

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

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Meeting to be held in Civic Hall, Leeds, LS1 1UR on  
Tuesday, 21st April, 2015 at 10.00 am

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

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### **MEMBERSHIP**

#### **Councillors**

J Akhtar - Hyde Park and Woodhouse;  
D Coupar (Chair) - Cross Gates and Whinmoor;  
B Flynn - Adel and Wharfedale;  
G Hussain - Roundhay;  
G 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

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

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**Civic Hall**  
**LEEDS LS1 1UR**  
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**Principal Scrutiny Adviser:**  
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# A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			<p><b>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</b></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><b>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND THE PUBLIC</b></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><b>RESOLVED</b> – 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><b>No exempt items have been identified.</b></p>	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<p><b>LATE ITEMS</b></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><b>DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS</b></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><b>APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES</b></p> <p>To receive any apologies for absence and notification of substitutes.</p>	
6			<p><b>MINUTES - 24 FEBRUARY 2015 AND 24 MARCH 2015</b></p> <p>To confirm as a correct record, the minutes of the meetings held on 24 February and 24 March 2015.</p> <p><b>(Minutes to follow)</b></p>	
7			<p><b>CHAIRS UPDATE REPORT - APRIL 2015</b></p> <p>To consider an update from the Chair of the Scrutiny Board on any specific areas of activity since the Scrutiny board meeting in March 2015</p>	1 - 2
8			<p><b>STATEMENT FROM THE ADULT SOCIAL CARE WORKING GROUP - THE FUTURE PROVISION OF EXTERNAL HOME CARE SERVICES</b></p> <p>To receive and consider a draft statement from the Adult Social Care Working Group in relation to the future provision of external home care services</p>	3 - 12

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9			<b>EVEN BETTER LIVES LIVED - LEEDS LOCAL ACCOUNT OF ADULT SOCIAL CARE 2014/15</b>  To consider a report introducing the Leeds Local Account of Adult Social Care for 2014/15 and to specifically consider the identified areas for improvement	13 - 46
10			<b>SPECIALISED SERVICES - POLICY AND SPECIFICATION CONSULTATION (MARCH 2015)</b>  To consider a report introducing NHS England's consultation on proposed changes to a number of specialised services policy areas and service specifications	47 - 52
11			<b>CHILDREN'S EPILEPSY SURGERY SERVICES - PUBLIC CONSULTATION (MARCH 2015)</b>  To consider a report introducing NHS England's consultation on proposed changes to Children's Epilepsy Surgery Services	53 - 66
12			<b>WORK SCHEDULE - APRIL 2015</b>  To consider the work schedule and prioritise any unscheduled items for consideration during the new municipal year (2015/16)	67 - 80
13			<b>DATE AND TIME OF THE NEXT MEETING</b>  To be confirmed	

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			<p><b>THIRD PARTY RECORDING</b></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"> <li>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.</li> <li>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.</li> </ul>	

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## Report of Head of Scrutiny and Member Development

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

**Date: 21 April 2015**

**Subject: Chairs Update Report – April 2015**

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 meetings in March 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, 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 or additional scrutiny activity that may be necessary.
- 2.3 The Chair and Principal Scrutiny Adviser will provide a verbal update at the meeting, as required.

## 3. Recommendations

- 3.1 Members are asked to:
- Note the content of this report and the verbal update provided at the meeting.
  - Note any specific feedback on previous matters and any specific outcome arising from the Chair's action.
  - Identify any specific matters that may require further scrutiny input/ activity and agree any actions for the Chair to progress on behalf of the Scrutiny Board.

## **4. Background papers<sup>1</sup>**

### **4.1 None used**

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<sup>1</sup> 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 Wellbeing and Adult Social Care)

**Date: 21 April 2015**

**Subject: Statement from the Adult Social Care Working Group – the future provision of external home care services**

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	<input checked="" type="checkbox"/> Yes	<input 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 In December 2013, the Executive Board Member (Adult Social Care) highlighted work underway around the 'Future of Home Care' and requested the former Scrutiny Board's involvement in co-producing a solution.
- 2 To consider the potential role of the Scrutiny Board and help scope any future work, in February 2014 a report on the current provision was presented to the previous Scrutiny Board.
- 3 Following the appointment of a new Chair, alongside some general changes to the overall membership of the Scrutiny Board, at its meeting on 15 July 2014 the Scrutiny Board agreed some outline Terms of Reference for a working group to consider the future external provision of home care services.
- 4 The main aims of the working group were agreed as:
  - To maintain oversight of the overall progress of the Adult Social Care (ASC) project/ review.
  - To consider, review and make recommendations on any draft proposals/ solutions identified by ASC.
  - To identify any opportunities and/or examples of good practice around the potential purchasing solution and service delivery model for independent sector home care provision in Leeds.

