absence and notification of substitutes.</p>	
6			<p>MINUTES - 30 SEPTEMBER 2014</p> <p>To confirm as a correct record, the minutes of the meeting held on 30 September 2014. To follow.</p>	
7			<p>CHAIRS UPDATE REPORT - OCTOBER 2014</p> <p>To receive a report from the Head of Scrutiny and Member Development outlining some of the areas of work and activity of the Chair of the Scrutiny Board since the previous Scrutiny Board meeting.</p>	1 - 2
8			<p>LEEDS' MENTAL HEALTH FRAMEWORK</p> <p>To receive a report from the Head of Scrutiny and Member Development introducing a summary paper in relation to Leeds' Mental Health Framework (2014-2017).</p>	3 - 22

Item No	Ward/Equal Opportunities	Item Not Open		Page No
9			<p>LEEDS CHILD AND ADOLESCENT MENTAL HEALTH SERVICES AND TARGETED MENTAL HEALTH IN SCHOOLS</p> <p>To receive a report from the Head of Scrutiny and Member Development introducing a summary paper in relation to Leeds' Child and Adolescent Mental Health Services (CAMHS) and Targeted Mental Health in Schools (TaMHS).</p>	23 - 36
10			<p>WORK SCHEDULE - OCTOBER 2014</p> <p>To consider the Scrutiny Board's work schedule for the 2014/15 municipal year.</p>	37 - 50
11			<p>DATE AND TIME OF THE NEXT MEETING</p> <p>Tuesday, 25 November 2014 at 10.00am in the Civic Hall, Leeds (Pre-meeting for all Board Members at 9.30am)</p>	

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			<p>THIRD PARTY RECORDING</p> <p>Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts named on the front of this agenda.</p> <p>Use of Recordings by Third Parties– code of practice</p> <ul style="list-style-type: none"> a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title. b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete. 	

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Report of Head of Scrutiny and Member Development

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

Date: 28 October 2014

Subject: Chairs Update Report – October 2014

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

1 Purpose of this report

1.1 The purpose of this report is to outline some of the areas of work and activity of the Chair of the Scrutiny Board since the Scrutiny Board meeting in September 2014.

2 Main issues

2.1 Invariably, scrutiny activity often takes place outside of the formal monthly Scrutiny Board meetings. Such activity can take the form of working groups (as detailed in the work schedule report, elsewhere on the agenda), but can also take the form of specific activity and actions of the Chair of the Scrutiny Board.

2.2 The purpose of this report is to provide an opportunity to formally update the Scrutiny Board on activity since the last meeting, including any specific outcomes. It also provides an opportunity for members of the Scrutiny Board to identify and agree any further scrutiny activity that may be necessary.

2.3 Since the last Scrutiny Board meeting, the Chair has been involved in meetings/ discussions covering a wide range of issues/ areas, including:

- Work of the Joint Health Overview and Scrutiny Committee (JHOSC).
- Provision of healthy food at Leeds' health care establishments.
- NHS England's new congenital heart disease (CHD) review and current public consultation on draft service specifications/ standards.
- Provision of services at Swillington GP Surgery.
- NHS England's ongoing review of services Children's Cardiac Surgery Services at LTHT (following the temporary suspension of services in March/ April 2013).

- Intelligence sharing with HealthWatch Leeds.

2.4 The Chair will provide a verbal update at the Scrutiny Board meeting.

3. Recommendations

3.1 Members are asked to:

- a) Note the content of this report and the verbal update provided at the meeting.
- b) Identify any specific matters that may require further scrutiny input/ activity.

4. Background papers¹

4.1 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.



Report of Head of Scrutiny and Member Development

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

Date: 30 September 2014

Subject: Leeds' Mental Health Framework

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

Summary of main issues

1. Informed by a series of informal conversations and the formal discussions at the Scrutiny Board meeting in July 2014, it became clear that Mental Health Services (and in particular Child and Adolescent Mental Health Services (CAMHS)) had been consistently highlighted as an area for more detailed consideration by the Scrutiny Board.
2. In September 2014, work was commissioned to provide the Scrutiny Board with a range of initial information, as follows:
 - (a) An overview of Leeds' mental health strategy / framework, including:
 - Background – where/ when the mental health strategy / framework was developed;
 - Overall aims and objective of the mental health strategy / framework;
 - Current position/ progress;
 - An overview of current commissioner/ provider landscape; and,
 - Governance arrangements – i.e. where/ when progress is reviewed / monitored and associated governance arrangements – including any links with the overall transformation work.
 - (b) Child and Adolescent Mental Health Services
 - Outline of the service – explanation of different tiers and where/ how these are provided;
 - Outline of the commissioning and provider arrangements – including how different commissioning arrangements interrelate and associated governance arrangements;
 - Confirmation of where Leeds patients access care/ support;

- Any out of area provision, including movement from outside area into Leeds for particular services;
- Current outcome measures / performance – including trends in demand/ performance;
- Future projections of demand/ future levels of needs;
- Levels of spending – past, current and future projections.

(c) Targeted Mental Health in Schools (TaMHS)

- Background / progress of the project and level of provision across the City
- Outline of the commissioning and provider arrangements
- Current outcome measures / performance – including trends in demand/ performance;
- Future projections of demand/ future levels of needs;
- Levels of spending – past, current and future projections;
- If/ how TaMHS relates to CAMHS.

3. The purpose of this report is to introduce a summary paper (Annex 1) in relation to Leeds' Mental Health Framework (2014-2017). Appropriate representatives have been invited to meeting to help the Scrutiny Board consider the matters presented in more detail.
4. A report relating to Leeds' Child and Adolescent Mental Health Services (CAMHS) and Targeted Mental Health in Schools is presented elsewhere on the agenda for consideration.

Recommendations

5. The Scrutiny Board (Health and Wellbeing and Adult Social Care) is asked to consider the information presented at the meeting and identify any specific matters that require more detailed consideration and/or any further scrutiny activity.

Background papers¹

6. 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.

Background:

The Leeds Mental Health Framework has been developed by the Mental Health Partnership Board (chaired by Leeds North CCG) to set out the aspirations of the city with regards to the future state of mental health provision for the population of Leeds.

The Mental Health Partnership Board is made up of people with lived experience of mental health, commissioners from health and social care, providers of services from the statutory and community and voluntary sectors and public health. This group has adopted the Mental Health Framework and promoted adoption of the principles of parity of esteem between mental and physical health and for every organisation to sign up to the framework.

The principles of parity of esteem and sign up to the framework have been incorporated in to the contracts for the major statutory providers (Leeds and York Partnership Foundation, Leeds Teaching Hospital, Leeds Community Healthcare). The framework has also been adopted by each of the CCGs.

The Mental Health Framework is still in draft format as work continues to develop the strategic actions required to deliver against the described aspirations and to refine the measurement and monitoring approaches.

Leeds Mental Health Framework 2014 - 2017

Leeds is a city that values people's mental wellbeing equally with their physical health.

"Our Ambition is for people to be confident that others will respond to their mental health needs without prejudice or discrimination and with a positive and hopeful approach to our future recovery, wellbeing and ability".

Signatories

Leeds City Council

Leeds North CCG

Leeds South & East CG

Leeds West CCG

Leeds Involving People

Volition

Leeds & York Partnership Foundation Trust

Publication Date October 2014

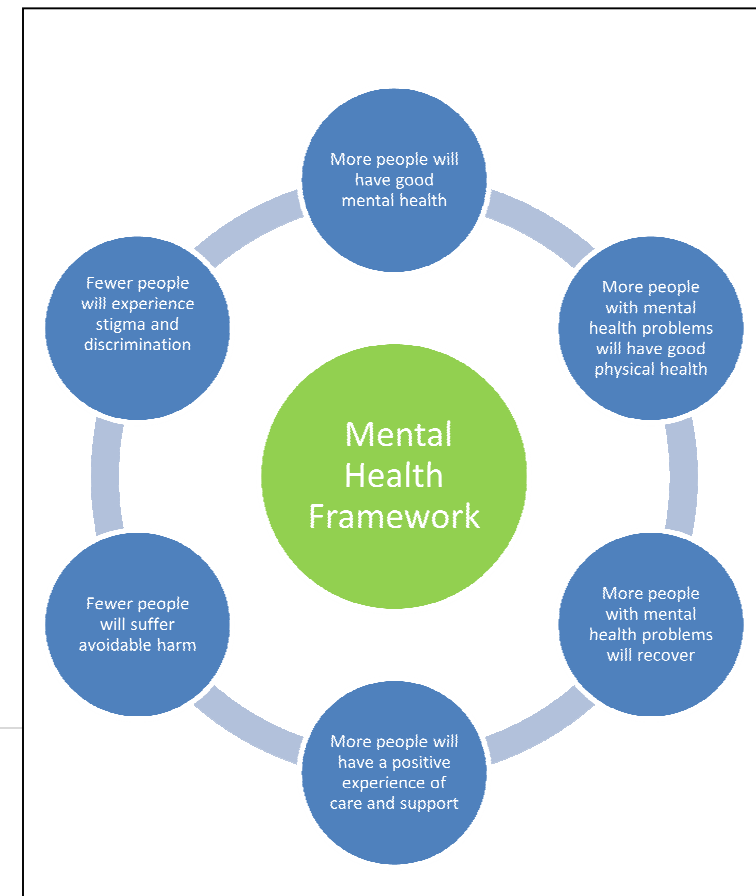
1. What is the Leeds Mental Health Framework?