- To identify the overall financial envelop available for the future delivery of services and to assess the financial stability of any draft proposals/ solutions identified by ASC.
  - To consider any opportunities for greater collaboration and value for money issues associated with the Leeds pound (£).
  - To maintain an overview of any public (service user) engagement and involvement activity, including details of any feedback and how this was being used to further develop the proposals.
- 5 The working group met on three separate occasions – with the initial meeting being a briefing from Adult Social Care officers around the current service provision, contractual arrangements and the review process. The subsequent meetings involved service users – who outlined their experiences of home care services – along with input from two private sector providers of home care services.
  - 6 Relevant officers from Adult Social Services have attended each of the three working group meetings, with the Executive Board member for Adult Social Care attending the final meeting on 18 March 2015.
  - 7 Attached at Appendix 1 is a draft statement prepared on behalf of the working group and presented to the Scrutiny Board for final agreement. The draft statement was prepared in discussion with the Chair of the Scrutiny Board and circulated to members of the working group for comment.
  - 8 It should be noted that the draft statement will also form part of the agenda papers due to be considered by the Executive Board at its meeting on 22 April 2015. Should there be any amendments to the draft statement these will need to be reported to Executive Board at its meeting.

## **Recommendations**

- 9 The Scrutiny Board is asked to:
  - (a) Consider and comment on the draft statement attached at Appendix 1.
  - (b) Agree the final statement, due to be considered by Executive Board at its meeting on 22 April 2015.

## **Background papers<sup>1</sup>**

- 10 None used

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<sup>1</sup> 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 the Scrutiny Board (Health and Wellbeing and Adult Social Care) Adult Social Care Working Group

### New Design Model for Home Care Services in the City

#### 1 Introduction

- 1.1 In December 2013, the Executive Board Member (Adult Social Care) highlighted work underway around the 'Future of Home Care' and requested the former Scrutiny Board's involvement in co-producing a solution.
- 1.2 To consider the potential role of the Scrutiny Board and help scope any future work, in February 2014 a report on the current provision was presented to the previous Scrutiny Board. Some of the key information presented included:
  - Confirmation of Adult Social Services' statutory duty to provide services/support to people who have 'eligible' needs. In Leeds the current eligibility level had been set at 'substantial and critical' needs – as defined in 'Prioritising need in the context of Putting People First', Dept. of Health (2010).
  - Support to people with eligible needs in Leeds was provided in their homes by a variety of services, including:
    - Reablement services;
    - Adult Social Care's Community Support Service; and,
    - Independent sector home care.
  - The Community Home Care Framework Agreement was the main method by which ASC contract with independent sector home care providers.
  - 33 independent sector providers had a contract with ASC through the Framework Agreement.
  - 13 of these independent sector providers – mostly national or regional companies – provided city-wide coverage.
  - A 'cost and volume' contract which was established in 2006 and has subsequently been renewed is also in operation. Other contract arrangements are also utilised to deliver additional support when the framework providers do not have capacity to cover all demand.
  - Expenditure on home care was in the region of £27m per annum.
- 1.3 Following the appointment of our new Chair, alongside some general changes to our overall membership, at the Scrutiny Board meeting on 15 July 2014, we considered and agreed some outline Terms of Reference for a working group to consider the future external provision of home care services.
- 1.4 We agreed the main aims of the working group would be:
  - To maintain oversight of the overall progress of the Adult Social Care (ASC) project/ review.
  - To consider, review and make recommendations on any draft proposals/ solutions identified by ASC.
  - To identify any opportunities and/or examples of good practice around the potential purchasing solution and service delivery model for independent sector home care provision in Leeds.