This Framework aims to set out the direction and priorities mental health commissioning for the next three years to guide developments and investment and is matched to the objectives of the national mental health strategy “**No health without mental health**”¹ and national guidance through the NHS Mandate² and CCG Commissioning Guidance³.

Rather than describe any new investment, this Framework sets out a common set of outcomes and priorities for mental health services aimed at improving the quality and integration of services. It matches the six objectives set out in the national strategy

1. More people will have good mental health
2. More people with mental health problems will recover
3. More people with mental health problems will have good physical health
4. More people will have a positive experience of care and support
5. Fewer people will suffer avoidable harm
6. Fewer people will experience stigma and discrimination

The scope of the Framework includes all mental health services and interventions commissioned locally by the NHS and Local Authority as well as Local Authority Public Health priorities for emotional health and wellbeing. Although primarily focused on adults, the Framework aims to take a “life course” approach as set out in the national mental health strategy, and advocated by the [Marmot Review](#) so makes the necessary links across to children and family commissioning⁴.



2 What is the issue?

Generally:

Mental Health is everyone's business – but it is not currently seen that way

- 1 in 4 of us will have a mental health issue at any one time – some of us will require professional support at this time
- Mental health is a continuum – on which we all sit – some people have on-going significant needs, others have fluctuating needs, and others intermittent needs
- Improving the mental health of citizens is the responsibility of all – employers, council services, housing, and health but currently the drive to address mental health concerns is not equally shared. Higher levels of poor mental health and wellbeing and mental illness are inextricably linked with deprivation within Leeds. Local mapping highlights these issues and emphasises the social gradient of mental health and wellbeing (MHNA 2011).

We need to recognise the complexity of causes of mental distress

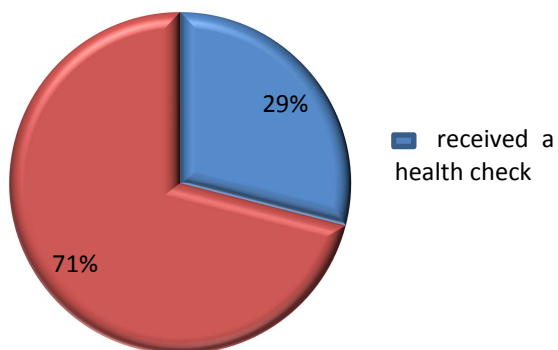
- The level of support required is as much linked to wider determinants as specific diagnosis
- There is clear link between population groups with multiple risk factors and poor mental health
- Early life chances and experiences have a direct effect on current and future mental well being
- Poverty, deprivation and inequality are all known to have a



causal link to mental ill health.

We need to improve the integration of mental health with physical health issues in people's lives and the way services work

Proportion of people with Schizophrenia who receive an annual physical health check

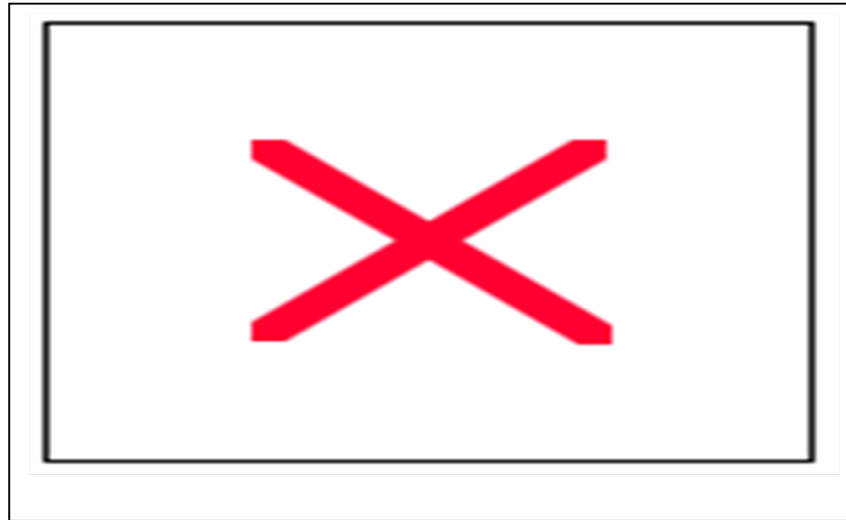


- Mental health problems, particularly depression, are more common in people with physical illness including long term conditions.
- People with serious mental illnesses like schizophrenia die, on average, 20 years earlier than the rest of the population.
- National evidence shows that fewer than 30% of people with schizophrenia are being given a basic annual physical health check
- Responding to the increasing prevalence of depression should be a local priority for integrated service development and partnership working for Leeds, particularly including the needs of older people. Depression in older people is not being recognised and treated.

We need to promote ways to support good mental health and sustainable recovery⁵ for all

- We need to take a recovery focussed approach to services – and not assume that people will have long term dependence on services
- Services and programmes to improve mental health and wellbeing should be designed to meet needs rather than respond to demands. This includes designing mainstream services from this intelligence on need to maximise engagement and access from those with the greatest need.
- We need to improve our ability to self-manage – by building resilience; self-help and peer support opportunities and invest in a broad range of services including primary care and the voluntary sector.
- We need to recognise the importance and value of employment in sustaining good health
- The services people receive need to be personalised, and offer choice and control to service users

- The needs of carers should be reflected in all areas of the mental health system
- Commissioners should facilitate the development of a thriving and diverse market of mental health provision in the city in order to meet the diversity of needs presented and to facilitate the use of personal health and social care budgets.



We need reduce the stigma and discrimination that stops the issues of mental health being discussed and addressed

- We need to recognise and challenge the fact that stigma and discrimination is a common theme and one that influences people's attitude and approach to seeking support, or providing support. This is particularly true around employment support. People with poor mental health are most likely to be discriminated against by immediate family, employers, neighbours and friends.
- We need to be able to respond to increasing prevalence of depression
- We need to promote the social model of mental distress as a means of challenging stigma and alienation
- Providers and commissioners should lead by example and adopt anti-discriminatory practices within their organisations.

2.1 Local configuration

Leeds has well established mental health services provided by primary care, adult social care, voluntary sector agencies and secondary mental health providers that are structured to meet the range of needs along the mental health continuum. These are currently commissioned by Leeds City Council, CCGs, and NHS England. The level of investment is on a par with other areas. Partnership working is well established and the voluntary sector providers are very well integrated into mainstream services and are highly valued. However there is still work to do in ensuring effective joined up working arrangements between statutory and all voluntary sector providers to deliver continuity of care.

The services have developed over time in response to national and local policy demands.

The main issues⁶ with the current system are:

- It is not easy to understand to anyone outside of it
- There is no central point of information that describes it well
- Specialist advice is not easy to access if you are outside the service
- There is inconsistency of care management
- The wait for talking therapies is too long
- It is not consistently “outcome” focussed
- We also want to engage the general public, economic, social and commercial communities in Leeds, and secure their support in promoting well-being and resilience.

2.2 Local Challenges

- Leeds is similar to other core cities in terms of overall prevalence of mental health issues except it has higher levels of psychotic disorders (2011 MHNA)
- Unemployment and the economic downturn, including welfare reform are having an impact on people's mental health across the city and not just in 'deprived Leeds'
- Information about mental health and mental health services is not centralised in the city – making it difficult for public and professionals to navigate their way to what will help.
- Leeds has good range of services but they have become complex and at times fragmented - we need to have a clearer and more integrated mental health service for Leeds, that everyone can understand
- Mental health as an issue is still not well integrated into wider services and still being seen as separate and specialist
- Demand for services is unlikely to decrease and we need to accommodate the needs of increasingly diverse communities in the city
- Leeds is an unequal city – with widely different life expectancy depending on the area you live in – those inequalities also impact on mental health
- We need to focus more on early intervention to prevent crises
- Expenditure on mental health needs to be re-defined as an investment in communities, their resilience and cohesion.



3. Why do we need the Mental Health Framework now?

3.1 National requirements

The NHS Mandate sets out five “domains” four of which have indicators related specifically to mental health:

<i>Domain 1</i> Preventing people from dying prematurely	Reducing premature death in people with serious mental illness <i>Indicator: Excess under 75 mortality rates in adults with serious mental illness (PFOF)</i>
<i>Domain 2</i> Enhancing quality of life for people with long term conditions	Enhancing quality of life for people with mental illness <i>Indicator: employment of people with mental illness (ASCOF, PHOF)</i>
	Adult Social Care Outcomes Framework: People are able to find employment when they want, maintain a family and social life and contribute to community, avoid loneliness and isolation <i>Indicator – number of people in contact with secondary mental health service living independently, with or without support PHOF 1.6</i>
<i>Domain 3</i> Helping people to recovery from episodes of ill health and following injury	Access to psychological therapies <i>Indicator – number of people entering therapy, recovery rate, BME access and over 65 recovery rates CCG OF</i>
<i>Domain 4</i> Ensuring people have a positive experience of care	Improving experience of healthcare for people with mental illness <i>Indicator – patient experience of community mental health services</i> Friends & Family Test indicator in development - to be introduced in mental health

See Appendix A for all indicators https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256406/Mandate_14_15.pdf

Additionally the **CCG Commissioning Guidance for 2014/15** makes explicit the requirement to achieve “parity of esteem” - for mental health services to drive improved integration of physical and mental health services in order to reduce the false divide between the two with specific reference to allocation of resources, identification and support for young people with mental health issues, and a reduction in the 20 year gap in life expectancy for people with severe mental illness. These specifically mental health focussed outcomes sit alongside the drive to increase

integration of health and social care services, and increase access in primary care thus reducing demand into crisis and secondary services for all including in mental health services. <http://www.england.nhs.uk/wp-content/uploads/2012/12/ois-ataglance.pdf>

No Health Without Mental Health Implementation Framework 2013 Appendix B

This implementation framework embraces the vision of *No health without mental health* and takes it to the next level: translating the ideals into concrete actions that can be taken by a wide range of local organisations to bring about real and measurable improvements in mental health and wellbeing for people across the country.

The strategy aims to bring about significant and tangible improvements in people's lives. Achieving this change, for everyone, across the country and in the most effective way, will mean that:

- Mental health has 'parity of esteem' with physical health within the health and care system
- People with mental health problems, their families and carers, are involved in all aspects of service design and delivery
- Public services improve equality and tackle inequality
- More people have access to evidence-based treatments
- The new public health system includes mental health from day one
- Public services intervene early
- Public services work together around people's needs and aspirations
- Health services tackle smoking, obesity and co-morbidity for people with mental health problems
- People with mental health problems have a better experience of employment

3.2 Local Strategic drivers for change

Leeds Health & Social Care Economy 5 year Strategy

The Leeds Transformation Board is made up of the health and social care organisations across Leeds and its primary role is to support the development and implementation of the Leeds Health & Wellbeing Strategy. The Transformation Board consider it important to develop and implement a “Sustainable Health and Social Care Services Plan” to provide a framework for delivery of the Joint Health & Wellbeing Strategy and to achieve the following outcomes for the people of Leeds:

1. People will live longer and have healthier lives.
2. People will live full, active and independent lives.
3. People's will enjoy the best possible quality of life
4. People are involved in decisions made about them.
5. People will live in healthy and sustainable communities.

Alongside this is a requirement to:

- Bring the overall cost of health and social care in Leeds within affordability limits - transformation is required to reduce current costs.
- Change the shape of health provision so that care is provided in the most appropriate setting.

In meeting the financial challenge the strategy will look to:

- **maximise the spend: benefits ratio and efficiencies.**
- In addressing core priorities the potential of **technology** will be considered, developed and utilised.
- These areas in turn should underpin the drive to **improve quality and outcomes** across services by **eradicating inefficiencies and rationalising healthcare.**

Leeds Joint Health and Wellbeing Strategy 2013 - 15 Appendix

The Joint Health and Wellbeing Board has a critical role in working closely with the Transformation Board, the Integrated Commissioning Executive (ICE) and the partner organisations across Leeds to drive the transformational changes of the Joint Health & Wellbeing Strategy. The Health and Wellbeing Board has identified four 'commitments' which it believes will make the most difference to the lives of people in Leeds. These are

1. Support more people to choose healthy lifestyles
2. Ensure everyone will have the best start in life

3. Improve people's mental health and wellbeing

4. Increase the number of people supported to live safely in their own home

The action plan to deliver on Commitment 3 is embedded in the outcomes and priorities within this Framework document (Appendix C).

Leeds City Council Better Lives (Appendix D),

Adult Social Care in Leeds has the ambition to promote better lives for those whom it supports through the following three themes:

- Better Lives through housing, care and support
- Better Lives through integration with the NHS and others
- Better Lives through enterprise initiatives.

The Leeds Adult Social care market position statement 2014 -15 identifies four key commissioning issues for mental health

- Commissioning for delivery of the mental health Framework 2014 -17
- A new quality framework for mental health services
- Commissioning diverse supported accommodation options
- From day services to life options in the community

These commissioning themes are embedded in the outcomes and priorities within this Framework document

4. What are we going to do?

We want our shared vision to be that:

“Leeds is a city that values people’s mental wellbeing as equally as their physical health.

Our Ambition is for people to be confident that others will respond positively to their mental health needs without prejudice or discrimination and with a positive and hopeful approach to our future recovery, wellbeing and ability”.

We will deliver this through five Outcomes

1. Focus on keeping people well – to build resilience and self-management

The public profile of information is high and people know where to go for help – reducing demand in primary care and increasing preventative support. There is good promotion of wellbeing to young people, families as well as all age adults. We recognise the impact of other factors on people’s wellbeing, and ensure good access to the wider support, particularly in relation to housing, welfare advice and family support.

2. Mental health and physical health services will be better integrated

We will develop local priorities to deliver “parity of esteem” for mental health; improving the competency of all services to work with both physical and mental health issues as part of a person centred approach to care. Physical health needs of people with mental health needs will be recognised, supported and monitored so that overall health outcomes are in line with general population.

3. Mental health services will be transformed to be recovery and outcome focussed

Drive a culture of change within mental health services that puts a “recovery” focus as the standard. This will shift the focus from long term service use to active self-management through individually held budgets. This will result in improvements in care management, reduction in repeat crisis requests, readmissions are reduced, and employment levels will increase. This will shift the cultural emphasis away from a focus on the negatives of what people find difficult towards the positives of their abilities, aptitudes and potential i.e. an asset based approach to meeting needs.

4. We will ensure high quality services

Commissioners and service users will feel assured about the quality of services being delivered; that will be the right standard and in line with national and local policy to ensure the best possible outcome for people using them. The evidence base for effectiveness of interventions will inform all commissioning decisions.

5. Challenge Stigma and Discrimination

Leeds aims to have a very positive profile of mental health where people feel safe talking about their mental health needs without fear of prejudice or discrimination. There is still a need for improved communication generally about mental health within communities to aid access and navigation as well as demystifying mental health.

This includes strengthening current approaches around stigma and discrimination and people feeling well equipped to challenge stigmatising attitudes. Supporting healthy workplaces, workforce development, early intervention and positive role modelling. The mental health needs of other service user groups, for example those with Autistic Spectrum Conditions, will be more appropriately and adequately met.

5. How are we going to do it?

The three CCGs and the Local Authority will take a joint approach to “whole system” transformation in order to mitigate the impact of isolated decision making. Taking a co-production approach with all stakeholders, we will build on the strong partnership working that already exists in order to maximise the opportunities to integrate planning and budgets and create opportunities for efficiencies and improvements in care pathways. This will require commitment to agreed outcomes and implementation timescales.

We will address the challenge of how we allocate future resources and the issue of eligibility whilst supporting long term recovery. We need to work on these issues as a matter of urgency to ensure that future planning takes account of the need to find the acceptable balance between active interventions and sustained recovery. We need to ensure that interventions being offered are effective; and review where those interventions are best provided, for example shifting more support into primary care. Some of this will require significant challenge to established ways of working.

We will improve the quality of information available about mental health to support this wider awareness, and the more effective delivery of services.

We will work with partners through Leeds City Council and its Executive to change the profile of mental health within the city – through Health and Wellbeing Board influence and the wider Council structures.

6. How will we check our progress?

This plan has been developed by the Leeds Mental Health Partnership Board, which is made up of commissioning and clinical representatives from the three Leeds Clinical Commissioning Groups, Leeds City Council and Adult Social Care, Public Health, Providers and Service Users. The Board has developed the Framework and agreed the action plan to deliver the five outcomes. Regular reports on the agreed action areas to ensure adequate progress is achieved will be reported to the CCG Boards and the Joint Health and Wellbeing Board.

Outcomes and Priorities in Table form

Outcomes	Priorities	Headline Indicators
1. Focus on keeping people well – to build resilience and self-management	1.1 Public profile of information is high and people know where to go for help. 1.2 Increase access to self-help and resilience training. 1.3 Improved access to mental health support for children, families and professionals working with them. 1.4 Commission services to support the best start in life (the emotional health and wellbeing of infants). 1.5 Promote employment support and job retention. 1.6 Increase attention on crisis prevention. 1.7 Support people to sustain their recovery by addressing the wider determinants of health, particularly in relation to employment, training financial inclusion and access to decent homes with a secure tenure. 1.8 Improve access to Telecare and Telehealth	<ul style="list-style-type: none"> • Number of calls to MH Information Line • Percentage of inappropriate referrals to SPA decreases • Number of people taking up menu of courses in Leeds • Annual survey of service users on access to self-management and what worked (through Leeds Involving People) • Percentage of schools with mental health promotion programme and effective TAMHS provision • Number of people with mental health issues returning to work through Job retention • Take up of CAB sessions within mental health services • Decreased discharge delays due to accommodation issues.