## Report of the Scrutiny Board (Health and Wellbeing and Adult Social Care) Adult Social Care Working Group

### New Design Model for Home Care Services in the City

- To identify the overall financial envelop available for the future delivery of services and to assess the financial stability of any draft proposals/ solutions identified by ASC.
  - To consider any opportunities for greater collaboration and value for money issues associated with the Leeds pound (£).
  - To maintain an overview of any public (service user) engagement and involvement activity, including details of any feedback and how this was being used to further develop the proposals.
- 1.5 We subsequently held three working group meetings. The initial meeting being a briefing from Adult Social Care officers around the current service provision, contractual arrangements and the review process. The subsequent meetings involved service users – who outlined their experiences of home care services – along with input from two private sector providers of home care services.
- 1.6 In addition to the information provided by Adult Social Care (which included a market analysis of home care service provision in Leeds), we also considered the following publications:
- Unison report – Time to Care (October 2012); and,
  - UK Home Care Association – The Homecare Deficit (March 2015)
- 1.7 We are extremely grateful for the input and contributions of all those who attended our working group meetings, including the Executive Member for Adult Social Care and council officers. We are particularly grateful for the voluntary input of the three service users (Joy, Lily and Shirley), who willingly shared some of their very personal experiences of home care services in Leeds. We are also grateful to the independent providers – Louise Copley (Complete Care) and Lee Townend (Caring Partnerships) – for their attendance and contribution to our discussions.

## 2 Summary of main issues

- 2.1 We understand the overall aim of the re-commissioning and re-design activity around home care services was to create, implement and evaluate a new contract arrangement and service delivery model for independent sector home care provision in Leeds.
- 2.2 We also understand this is a timely opportunity to respond to a range of national issues including the introduction of the Care Act 2014 and the impact of the Equality and Human Rights Commission Inquiry into Home Care of Older People. It also provided an opportunity to respond to reports such as the 'Time to Care' report from Unison (October 2012).

**Report of the Scrutiny Board (Health and Wellbeing and Adult Social Care)  
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**New Design Model for Home Care Services in the City**

- 2.3 However, while it is important to recognise these developments continue to drive and shape the strategic direction of care provided to people, it is equally important to recognise the need for the development of flexible and responsive services to better reflect service users' diverse needs and preferences. **By being more responsive to individual needs, we believe this will maximise people's independence – which can only benefit the day-to-day experience of individual service users and the overall local health and social care economy.**
- 2.4 We are aware of the cross party strategic home care group – established in November 2013. We understand this had a broad membership and has guided the work of officers undertaking the review of the external provision of home care services.
- 2.5 At our working group meeting on 18 March 2015 we again invited the input of service users and private sector providers. The Executive Board member for Adult Social Care and the Head of Commissioning (Adult Social Services) also attended and in broad terms set out the future proposals for the external provision of home care across Leeds, due to be presented to Executive Board at its meeting on 22 April 2015.
- 2.6 The proposals were set out by way of a presentation and a map of Leeds showing the proposed areas for the Home Care Contracts (2016-2021). We were not in receipt of the draft Executive Board report – although the Chair of the Scrutiny Board has subsequently had sight of the draft report. This aided the process for formulating this statement on behalf of the Scrutiny Board.
- 2.7 This statement is based on the discussions of our working group and is set out to cover some of the main areas detailed in the Executive Board report.
- 2.8 Overall, **we welcome the decision to consider the re-commissioning of home care services and the wide range of issues the review process has sought to address.**
- 2.9 We recognise that the long-term aspiration for home care services will undoubtedly come at a financial cost, however **we are in broad agreement with the direction of travel described to us and set out in more detail in the Executive Board report.**
- 2.10 We also recognise and acknowledge the difficult funding position facing the Council for the foreseeable future. Nonetheless, **we believe it is important for the Council to 'grasp the nettle' in order to achieve its ambition for the future provision of home care services.**

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Quality Standards and Outcome Based Commissioning

- 2.11 From the outset of our involvement, we heard that 'quality' has been at the heart of the review. We heard from service users that quality of service was very important and **we are supportive of the review's focus on quality.**
- 2.12 The Executive Board report refers to a 'set of robust quality standards', co-produced with service users and service providers. We have not seen or discussed in detail the proposed quality standards.
- 2.13 In addition, while the Executive Board report details the areas covered by the quality standards; we are surprised these are not presented to Executive Board for comment, endorsement or approval.
- 2.14 The Executive Board report also states providers will have to demonstrate they can meet the standards as part of the procurement process and during the lifetime of the contract. However, the arrangements for ensuring compliance against the standards throughout the contract are less clear.
- 2.15 In our working group discussions, we heard proposals to enhance monitoring arrangements through a modest increase in the Adult Social Care staffing structure and also to use the network of dignity champions established across the City. However, we believe it is vital that the health and social care economy builds and develops various types of local capacity to enhance the monitoring of home care services. As the patient and public champion for local health and social care services, we believe HealthWatch Leeds has a potentially important role to play in the ongoing monitoring of quality and this may warrant further consideration.
- 2.16 **We believe further clarity is needed around how quality will be assessed as part of any new contract arrangements and Executive Board may wish to seek further assurance around the ongoing monitoring of quality under the proposed arrangements.**
- 2.17 As detailed elsewhere in this statement, we also heard from service users who shared their experiences of home care services. While helping to maintain people's independence in their own home for as long as possible, we were also struck by the additional vulnerability that can result from having home care workers in the home environment. Any potential abuse of vulnerable groups in receipt of home care services needs to be mitigated as far as possible. As part of this, **we believe there should be sufficient safeguards in place, including any necessary advocacy arrangements for service users, to ensure safe, effective and independent complaints reporting, with appropriate investigation processes in place across all providers.**