Outcomes	Priorities	Headline Indicators
<p>2. Mental health and physical health services will be better integrated</p>	<p>2.1 Develop and deliver a local action plan for the implementation of mental health “parity of esteem” in line with national priorities.</p> <p>2.2 Increase the support for people with mental health needs to access drug and alcohol treatment and recovery services.</p> <p>2.3 Physical health needs of people with mental health needs recognised, supported and monitored so that overall health outcomes are in line with general population.</p> <p>2.4 Increase the number of people with long term conditions offered specialist mental health advice/support.</p> <p>2.5 Support will be personalised and will recognise the impact of other aspects of people’s lives such as education, work, housing and leisure, and individual lifestyles.</p>	<ul style="list-style-type: none"> • Take up of health checks by people on GP Seriously Mentally Ill register • Percentage of people with Long Term Conditions with access to Cognitive Behavioural Therapy • Successful smoking cessation completions in secondary mental health services • Number of clients with a primary mental health need accessing/ successfully completing drug and alcohol treatment and recovery services • Tracking of local mortality rates.
<p>3. Mental health services will be transformed to be recovery and outcome focussed</p>	<p>3.1 Develop outcome based service specifications for all providers.</p> <p>3.2 Develop a Leeds model of mental health services that explains access, eligibility, interventions and pathways across the whole system.</p> <p>3.3 Introduce the new payment system, choice and personal health budgets into current NHS commissioned services.</p> <p>3.4 Promote partnerships to implement the delivery of new community and rehabilitative mental health services to address eligibility, sustainable recovery clear support pathways.</p> <p>3.5 Drive closer working with housing, leisure and education services to ensure that sustainable recovery by other sectors</p> <p>3.6 Transform day and community support services.</p>	<ul style="list-style-type: none"> • Percentage of eligible service users with personal budgets • Number of people with personalised care plan • Proportion of adults in contact with secondary mental health services who live independently, with or without support • Number of people in contact with secondary services gaining employment • Recovery rate of IAPT service in line with national target of 50% • Number of people with mental illness in settled accommodation

Outcomes	Priorities	Headline Indicators
<p>4. We will ensure high quality services</p>	<p>4.1 Map the current configuration of services and develop a Quality Framework for Mental Health Services. 4.2 Ensure service user experience is at centre of care and service development. 4.3 Performance monitoring of all services. 4.4 Review high costs packages of care to ensure quality and value for money. 4.5 Monitor usage of services for take up by marginalised and priority groups including young people, BME and older people. 4.6 Ensure the principles of the Leeds Safeguarding Board “Think Family” guidance is integral to commissioning of mental health services.</p>	<ul style="list-style-type: none"> • Number of serious incidents in mental health services • Number of complaints of users of mental health services - service reported • Patient experience improves as evidenced by National Patient Survey. • Reduction in repeat admissions • Monitoring of waiting times.
<p>5. Challenge stigma and discrimination</p>	<p>5.1 Public and professionals attitude, knowledge and challenge regarding mental health stigma 5.2 Integration of mental health and wellbeing into NHS and wider Council policies, including Member Lead for Mental Health across Local Authority. 5.3 Employers have increased confidence to work with mental health issues. 5.4 Focus on BME provision and access issues across Services. 5.5 Encourage a culture of challenge to discrimination.</p>	<ul style="list-style-type: none"> • Local attitude survey led by citywide Anti Stigma and discrimination work-stream • Leeds City Council Member Lead identified and champion activity shared • Established Mindful Employer Network with increasing charter sign up in Leeds • Monitored uptake and pathways for BME service users and families • Stigma of mental health challenged by BME communities • Healthwatch reports on issues of parity for mental health service users.

References

¹ 2011 DOH No Health Without Mental Health - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf

² NHS Mandate 14/15 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256406/Mandate_14_15.pdf

³ Everyone Counts Planning for Patients 14/15 - <http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf>

⁴ Excludes Dementia – which has a separate citywide strategy – [hyperlink](#) Dementia strategy ?

⁵ In mental health, ‘recovery’ means the process through which people find ways of living meaningful lives with or without ongoing symptoms of their condition.
http://www.nhsconfed.org/Publications/Documents/Supporting_recovery_in_mental_health.pdf

⁶ Gathered from consultation events during 2013 with service users, on-going meetings with clinicians and other service providers.

Appendices

Appendix A

The Mandate. A mandate from the Government to NHS England: April 2014 to March 2015 DH NOV 13

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256406/Mandate_14_15.pdf

Appendix B NHWMH Imp Plan

Appendix C

Leeds Joint Health and Wellbeing Strategic Commitment 4

Appendix D

Better lives for people in Leeds



Report of Head of Scrutiny and Member Development

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

Date: 30 September 2014

Subject: Leeds' Child and Adolescent Mental Health Services and Targeted Mental Health in Schools

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

Summary of main issues

1. Informed by a series of informal conversations and the formal discussions at the Scrutiny Board meeting in July 2014, it became clear that Mental Health Services (and in particular Child and Adolescent Mental Health Services (CAMHS)) had been consistently highlighted as an area for more detailed consideration by the Scrutiny Board.
2. In September 2014, work was commissioned to provide the Scrutiny Board with a range of initial information, as follows:
 - (a) An overview of Leeds' mental health strategy / framework, including:
 - Background – where/ when the mental health strategy / framework was developed;
 - Overall aims and objective of the mental health strategy / framework;
 - Current position/ progress;
 - An overview of current commissioner/ provider landscape; and,
 - Governance arrangements – i.e. where/ when progress is reviewed / monitored and associated governance arrangements – including any links with the overall transformation work.
 - (b) Child and Adolescent Mental Health Services
 - Outline of the service – explanation of different tiers and where/ how these are provided;
 - Outline of the commissioning and provider arrangements – including how different commissioning arrangements interrelate and associated governance arrangements;

- Confirmation of where Leeds patients access care/ support;
- Any out of area provision, including movement from outside area into Leeds for particular services;
- Current outcome measures / performance – including trends in demand/ performance;
- Future projections of demand/ future levels of needs;
- Levels of spending – past, current and future projections.

(c) Targeted Mental Health in Schools (TaMHS)

- Background / progress of the project and level of provision across the City
- Outline of the commissioning and provider arrangements
- Current outcome measures / performance – including trends in demand/ performance;
- Future projections of demand/ future levels of needs;
- Levels of spending – past, current and future projections;
- If/ how TaMHS relates to CAMHS.

3. The purpose of this report is to introduce a summary paper (Appendix 1) in relation to Leeds' Child and Adolescent Mental Health Services (CAMHS) and Targeted Mental Health in Schools (TaMHS). Appropriate representatives have been invited to meeting to help the Scrutiny Board consider the matters presented in more detail.
4. A report relating to Leeds' Mental health Framework is presented elsewhere on the agenda for consideration.

Recommendations

5. The Scrutiny Board (Health and Wellbeing and Adult Social Care) is asked to consider the information presented at the meeting and identify any specific matters that require more detailed consideration and/or any further scrutiny activity.

Background papers¹

6. 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.

Scrutiny Report Emotional and Mental Health Services Leeds

Prepared by: Jane Mischenko Leeds CCGs; Jim Hopkinson, Paul Bollom and Joseph Krasinski (LCC)

1.0 Purpose of Paper

The purpose of this paper is to inform the Scrutiny Board of the services for children and young peoples' emotional and mental health currently commissioned by partners in Leeds. The paper sets out the work programme recently agreed at the Integrated Commissioning Executive (ICE) for partners to work together to improve the system, to create coherent pathways and to improve the experiences and outcomes of children and young people.

2.0 Introduction

There is recognition nationally, regionally and locally of the need to improve emotional and mental health services for children and young people.

Following a recent Health Select Committee, established to collect evidence on children and Young Peoples' emotional and mental health services, a National Mental Health and Wellbeing Taskforce has been established.

Key policy links are:

- NHSE CAMHS Tier 4 Review (2014)
- Closing the Gap: Priorities for Essential Change (DH, 2014)
- CMO Annual Report (2012 and 2013)
- CYP Health Outcomes Forum Report (2012)
- No health without mental health: A cross-government mental health outcomes strategy for people of all ages (2011)
- Talking Therapies: a four-year plan of action (2011)
- The Coalition: Our programme for Government (2010)

This paper begins by setting out some of the challenges within the current commissioning system before presenting information on services commissioned in Leeds. Finally the paper describes the recently initiated commissioning review of emotional and mental health services.

It is worth noting that most mental illnesses become apparent in the teenage years and can become long lasting. It is known that 50% of mental illnesses in adult life (excluding dementia) start before age 15 and 75% by age 18. Getting it right in childhood and then facilitating smooth transitions to adult mental health services is critical

3.0 Tiered model and commissioning responsibilities

The increasing complexity of the system and commissioning environment of children and young peoples' emotional and mental health services is demonstrated in the table below.

Responsibility for commissioning dependant on specialism/location		Responsibility for commissioning			
	Service Type	Responsible Commissioning Agency			
		School	Local Authority	CCG	NHS England
Universal Services (Tier 1)	GPs practice staff				
	School nurses				
	Health Visitors				<i>Moving to LA 2015</i>
	Social workers				
	Youth workers				
	Teachers				
Targeted (Tier 2)	Outreach into schools by CAMHS				
	School counsellors				
	Educational Psychologists				
	Community based counselling				
	YOT Health workers				
	Parenting Programmes			<i>In specialist CAMHS</i>	
Specialist (Tier 3)	Looked after children/adoption			<i>In specialist CAMHS</i>	
	Specialist CAMHS (T3) community		<i>Social workers/Ed psych /MST</i>		
Specialist (Tier 3)	Specialist Outreach services to prevent admission/speed discharge		<i>Social workers</i>	<i>In some areas commissioned locally</i>	<i>In some areas Specialist Commissioning</i>
Highly Specialist (Tier 4)	In patient or regional specialist community e.g. deaf CAMHS				

Key issues to note are:

- At tier 1 much of the work is commissioned by organisations not directly involved in children and young people's mental health (although commissioners of mental health services frequently commission specialist consultation, training and support to tier 1).