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2.18 Part of our discussions in relation to quality also considered issues associated with offering a flexible service, focused around the needs of the service user – which may change over time, on either a permanent or temporary basis. **We believe the potential flexibility afforded by the ‘outcome based commissioning’ approach is a very positive development that will be welcomed by service users.** However, it will be necessary for service providers to fully engage with service users in order to fully realise the potential benefits of the new approach to commissioning. **We hope service user involvement and engagement is reflected and captured within the proposed quality standards and would urge Executive Board to seek further assurance in this regard.**

2.19 Some of the experiences described to us by service users were extremely personal and, at times, difficult to hear. We are extremely grateful to each of the service users for their openness, honesty and overall input into our discussions.

Ethical Care Charter

2.20 The unsustainability of working practices such as zero-hour contracts, unpaid travel time and costs, and poor staff training and development have been well documented over recent time. As such, **we are very supportive of the proposals to work towards introducing the ethical care charter and in particular the terms and conditions for home care workers.**

Locality based services

2.21 We recognise the increased emphasis on integrated health and social care services in Leeds, which in part can be demonstrated through the establishment of 13 integrated health and social care teams across the City. The importance of home care services in Leeds’ overall health and social care economy – not least in helping to prevent inappropriate hospital admissions and facilitating timely discharges – is recognised and highlighted in the Executive Board report.

2.22 The important role of home care in the planning and commissioning of services across Leeds’ health and social care economy appears to be further demonstrated by the active role of health partners (through Leeds’ Clinical Commissioning Groups) in the Home Care/ Personal Assistance Commissioning Board and the cross-party strategic home care group.

2.23 Throughout the year we have heard significant and increased reference to the principle of ‘the Leeds pound (£)’. This has been part of the conversations around the integration of local health and social care services and we made reference to this in our response to the initial budget proposals earlier in the year. However, despite the acknowledged strategic importance of home care,

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**New Design Model for Home Care Services in the City**

there appears to have been little consideration of any financial contribution from local health partners outside of the Council. We believe there is an increasing need for such conversations to routinely take place if the theoretical notion of 'the Leeds pound (£)' is to become more than aspirational.

- 2.24 Furthermore, part of the ambition of the proposals goes beyond the provision of home care services and looks towards providing a living wage for what will be a sizable number of working-aged adults in Leeds. **We support the ambition of delivering a living wage and hope this will be matched in other sectors of the local economy to help raise aspirations across the City.**
- 2.25 In addition, the relationship between income and health inequalities is well documented and widely acknowledged. As such, we believe that helping to raise income levels and, over-time, address some of the health inequalities across the City should form part of the core business of health service commissioners and the wider health and social care economy.
- 2.26 We believe there will be a number of organisational beneficiaries (primarily from a commissioning perspective) arising from the ambition set out for the future external provision of home care services in Leeds. As such, we believe it is important to acknowledge the organisational benefits across Leeds' health and social care economy and that the external provision of home care becomes an area where the theoretical use of the Leeds pound (£) becomes reality.

**Recommendation 1a**

That senior officials from health and social care commissioners across the City discuss how the aspiration of delivering a living wage for homecare workers can be better achieved through joint working and the use of 'the Leeds pound (£)' in the future.

**Recommendation 1b**

That the outcome of such discussions be reported to the Executive Board as soon as practicable.