Leeds CAMHS is commissioned to provide training and consultancy, as well as direct assessment and delivery of care. A commissioning intention is to

strengthen this further, to enhance the confidence, capacity and capability across the city.

- The four-tier system was conceptualised in the 1990s and as services have developed the boundaries have blurred between the tiers, i.e., tier 3.5)

Children's Education and Social Care services use the model of universal, targeted and specialist, rather than the traditional CAMHS tiers.

- The demand and delivery of tier 4 in-patient services is significantly impacted upon by the effectiveness of the local commissioned service and there maybe opportunities to work to co-commission the interface between tier 3 and 4 services that can provide intensive wrap around support and prevent the need for admission.

Currently in Leeds there is an effective tier 3.5 service; in a recent regional review of such services the Leeds model in particular has demonstrated savings in terms of reduced demand on tier 4 beds. Commissioners in Leeds are having early conversations with NHSE commissioners about co-commissioning opportunities.

- Financial pressures across the system of public sector spending has led to a national concern of the reduction in spend on children and young peoples' emotional and mental health services.

In Leeds the Local Authority has disinvested £0.5m from targeted/specialist emotional health and wellbeing provision, the majority of this from CAMHS, by April 2015. The NHS also has to achieve cost efficiencies and there are conversations between commissioners and the CAMHS provider on both the extent this impacts on CAMHS, and how best to achieve the savings without compromising the service offer.

However, there has also been investment in emotional and mental health services by partners in Leeds, in the investment in the TaMHS offer in the city; in the expansion of the MST teams and in the commissioning of new pathways of care, such as the Care leavers blended offer (of either online or face-to-face counselling).

4.0 Leeds Services

Nationally many schools commission their own pastoral support (including counselling), frequently these arrangements are ad hoc, disconnected from local emotional and mental health pathways and do not always have clear quality standards.

A significant strength in Leeds is the achievement of a citywide TaMHS offer; this is summarised below:

4.1 Targeted Mental Health in Schools (TaMHS)

The TaMHS project¹ ran as a successful 3-year pilot in 4 school clusters in Leeds 2007-10, improving the mental health of school age pupils. Clusters bring together managers and resources from a range of universal, targeted and specialist children's services in each local area. Cluster working arrangements are designed to ensure that families are offered the right intervention at the right time, as early as possible in the life of a problem, to prevent issues escalating which may result in poor outcomes for the family.

The model is based on:

1. Building on existing effective universal practice
2. Evidence based approaches
3. Capacity building in schools
4. Specialist mental health 'in-reach' support, as part of cluster multi-professional teams and as a school facing service.
5. Early Intervention and short-term work

All pilot areas re commissioned the service from their own budget.

The 2011-13 expansion of TaMHS to 9 new clusters was funded through a joint investment fund (JIF) from Schools Forum, Children's Services and NHS Leeds. The clusters were required to engage through an open application process which involved committing match funding of 55% (JIF) /45% cluster.

The commissioning model is one where clusters commission the TaMHS service within guidelines, based on the needs within the cluster, rather than the direct employment of staff. Current providers are drawn from the third sector and the NHS.

A successful evaluation has led to:

1. 100% re commissioning of TaMHS services by these clusters from their own budgets with many examples of increasing the capacity in the cluster team.
2. Further JIF funding for all the remaining clusters in the city for support from September 2013 – September 2015
3. CCGs starting to invest in clusters to increase capacity and pilot direct GP referral access

Current spend on TaMHS in the city is circa £2m: The details of TaMHS funding in Leeds, since the original pilot is set out in appendix 1.

The evaluations, (1 year interim and end of project) show measurable improvements in mental health, very good user feedback, cluster satisfaction and improvements in school attendance. The most recent evaluation has the some of the best performance in mental health improvements.

¹ National DfE programme

Demand is high as a large majority of cluster referrals for guidance and support require TaMHS, whether consultation, assessment, direct individual work, group work, case organisation, or one off support. A continued focus on short-term support enables a reasonable throughput of cases.

Many clusters report a gap between their service offer (TaMHS - early intervention and short term) and the specialist CAMHS thresholds.

CAMHS typically works at a higher level of need than TaMHS, though there are a number of cases that are supported successfully by TaMHS that would meet the CAMHS threshold. There is an established referral pathway that permits swifter, easier and more accurate onward referrals from TaMHS as a result of short term work not fully meeting a pupil's needs or identification of a need that can be better met by specialist CAMHS.

4.2 Specialist CAMHS

Specialist CAMHS is commissioned by Leeds CCGs from NHS LCH and managed through the LCH contract management arrangements, led by Leeds South and East CCG. Prior to the disinvestment this year the LA contributed to the specialist CAMHS provision in the city £0.5 million (partially through embedded staff and to a lesser extent through cash contracts for management, training delivery and adoption support services).

The majority of referrals to CAMHS are currently from GPs, though some come via A&E, school clusters and other health professionals.

NHS Specialist CAMHS is multi-disciplinary (psychiatrists, therapists, nurses, psychologists) and works with children and young people up to 18 with:

- Moderate / severe depression
- Attentional / hyperkinetic problems
- Autistic spectrum disorders
- Moderate to severe anxiety
- Significant conduct problems at home and school
- Mental health problems with learning disabilities
- Eating disorders
- Significant attachment / relationship difficulties
- Obsessional Compulsive Disorder
- Habit disorders

Indications of a need for referral to NHS CAMHS are:

- Serious deterioration in self-care
- All/most family members highly distressed
- Non-school attendance as a result of mental health presentation
- Serious deterioration in academic attainment related to mental health presentation

- Social withdrawal (no contact with friends)
- Relations with peers leading to serious risk-taking.

Accepted referrals are offered an initial appointment for assessment; sometimes one appointment is sufficient to resolve difficulties; however, people generally attend more than once. Depending on the presenting problem various approaches may be offered including; individual therapy for a child or young person, family therapy, work with parents, or carers and sometimes medication.

4.2.1 Urgent & emergency referrals

Where there is concern about immediate safety CAMHS urgent referrals are made and prioritised, e.g.,

- Serious self-harm
- Attempted suicide or high risk of suicide
- Severe restricted eating
- Low Body Mass Index
- Psychosis

There is an on call rota for urgent issues out of hours.

CAMHS is also commissioned to provide an embedded service for some vulnerable groups, for example there are CAMHS practitioners in the Therapeutic Social Work Team and the Youth Offending Team.

4.2.2 Quality

There is an evidence base of effective interventions (i.e., NICE guidance and the CYP IAPT programme), and measures and existing quality improvement networks (QNIC², QNCC³, CORC⁴) to underpin comprehensive high quality CAMHS.

The Leeds service follows NICE guidance and CYP IAPT standards (Children and Young Peoples Improving Access to Psychological Therapies). This is a national programme that is transforming existing CAMHS through workforce development, to embed evidence based pathways, outcome based decision making and increased participation by children, young people and families in service delivery. The Leeds service is a founding member of CORC, and a member QNCC and QNIC.

The new CAMHS minimum data set will provide comparative data in time, though this is limited to NHS commissioned services and as yet there is no timescale for national analysis and publication. Leeds CCGs receive information from the CAMHS provider as set out in the CAMHS minimum data set.

² QNIC – Quality Network for Inpatient CAMHS

³ QNCC – Quality Network for Community CAMHS

⁴ CORC – Child Outcome Research Consortium

There is an intention to merge the CAMHS minimum dataset and CYP IAPT database; the latter particularly holds data relating to the quality of services.

Leeds compares well against established CAMHS performance indicators and service user experience measures. Jon Rouse (DH, Director General Social Care, Local Government and Partnerships) visited the Leeds CAMHS service 8 October as part of the fact finding of the National task force (of which he is co-chair).

4.2.3 Investment

The Leeds CCGs' commissioning investment into CAMHS specialist services is circa £7.9m; this is part of a block contract arrangement and has not been subject to disinvestment by NHS commissioners. However, all NHS organisations were subject to 1.8% efficiency in 2014/15, this was allocated to the LCHT contract via an overall reduction of 1.8% in the contract. However the Leeds CCG's chose to reinvest this 1.8% tariff reduction back into LCHT services so the net impact for 2014/15 was zero.

4.3 Therapeutic Social Work Service

It is well recognised that children in need and children looked after have high levels of mental health difficulties related to their experiences of abuse, neglect and loss; these difficulties may be compounded by experiences in the care system. Currently in Leeds the Local Authority provides a Therapeutic Social Work Service that specifically works with children who have a social worker (so who are identified as a 'child in need', on a child protection plan or who are in the care system).