- 2.27 Overall, we are supportive of stronger links between home care services and the established integrated health and social care teams across the City. However, during the course of the year we have heard varying reports about the consistent and effective operation of the thirteen integrated health and social care teams. We propose to examine the operation of the City's joint health and social care teams in the new municipal year (i.e. 2015/16) and part of this work could aim to examine how 'primary' and 'secondary' providers



## Report of the Scrutiny Board (Health and Wellbeing and Adult Social Care) Adult Social Care Working Group

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might work effectively with the integrated teams. **We would welcome Executive Board's support for a scrutiny review of the integrated health and social care team arrangements across the City during 2015/16.**

#### Contract Type and Pricing Model

- 2.28 It is important to recognise that all contractual agreements come with a degree of risk. In the provision of home care services, such risks are shared by the Council – the organisation statutorily responsible for providing services to people with eligible needs, service providers who contract with the Council and, in our view, most importantly service users.
- 2.29 We recognise the potential benefits of the proposed model and working with a smaller number of 'primary providers'. However, we believe the Council needs to ensure the risk of working with too few providers and potentially 'putting all our eggs in one basket' is mitigated. **We believe the Council should aim to contract with a minimum of six primary providers to reflect the proposed contract areas.**
- 2.30 While we understand the benefits to providers having guaranteed business, we have some concerns that these benefits will be limited to the small number of primary providers, with a larger number of 'secondary providers' continuing to operate with no guarantee of work, while being required to provide high quality services with fair and equitable employment terms and conditions. We believe there is a risk this will provide an unsustainable mix for some providers, which might have unintended consequences for the home care sector in Leeds. **We believe the Executive Board should seek further assurances around the sustainability of the proposed contract model and any potential unintended consequences.**

#### Other comments and observations

- 2.31 We acknowledge that the options set out in the Executive Board report represent those having been determined as the 'preferred options' that will address the wide range of issues considered as part of the review. However, **we have some concern that the Executive Board is not being presented with a more detailed options appraisal – setting out some of the alternative options (with the associated advantages and disadvantages) considered as part of the review process.** That's not to say the options presented are not the most appropriate, however we believe the additional assurance afforded by a more detailed options appraisal would only benefit and enhance the transparency of the decision-making process.

#### **Recommendation 2**

That future Executive Board 'decision-making' reports provide a more detailed options appraisal, setting out alternative options considered (along with the associated advantages and disadvantages) when formulating recommendations for decision.

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- 2.32 We also acknowledge and support the proactive and early pre-decision involvement of the Scrutiny Board in the review process. In particular, we welcome the role of the Executive Board member for Adult Social Care in promoting and encouraging the involvement of the Scrutiny Board. However, where any cross-party strategic group is established as part of any future review process (not limited to Adult Social Care), **we believe there should be greater clarity around the roles and relationship between any such cross-party strategic group and the appropriate Scrutiny Board.** We believe that, given the increased pressure of working with reducing resources across all parts of the Council, it is important to avoid or limit duplication wherever possible. We also believe it is equally important that any attempts to avoid duplication should not limit legitimate and appropriate scrutiny arrangements.

**Recommendation 3**

That at the outset of any major review process that will result in an Executive Board decision, and will involve the establishment of a cross-party strategic group, an outline of the associated governance arrangements is provided, including the potential relationship with the appropriate Scrutiny Board.

Summary

- 2.33 As previously outlined, **we welcome the decision to consider the re-commissioning of home care services and the wide range of issues the review process has sought to address and we broadly support the direction of travel set out in the Executive Board report.**
- 2.34 In the details set out in this statement we have tried to highlight for Executive Board those areas we feel need strengthening and/or where further clarity and assurance would be helpful. We trust our comments and observations will be received by Executive Board in the spirit in which they are intended and have been provided.

**Councillor Debra Coupar  
Chair, Scrutiny Board (Health and Wellbeing and Adult Social Care)**



Report author: Steven Courtney  
Tel: 247 4707

## Report of Head of Scrutiny and Member Development

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

**Date: 21 April 2015**

**Subject: Even Better Lives Lived – Leeds Local Account of Adult Social Care 2014/15**

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 introduce the Leeds Local Account of Adult Social Care 2014/15 presented and considered by Executive Board at its meeting on 11 February 2015, with particular reference to the areas of improvement highlighted in the local account.

## 2 Main issues

- 2.1 Leeds Local Account of Adult Social Care 2014/15 was presented and considered by Executive Board at its meeting on 11 February 2015. The Executive Board report and associated local account are appended to this report. A copy of the associated Equality Impact Assessment (EIA) is also provided for completeness.
- 2.2 As set out in the Executive Board report and highlighted to the Scrutiny Board at its meeting in February 2015, the improvement areas identified within local account have been referred to the Scrutiny Board for the purposes of overseeing performance. In summary, these are:
  - The availability of specialist short-term social care services for older people leaving hospital which will help them recover from illness or accident.
  - The number of people able to exercise choice and control over their lives and the range of services they can choose from.