The team comprises 12 full time and three part time therapeutic social workers with support from experienced clinical psychologists (embedded from CAMHS service), a small admin resource and 1.5 FTE of management support. The team has a strong diversity of practice training from mainstream interventions such as Cognitive Behavioural Therapy (CBT) to creativity based approaches such as play and art therapy and systemic approaches such as family therapy. The team received 553 referrals in 2013-14, the main presenting difficulty was behavioural difficulties and the main client group was children in care. Outcomes have been traditionally defined against caseworker goals but more recently patient and carer defined goal based measures have been introduced. Strengths include increases in placement stability, reductions in carer stress, reductions in measures of symptomatic behaviour and increased resilience reported in child/carer relationships. Current LCC investment in the model is approximately £680K per annum.

4.4 MST

Leeds invests around £1.5 million per year to support 3 area based multi-systemic therapy (MST) teams and a citywide MST Child Abuse and Neglect team.

MST is an intensive family and community based intervention. The team works with young people (aged 11-17yrs) who are at risk of coming into care, are involved with the Youth Offending Service and/or are exhibiting a high level of anti-social behaviour. Typical referral behaviours for the young person will include a number of the following: serious disrespect and disobedience; truancy and academic problems; aggressive behaviour (violence, fighting, property destruction); criminal behaviour; drug and alcohol problems; other high risk behaviours e.g. self-harm; and running away.

4.5 The Market Place

The three Leeds Clinical Commissioning Groups have a contract with the Market Place focusing specifically on emotional mental health and counselling services. They have made further investment - £30k in 2013/14 and £35k in 2014/15 and the total contract value for 2014/15 is now £177.5k. The contract also now contains a CQUIN where 2.5% of the contact value is retained until specific agreed targets have been achieved – this includes use of an outcome monitoring tool 'How do you rate your life' and further development of the activity monitoring system.

The Market Place has different ways the young people can access services for example drop in and one to one counselling. The young people are offered an 'intro' session. This session is not described as an 'assessment', but rather a meeting for the young person to find out about the one to one services on offer and how they work. It is also the place for the worker to assess how the young person is coping, what the issues are, levels of risk and whether the young person is able to manage in a one to one setting on their own and competent in relation to the Fraser guidelines [1985].

My Plan offers flexible one-to-one support, which assists young people to facilitate their own development. It allows 13-19 year olds to build their confidence and work on complex issues, by making a plan and deciding how they want to move forward with whatever aspects of their lives they choose to work on. My Plan evolved out of an identified need for one to one solution focused support that is more informal than counselling using a Youth Work model. This suits the younger age group with 8-12 sessions focusing on the young person's needs. Feedback clearly demonstrates how popular and appropriate this service is, particularly to those young people who may not feel counselling is for them, even though they may be vulnerable and coping with complex issues in their lives, they choose to work with a Youth Worker.

Counselling at The Market Place is primarily Person Centred. This is a model of counselling that keeps the client at the centre of the work. It offers a safe, supportive space in a counselling relationship, in which to explore issues at the young person's pace, in their own way towards a sense of self-valuing and self-worth. During the year the Individual Support work ended as the worker is now a qualified counsellor.

With the additional investment the Market Place is working with Commissioners to provide a service for care leavers. Also a bereavement service has been

developed which commenced in March 2014 and in the first quarter has undertaken sessions for five young people. Posters about the service have recently been circulated including to all Leeds GP practices.

4.6 Specific Pathway/ Innovation

During the last two years there have been a number of programmes of work to develop specific pathways and areas of service development; these are

- Effective support and management of young people presenting in A&E with self-harm (use of a CQUIN across LTHT A&E and Paediatric wards and LCH CAMHS)
- Work with universal settings (particularly schools) to support young people who self-harm (policy, guidance, training, play, pathway)
- Working with young people to develop an emotional and mental health website/service (website developer procured with young people - September 2014)
- The commissioning of the care leaver blended model pilot service offer (digital counselling and face to face via the Market Place) – commenced July 2014
- Current work to improve the support for children who have experienced a bereavement (reported to CTB September 2014)
- Exploration of a TaMHS partnership seed funding model for the SILCs (Specialist Inclusive Learning Centres – schools for children with very complex physical and learning disabilities)

Despite the significant strengths in the city, the complexity of the commissioning picture and diverse funding streams poses challenges, and partners in the city are committed to working together to improve this.

5.0 Whole system review

ICE has agreed that the current situation needs improvement. Whilst there are examples of innovation and excellent teams in the city, there is too much variability and the whole system does not function well together. This therefore introduces inefficiencies, poor experience for children and families as they try to navigate the system and frustration for professionals (those referring into and delivering within the system).

A Joint Commissioning Steering Group has been established to develop recommendations to take back to ICE, on how partners can improve the emotional and mental health service provision in Leeds and address some of the complexities within the system summarised above.

There are some key principles and deliverables integral to the work programme:

- The need to co-design with parents and young people;

- Support emotional wellbeing and resilience through a public health programme
- To strengthen and sustain the city-wide TaMHS offer
- To develop and strengthen the local cluster service delivery model by aligning specialist CAMHS and Therapeutic Social Work service resource to this model (training, supervision, swift access to advice, joint working) and clearly defining what they directly deliver.
- To create one point of access for referrers of children's mental health services
- To maximise the digital opportunities to enhance self-care, improve access and facilitate flexible service provision
- In addition to the local offer, ensure a strong city centre provision (for young people)
- Analysis of information to understand need (refresh current needs assessment document), demand and future requirements of the service (future proof developments)
- Improving services within existing resource envelop by maximising the value of every Leeds pound spent
- Underpin the service developments with the available evidence base of effective interventions
- Establish a whole system method of monitoring delivery and outcomes

Appendix 1
TAMHS spend since the national pilot began in 2007

• **Levels of spending – past, current and future projections⁵;**

	2008/09		2009/2010		2010/11		2011/12		2012/13		2013/14			2014/15		
	Cluster	TaMHS	Cluster	TaMHS	Cluster	TaMHS	Cluster	JIF	Cluster	JIF	Cluster	JIF	CCG	Cluster	JIF	CCG
Pilot areas (2 clusters + The Place2Be)	£50,000	£225,000	£50,000	£225,000	£80,000	£194,100	£462,000	£0	£452,000	£0	£452,000	£21,100	£10,000	£452,000	£21,100	£41,000
Expansion #1 (9 clusters)	£0	£0	£0	£0	£0	£0	£794,000	£395,500	£637,083	£395,500	£535,000	£39,051	£0	£675,000	£39,051	£60,000
Expansion #2 (13 clusters)	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£399,853	£506,000	£0	£399,853	£517,000	£0
	£50,000	£225,000	£50,000	£225,000	£80,000	£194,100	£1,256,000	£395,500	£1,089,083	£395,500	£1,386,853	£566,151	£10,000	£1,526,853	£577,151	£101,000
	£275,000		£275,000		£274,100		£1,651,500		£1,484,583		£1,963,004			£2,205,004		

⁵ Cluster spending once support is needed i.e. Pilot clusters 2011 onwards and Expansion #1 2013 onwards is estimated.

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Report of Head of Scrutiny and Member Development

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

Date: 28 October 2014

Subject: Work Schedule – October 2014

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

1 Purpose of this report

1.1 The purpose of this report is to consider the progress and ongoing development of the Scrutiny Board’s work schedule for the current municipal year.

2 Main issues

2.1 Further to the discussions held during the meeting in July 2014, work has progressed to include some of the areas identified by members into a more structured work schedule for the remainder of the current municipal year. An outline of the areas to be covered in forthcoming meetings area as follows:

October 2014

- Mental Health Framework in Leeds
- Child and Adolescent Mental Health Services (CAMHS) – commissioning and provision in Leeds (first session)

November 2014

- Primary Care provision in Leeds (NHS England: West Yorkshire Area Team) – first session

December 2014

- Child and Adolescent Mental Health Services (CAMHS) – commissioning and provision in Leeds (second session)
- LYPFT – Care Quality Commission (CQC) Inspection outcome
- Progress update on LTHT inspection outcomes

January 2015

- Maternity Services Strategy for Leeds
- Primary Care provision in Leeds (NHS England: West Yorkshire Area Team) – second session
- LYPFT – Care Quality Commission (CQC) Inspection action plan

February 2015

- Child and Adolescent Mental Health Services (CAMHS) – commissioning and provision in Leeds (third session)
- Review of Homecare – final report & recommendations for Executive Board
- LCH – Care Quality Commission (CQC) Inspection outcome

March 2015

- Primary Care provision in Leeds (NHS England: West Yorkshire Area Team) – third session
- LCH – Care Quality Commission (CQC) Inspection action plan
- Progress update on LTHT inspection outcomes
- Progress update on LCH inspection outcomes

April 2015

- Child and Adolescent Mental Health Services (CAMHS) – commissioning and provision in Leeds (report)
- LCH – Care Quality Commission (CQC) Inspection outcome

- 2.2 The details outlined above should be considered as an indicative rather than definitive work programme. A number of areas are dependent on the outcome of work from third parties and may therefore be subject to change. There also has to be sufficient flexibility in the Board's work programme in order to react to any specific matters that may arise during the course of the year.

Working Groups

- 2.3 The Scrutiny Board has established two working groups, one focusing on Adult Social Care matters, while the other working group considers proposed changes and development of local health services.
- 2.4 Details of future meetings are presented below:
- **Adult Social Care Working Group** – next meeting scheduled for 6 November 2014
 - **Health Service Developments Working Group** – next meeting scheduled for 5 November 2014

Any necessary updates will be provided at the meeting.

Minutes from Executive Board and the Health and Wellbeing Board

- 2.5 In order to keep the Scrutiny Board apprised of activity through the Council's Executive Board and Leeds' Health and Wellbeing Board, the latest available minutes

are included for members' information and consideration. These are from the Executive Board meeting held on 15 October 2014. The next Health and Wellbeing Board meeting is scheduled for 22 October 2014, therefore the minutes from that meeting will be presented to the November meeting of the Scrutiny Board.

3. Recommendations

3.1 Members are asked to:

- a) Note the content of this report and its appendices.
- b) Agree the future work schedule for the Scrutiny Board.
- c) Identify any specific matters to be incorporated into the work schedule for the remainder of the current municipal year.

4. Background papers¹

4.1 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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EXECUTIVE BOARD

WEDNESDAY, 15TH OCTOBER, 2014

PRESENT: Councillor K Wakefield in the Chair

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

SUBSTITUTE MEMBER: Councillor J Procter

79 Substitute Member

Under the terms of Executive and Decision Making Procedure Rule 3.1.6, Councillor J Procter was invited to attend the meeting on behalf of Councillor A Carter.

80 Exempt Information - Possible Exclusion of the Press and Public

RESOLVED – That, in accordance with Regulation 4 of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, the public be excluded from the meeting during consideration of the following parts of the agenda designated as exempt on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the public were present there would be disclosure to them of exempt information so designated as follows:-

Appendix A to the report entitled, 'Leeds City Region Green Deal and ECO Scheme', referred to in Minute No. 86 is designated as exempt in accordance with paragraph 10.4(3) of Schedule 12A(3) of the Local Government Act 1972 on the grounds that the information contained within the appendix is commercially sensitive and is extracted from bids received by the Council. The publication of such information would prejudice the commercial interests of the bidders involved, and it would also damage the Council's interests, as it would decrease bidders' confidence in the Council's procurement processes. It is therefore determined that in all circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

81 Late Items

There were no late items as such, however, prior to the meeting an updated version of exempt Appendix A to agenda item 7 entitled, 'Leeds City Region Green Deal and ECO Scheme' had been circulated to Board members for their consideration (Minute No. 86 refers).

82 Declaration of Disclosable Pecuniary Interests

There were no declarations of Disclosable Pecuniary Interests made during the meeting.

83 Minutes

RESOLVED – That the minutes of the previous meeting held on 17th September 2014 be approved as a correct record.

TRANSPORT AND THE ECONOMY

84 Leeds Bradford International Airport

The Director of City Development submitted a report setting out the main principles for the development of the Council's policy relating to the growth of Leeds Bradford International Airport (LBIA). The report considered the Council's approach towards enhancing the positive role of LBIA in supporting economic and jobs growth and providing international connections. Additionally, the report presented the framework for the planned growth and improvement of the airport and its wider supporting infrastructure; together with the Council's intentions around developing a unified approach across site allocations, transport and economic development.

Emphasis was placed upon the integral role played by the airport in ensuring the future economic competitiveness of both the local and regional economy, whilst the support which existed for improvements to the airport's accessibility and connectivity was highlighted.

Responding to an enquiry, the Board received an update regarding the development of the Surface Access Strategy and the wider work being undertaken around the improvement of road access to the airport.

RESOLVED – That in the context of the White Paper Motion approved at the meeting of Council on 26th March 2014, and the growth potential of LBIA as outlined by the Department for Transport (DfT):-

- (a) That the main policy principles relating to the growth of LBIA, as set out at section 5.1 of the submitted report be agreed;
- (b) That officers be requested to work with LBIA in order to support them in the timely completion of the Airport Masterplan and Surface Access Strategy work, to inform the development of the Council's policy position;
- (c) That officers be requested to develop work on the proposals for surface access, working closely with LBIA, DfT and the West Yorkshire Combined Authority;
- (d) That Development Plans Panel be requested to take account of the submitted report in preparing land proposals through the Site Allocations Plan process for land use in the area surrounding LBIA;
- (e) That officers be requested to develop proposals for the sustainable growth and enhancement of the economic and employment role of LBIA, working closely with the Local Enterprise Partnership (LEP); and

- (f) That the Director of City Development be instructed to co-ordinate the work set out in the resolutions above and to submit a progress report on such matters to Executive Board in mid-2015.

NEIGHBOURHOODS, PLANNING AND PERSONNEL

85 Update on Response to Leeds Students' Unions Deputation of March 2014

The Deputy Chief Executive submitted a report responding to the deputation presented to full Council on 26th March 2014 by representatives of Leeds University Union, Leeds Beckett Students' Union and Leeds Trinity Students' Union regarding "Student Representation at Policy Making Level".

By way of an introduction to the submitted report, the Executive Member for Neighbourhoods, Planning and Personnel provided an update on the continuing actions being taken to ensure increased student involvement in policy making in Leeds. Furthermore, the Executive Member made a specific request to the relevant officers to ensure the establishment of appropriate students' union representation/input on the Communities Partnership Board and also the Housing Forum.

RESOLVED – That the contents of the submitted report be noted.

CLEANER, STRONGER AND SAFER COMMUNITIES

86 Leeds City Region Green Deal and ECO scheme

Further to Minute No. 39, 16th July 2014, the Director of Environment and Housing submitted a report which provided the Board with information on the progress made to date on the procurement of the Leeds City Region (LCR) Green Deal and Energy Companies' Obligation (ECO) scheme and which sought approval to call off from the Framework Agreement. In addition, the submitted report also detailed the benefits of the scheme in order to assist with the decision making in respect of call-off.

An updated version of exempt Appendix A to the submitted report had been circulated to Board Members prior to the meeting for their consideration.

The Executive Member for Cleaner, Stronger and Safer Communities highlighted the range of potential benefits which would be realised by the initiative detailed within the report, whilst also highlighting how the collaborative procurement process had provided a good example of the Leeds City Region and Local Authorities effectively working in partnership in order to deliver large scale projects for the benefit of the community.

Following consideration of the updated Appendix A to the submitted report, designated as exempt from publication under the provisions of 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 participation of Leeds City Council in the Leeds City Region Green Deal and ECO scheme, including support for the Framework and commitment to use the Call-Off Contract be approved in principle;
- (b) That the necessary authority be delegated to the Director of Environment and Housing in order to agree the commercial terms of the Call-Off Contract and to sign the Contract;
- (c) That the necessary authority be delegated to the Director of Environment and Housing in order to take operational decisions, including attendance at the Home Energy Project Board (HEPB);
- (d) That the progress being made in respect of this matter be monitored through the HEPB and that annual progress reports be submitted to the Executive Board for consideration.

DIGITAL AND CREATIVE TECHNOLOGIES, CULTURE AND SKILLS

87 Review of Library Opening Hours

The Director of City Development submitted a report outlining the outcomes arising from the period of consultation and analysis which had taken place as part of the review of library opening hours. In addition, the report sought approval to implement the resulting proposed hours, with the aim of delivering identified savings, whilst also ensuring that the service was provided in the most efficient manner to meet customers' needs.

Members welcomed the comprehensive consultation exercise which had been undertaken on this matter, the outcomes from which had been reflected within the proposals detailed within the submitted report. In addition, emphasis was placed upon the difficult decisions which needed to be taken in respect of library provision, however it was highlighted that the proposals under consideration aimed to ensure that a sustainable and innovative service continued in Leeds which was responsive to changing local circumstances.

On behalf of the Board, the Executive Member for Digital and Creative Technologies, Culture and Skills thanked all of those who had been involved in the delivery of the consultation and analysis exercise, which had been integral to the proposals detailed within the submitted report.

RESOLVED –

- (a) That the changes to library opening hours, as identified in Appendix 1 to the submitted report, be approved with effect from Monday, 1st December 2014;
- (b) That it be noted that the Head of the Library and Information Service will be responsible for the implementation of such matters.

ADULT SOCIAL CARE

88 Out of the Shadows: Time to Shine

The Director of Adult Social Services and the Director of Public Health submitted a joint report providing a briefing on the vision of the 'Time to Shine' project, the aim of which was to reduce loneliness and isolation by breaking down barriers and building strong communities. In addition, the report described the project's strategy for making better use of existing assets, whilst also changing society's attitudes and behaviours towards older people.

On behalf of the Board, the Executive Members for Adult Social Care and Health and Wellbeing welcomed the grant which had been awarded to the city of Leeds and respectively paid tribute to the Leeds Older People's Forum for the work that the organisation had undertaken as part of the successful bid submission process.

RESOLVED –

- (a) That the Leeds Older People's Forum and its partners be congratulated on the success of their bid;
- (b) That the aims, vision and strategy of the 'Time to Shine' project be noted and endorsed;
- (c) That further annual updates on the progress of the project be received by the Executive Board over the next six years;
- (d) That it be noted that the lead officer for ensuring updates are submitted to Executive Board is the Deputy Director, Adult Social Care.