- The provision of information and advice services so that people are better able to locate local services for people with care and support needs.
- Support to citizens who are isolated or who may have care and support needs.
- The quality of support available to people (carers) supporting family and friends with social care needs.
- The development of a whole range of new support aimed at providing improved, more flexible and localised care and a better fit with individual lifestyles.

2.3 The Scrutiny Board previously consider the draft 2012/13 local account at its meeting in October 2012. The Board agreed that progress against identified improvement areas should be linked to the quarterly performance monitoring cycle in place at that time. The Scrutiny Board subsequently considered a progress report in March 2013.

2.4 In considering the local account for 2014/15, members of the Scrutiny Board might usefully consider identifying a specific area/ aspect of the areas for improvement to focus on in the new municipal year, alongside how progress might be reported and/or evidence sought – including, for example, any specific input and/or activity from HealthWatch Leeds and/or Leeds Local Medical Committee (LMC) as the representative body for local GPs.

### **3. Recommendations**

3.1 Members are asked to:

- a) Consider the information presented and note the areas for improvement identified within the report.
- b) Identify any specific areas/ aspects of the areas for improvement to focus on in the new municipal year (2015/16), alongside how progress might be reported and/or evidence sought.

### **4. Background papers<sup>1</sup>**

4.1 None used

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<sup>1</sup> 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 Director of Adult Social Services

### Report to Executive Board

**Date: 11<sup>th</sup> February 2015**

**Subject: Even Better Lives Lived – Leeds Local Account of Adult Social Care 2014/15**

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 checked="" type="checkbox"/> Yes	<input 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. The Local Authority has produced its Local Account of Adult Social Care for citizens in Leeds. This document provides a user friendly description of the Council's Better Lives priorities as outlined in the Best Council Plan. These are described in detail on page 2 and throughout the document. It describes the quality of adult social care and support services in Leeds and provides an explanation of the Council's progress in achieving its objectives.
2. It is central government policy for local authorities to annually publish a Local Account for its citizens. The first Local Account for Leeds was presented to Executive Board in February 2012.
3. The Local Account of adult social care and support in Leeds is entitled 'Even Better Lives Lived' and is attached as an appendix to this report

### Recommendations

- 1 The Executive Board is asked to note the contents of this report and the attached Local Account for Leeds, entitled 'Even Better Lives Lived'.
- 2 The Executive Board is invited to refer the areas for improvement set out in the attached Local Account to the Health and Wellbeing and Adult Social Care Scrutiny Board for their oversight of performance.

## **1.0 Purpose of this report**

- 1.1 This report introduces the 2014/15 Local Account of Adult Social Care Services for its citizens.
- 1.2 The requirement for Local Authorities to produce a Local Account has been established by Central Government policy. This report provides members of the Executive Board with an explanation of the new responsibilities placed upon Councils and the Local Account's contribution towards enhancing local accountability to the public and as a tool to support sector led service improvement.
- 1.3 The report offers members of the Executive Board a highlighted summary of the main areas of achievement of Adult Social Care and indicates areas of service identified within the Leeds Local Account as requiring further development to sustain or improve performance.

## **2.0 Background information**

- 2.1 In November 2010 The Department of Health published "Transparency in Outcomes: a Framework for Adult Social Care". This introduced a requirement for Local Accounts of Adult Social Care arrangements to be produced by Councils in line with a broad national policy for establishing stronger accountability for Local Government to its citizens.
- 2.2 Local accounts are self-assessments of the quality of local adult social care and support and a public report of the progress the local authority and its partners have made towards achieving local strategic priorities for social care over the past year.
- 2.3 In a letter to Directors of Adult Social Services dated July 2011, the LGA and Department of Health suggested that all councils with social care responsibilities should consider producing a short, accessible local account during 2011/12. In overall terms, this first round was seen by the Board as a learning process for Local Authorities prior to mandatory production from 2012/13. They also suggested that councils report their account to local people by placing it on their websites and that they should consider publishing it through the Lead Member for Adult Social Care. The first Local Account for Leeds was presented at the Executive Board in February 2012.
- 2.4 The 2014/15 Local Account for Leeds has been produced with the support of the Leeds Better Lives Board and following reviews by the Leeds Health Watch and the Association of Directors of Adult Social Services (Yorkshire and Humberside Region).