89 Director of Adult Social Services - Sandie Keene

On behalf of the Board, the Chair paid tribute to and thanked the Director of Adult Social Services, Sandie Keene, for her services to the Council, as this would be the final Executive Board meeting in which she would be in attendance prior to her retirement.

FINANCE AND INEQUALITY

90 Discretionary Housing Payments

The Assistant Chief Executive (Citizens and Communities) submitted a report providing an update on Discretionary Housing Payment (DHP) expenditure and the actions which were being taken to both meet the needs of vulnerable tenants and also manage the scheme's expenditure within the available budget.

In addition, it was noted that the report also sought the Board's approval to submit an application to the Department for Communities and Local Government (DCLG) to utilise Housing Revenue Account funding up to a maximum of £250,000, in order to help deal with DHP awards for Housing Leeds tenants with severe disabilities living in significantly adapted properties.

In considering the report, Members discussed a number of matters which related to the current national policies affecting vulnerable tenants and the impact of such policies upon the demand for DHPs.

RESOLVED –

- (a) That the pressures on the DHP fund and the actions being taken to deal with the pressures, be noted;
- (b) That the application to the DCLG to use Housing Revenue Account funding up to a maximum of £250,000 to help deal with DHP awards for Housing Leeds tenants with severe disabilities living in significantly adapted properties, be approved;
- (c) That a report be received in the new year from the Assistant Chief Executive (Citizens and Communities) on a proposed DHP scheme for 2015/16, following Department for Work and Pensions (DWP) confirmation of DHP funding.

91 Medium Term Financial Strategy 2015/16 - 2016/17

The Deputy Chief Executive submitted a report which set out the principles and assumptions underlying the proposed financial strategy covering the years 2015/16 to 2016/17. It was noted that the financial strategy would provide the framework for the preparation of the 2015/16 initial budget proposals which were scheduled to be presented to Executive Board in December 2014.

In considering the proposed medium term financial strategy, the Board discussed the national context specifically in respect of the cumulative funding reductions which had been experienced by the Council to date, together with the indicative financial settlement proposals for 2015/16. Members also gave consideration to a range of issues relating to the Government's current funding model for Local Authorities and looking to the future, highlighted the unprecedented financial challenge that the Council faced.

RESOLVED – That the Medium Term Financial Strategy for 2015/16 - 2016/17 be approved, and that the assumptions and principles outlined in the submitted report be used as a basis for the detailed preparation of the Initial Budget Proposals for 2015/16.

92 Financial Health Monitoring 2014/15: Month 5

The Deputy Chief Executive submitted a report presenting the Council's projected financial position for 2014/15 after five months of the financial year.

The Deputy Chief Executive provided an update to the Board and indicated that the draft month 6 figures showed a further deterioration in the Council's financial position by approximately £1,000,000.

RESOLVED – That the projected financial position of the authority after five months of 2014/15, as detailed within the submitted report, be noted.

93 Citizens@Leeds:Delivering Community Hubs Across the City

Further to Minute No. 47, 16th July 2014, the Assistant Chief Executive (Citizens and Communities) submitted a report which set out proposals aimed at the delivery of a sustainable network of Community Hubs across the city. The report outlined the high-level basis upon which a city-wide network of Community Hubs could be developed; building upon the successes and learning from the three pathfinder hubs agreed by Executive Board in November 2013.

Members welcomed the proposals detailed within the submitted report, particularly with regard to their integrated and innovative nature.

RESOLVED –

- (a) That the adoption of a city-wide community hub model which sees a network based approach, developed in partnership with Community Committee's and local Ward Councillors, and supported by a city centre community hub, be approved;
- (b) That the proposal to bring together all existing community based one stop centres, libraries and housing management offices, to be managed as a single set of 'front of house' services, in order to enable the development of a city-wide network of community hubs, be approved;
- (c) That the proposal to create a single 'front of house team' in order to provide the community hub workforce, be approved, with the team being made up from all existing 'front-of-house' staff based in customer services, libraries, housing Leeds and jobs and skills;
- (d) That the Assistant Chief Executive (Citizens and Communities) be authorised to progress the detailed design of the proposed city-wide community hub network and associated workforce arrangements, as set out within Section 5 of the submitted report;
- (e) That an update report be submitted to Executive Board in March 2015 providing an update on the progress being made and the development of a detailed business case to support delivery of the aspirations, as outlined within the submitted report.

HEALTH AND WELLBEING

94 Due North: Report of the Inquiry on Health Equity for the North

The Director of Public Health submitted a report which outlined the key recommendations arising from the report entitled 'Due North', a document which reported the findings from the inquiry undertaken in relation to health equity for the North. In addition, the report sought agreement on ways to implement those recommendations through the Leeds City Region.

Members discussed the detail of the Executive Summary from the 'Due North' report, which had been compiled by the Inquiry Panel on Health Equity for the North of England, specifically around the nature of the associated recommendations, the narrative used and also the findings in respect of young people.

RESOLVED –

- (a) That the findings and recommendations of the 'Due North' report be supported;
- (b) That the Board's influence be used in the Leeds City Region and the Combined Authority in order to progress the recommendations of the 'Due North' report and to help achieve the ambitions of the city;
- (c) That the Health and Wellbeing Board be requested to review the recommendations and to identify opportunities for further progress at both city wide and local level.

TRANSPORT AND THE ECONOMY

95 Asset Management Plan

The Director of City Development submitted a report which sought approval of the Asset Management Plan for the period 2014 - 2017, as presented within Appendix 1 to the submitted report.

Councillor Groves, as Chair of the Scrutiny Board (Sustainable Economy and Culture) presented the key findings of the Scrutiny Board arising from its prior consideration of the draft Asset Management Plan. The Scrutiny Board's comments were detailed within Appendix 2 to the submitted report.

The work which was being undertaken in line with the Government's 'One Public Estate' programme was noted, together with the progress which was being made with other public sector partners as part of this initiative.

RESOLVED –

- (a) That the Asset Management Plan be approved;
- (b) That it be noted that the implementation timescale for the plan is 2014-2017; and
- (c) That it be noted that the Head of Asset Management is responsible for implementation of the plan.

96 Chief Asset Management and Regeneration Officer - Christine Addison

On behalf of the Board, the Chair paid tribute to and thanked the Chief Asset Management and Regeneration Officer, Christine Addison, for her services to the Council, as this would be the final Executive Board meeting in which she would be in attendance prior to her leaving the Council for a new position.

CHILDREN AND FAMILIES

97 Domestic Violence and Abuse Programme Update

The Director of Children's Services, the Director of Environment and Housing and the Director of Public Health submitted a joint report providing an update on the progress made in tackling domestic violence and abuse, both in terms of response to Scrutiny Board findings and in the wider programme of work aimed at addressing Domestic Violence and Abuse in Leeds. In addition, the report also sought support for the approach being adopted to tackle such matters in Leeds.

Councillor Anderson, as Chair of the Scrutiny Board (Safer and Stronger Communities) presented the key findings and recommendations of the Scrutiny Board following its Inquiry into this matter. A summary of the Scrutiny Board's desired outcomes and recommendations were detailed within Appendix A to the submitted report.

Members welcomed the submitted report and paid tribute to the members of the Scrutiny Board (Safer and Stronger Communities) for the considerable work which they had undertaken on this wide ranging Inquiry. In considering the report, specific emphasis was placed upon the vital importance of a cross-departmental and multi-agency approach when tackling the issues arising in this area.

RESOLVED –

- (a) That the actions being taken across the Council and by partners to tackle Domestic Violence and Abuse be noted, and that the direction of travel being taken, be agreed;
- (b) That the recommendations of the Scrutiny Board (Safer and Stronger Communities), as detailed within Appendix A to the submitted report, be received and endorsed.

98 Information on the annual admissions round for September 2014 entry and upcoming consultation for 2016 policy.

The Director of Children's Services submitted a report which provided statistical information on the annual admissions round for entry to Reception and Year 7 for September 2014. The report highlighted that the rising birth rate had been impacting upon entry to Reception particularly since 2009 and the impact on entry to year 7 was now affecting some areas of the city. In addition, the report further considered the potential effect of the latest government consultation on changes to the Admissions Code, and the potential for changes within the Leeds City Council Admissions Policy.

RESOLVED – That the following be noted:-

- The numbers of applications for both phases of education, the percentage of successful first preferences for secondary admissions was 86% (up from 84% last year) and for Reception admissions was 85% (same as last year).

- The percentage of parents receiving one of their top three preferences was 96% for secondary and 94% for primary, compared to 94% for each last year.
- The percentage of parents getting none of their preferences and made an alternative offer instead was 3.2% in secondary (6.5% last year) and 5% in primary (same as last year)
- The contents of the government consultation on changes to the admissions code for 2016.
- The work with key partners in order to provide a package of measures to support families to ensure their applications are made appropriately and in a timely fashion.

DATE OF PUBLICATION: FRIDAY, 17TH OCTOBER 2014

**LAST DATE FOR CALL IN
OF ELIGIBLE DECISIONS:** FRIDAY, 24TH OCTOBER 2014 AT
5.00P.M.

(Scrutiny Support will notify Directors of any items called in by 12.00noon on Monday, 27th October 2014)