## **3.0 Main issues**

- 3.1 The Local Account for Leeds 2014-2015 is published under the title "Even Better Lives Lived". The document provides a user friendly description of its social care activities and explanation of the Council's progress in achieving its objectives. It also describes the Council's priorities for improvement and development over the coming year.

- 3.2 'Even Better Lives Lived' has been produced by people with social care needs; carers of people who need care and support; social care providers and council officers working together. This is an approach that we intend continue to develop as a clear foundation for future developments for adult social care and support in the city. With permission, the local account includes the real-life stories of some Leeds residents whose lives have been touched by adult social care and who, as a result, have been helped to stay independent, have been protected from harm, or have taken control over their care and support services.
- 3.3 The local account sets out how we intend to make Leeds the best city in the UK for people with social care needs to live, a city which offers its citizens the best support in maintaining their health and wellbeing. It describes the Council's programme of new measures that will help local people with care and support needs enjoy better lives than before. It describes how the Council has been working with a broad range of organisations to ensure that there are wider care and support choices available and better ways for people to gain access to them.
- 3.4 The local account explains how people with care and support needs will be supported to achieve better lives through three main themes:
- Better lives through integrated services which will be achieved by delivering the new city-wide Health and Wellbeing strategy, through which we will provide easier access to joined-up health and social care services. People with social care needs will receive co-ordinated, effective, personalised support from a range of agencies in the health, social care, independent and third sectors, all working together. These same services will, where possible, help people with poor physical or mental health to learn or re-learn the skills they need for independent daily living.
  - Better lives through housing care and support which will be achieved through extending the use of personal budgets, which are being used successfully by a growing number of people who are improving their own lives through taking control of their housing, care and support needs. We will improve the range of daytime activities for people with eligible needs, providing them with the day-to-day support they need to stay living at home, or close to home, for longer. People whose circumstances make them vulnerable in living safely and independently will be given the safeguarding and support they need to stay in control of their lives.
  - Better lives through enterprise which will be achieved through ensuring resources are efficiently matched and directed towards those with the greatest need. Existing and new kinds of enterprise will be developed in the Leeds care market which will provide a variety of services that are geared to respond to people with all levels of support and care need.
- 3.5 'Even Better Lives Lived' identifies a number of areas where improvements have been made and a number of areas where we still have much to do to meet citizens' rightful expectations of their care and support. It provides an outline of key actions being taken to address these.

3.6 'Even Better Lives Lived' identifies the following key strengths for care and support available to Leeds citizens:

- A national survey reported that service users in Leeds felt safer, were satisfied with their service, and had more control over their life than in the previous year.
- The Council is working with all the care homes and home care providers used by the Council to ensure that they comply with national and local standards of care.
- A 'mystery shopping' exercise by independent experts evaluated support in Leeds for access to services by telephone, website, face to face (at one-stop shops) and at Council receptions as 'good'.
- Over 80% of personal budget holders in Leeds who responded to a national survey reported that their personal budget had improved their quality of life.
- Most people reported that they found it easy to obtain information and advice about social care services and the number is increasing. However, Leeds performance in this area is still below average.
- More older people are being supported to live independently, leading to a decrease in the number of people needing to be admitted to residential or nursing care.
- Because of better co-ordinated services and effective preventative services, fewer people have their care needs met through support from the Council in residential and nursing care. A smaller proportion of Leeds residents were admitted to Council supported residential care than the average for similar cities and for England as a whole.
- The proportion of people from Leeds who were ready to leave hospital, but whose discharge was delayed due to a social care related reason, decreased in 2013/14 and this performance was better than the national average.
- Older people in Leeds who receive short-term support by the Council to return home from hospital following an accident or illness are much more likely to have successfully remained independent than the national average.
- Leeds provides more accessible support than other authorities for adults with lower levels of social care need, such as luncheon clubs, neighbourhood networks and services run by voluntary groups - 12,800 people access these services every week. 69% of these are older people and 17% are from BME communities.
- Voluntary organisations reported that they had 2,632 volunteers and utilised 7,173 volunteer hours a week – the equivalent of 194 full time staff.
- The number of carers in Leeds who are receiving support from the Council, has continued to increase over recent years and more carers are receiving a specialist carer's service.



- Six new social enterprises were established in Leeds in 2013/14.

3.7 The report also highlights a number of areas which the council has identified for further improvement.

- Leeds is working to improve the availability of specialist short-term social care services for older people leaving hospital which will help them recover from illness or accident. The new integrated health and social care provision outlined on pages 12 to 15 are examples of the way in which the council is working with health and independent sector partners to deliver this.
- The council is also working to increase the number of people who are able to exercise choice and control over their lives and to increase the range of services that they can choose from. The booklet includes numerous examples of these developments including those on pages 8-10, 17-18, 24. It is also working to improve information and advice services so that people are better able to locate local services for people with care and support needs (p14,17-18, 26-27).
- The council is encouraging the communities of Leeds to come together to support citizens who are isolated or who may have care and support needs (see pages 19-20). The Council is also working with carers organisations to improve the quality of support available to people supporting family and friends with social care needs. (see page 16)
- Understandably, many people with care and support needs report that their quality of life is not good, Some report that they do not feel safe whilst others are lonely and feel isolated. (p9,19 & 20) A significant number of their family and friends are feeling the pressure of the impact of caring on their finances, social lives and employment (p5). The Council is encouraging the development of a whole range of new support which will provide improved, more flexible and localised care and a better fit with individual lifestyles. These new services will be delivered through a broad range of sectors including private enterprise, social enterprise, co-operatives, user and employee led organisations. (see page 22).

## **4.0 Corporate Considerations**

### **4.1 Consultation and Engagement**

- 4.1.1 Local Account for Leeds has been produced under the editorial guidance of the Leeds Better Lives Board. This is an advisory body of key social care stakeholders in Leeds comprising service user and carer representatives; representatives of local service providers; local council members and senior health and social care managers. The board is responsible for providing community engagement in developing the long-term strategic direction for adult social care and support in the city, including the Leeds Local Account. The Board has a particular remit for joining up strategy to deliver action in the interests of local people. The Board has reviewed and approved the content of 'Even Better Lives Lived'.
- 4.1.2 HealthWatch Leeds has also reviewed the document and has made the following comments

*“Healthwatch Leeds is of the view that the way the Local Account is presented is an effective and interesting way of describing both the strategic thinking of Leeds Adult Social Care and the work being undertaken to achieve that vision. The inclusion of case studies and outlines of the targets and plans is especially helpful.*

*It is also important to maintain a consistent format (including the presentation of performance data) so that readers will be able to track the process of Leeds Adult Social Care’s thinking and progress in future years.”*

Healthwatch Leeds has also asked for a section on commissioning practice to be included in next year’s local account.

## **4.2 Equality and Diversity / Cohesion and Integration**

- 4.2.1 The Adult Social Care Directorate seeks to ensure that services are provided on the basis of identified need only and no other criteria is taken into account. Routes to access these services are expected to be fair and equitable and that social care support meets those needs in a manner that is appropriate to individual culture and ethnic requirements.
- 4.2.2 Adult Social Care assures that it meets these requirements through the Equality Impact process, ensuring that all changes and developments within the Directorate’s remit are appropriately and proportionately assessed. Such assessment seeks to identify whether barriers to the service for any specific equality group exist or may be created by changes to policy or services and where appropriate identifies what can be done to mitigate or remove those barriers prior to the decision making process. Such assessments are freely available on the Internet for any member of the public to access.
- 4.2.3 The Equality Impact Assessment screening tool indicates that production of the Leeds Local Account is unlikely to have a differential impact for the different equality characteristics. There are no likely public concerns caused by the production of the document. As it reports existing plans, it will not create any impact upon how our services, commissioning or procurement activities are organised, provided, and located. It will not create any impact upon workforce or employment practices. The Local Account will be published on the internet and will be made available in different languages and formats on request.
- 4.2.4 The Equality Impact Assessment Screening Tool for the Local Account is published on the Leeds City Council website and is attached as an appendix to this report.

## **4.3 Council policies and City Priorities**

- 4.3.1 The Leeds Local Account refers to plans which are included within the Health and Wellbeing City Priority Plan and to the Priorities for Adult Social Care described within the Best Council Plan. It provides a context within which the drivers for changes to current arrangements for adult social care can be understood by citizens of Leeds.

## **4.4 Resources and value for money**

- 4.4.1 The Local Account provides information for local citizens which will help them to understand the Council's budget plans for Adult Social Care and have sufficient information about its current financial circumstances to inform their views about the value for money it provides.

#### **4.5 Legal Implications, Access to Information and Call In**

- 4.5.1 There are no legal implications arising from this report.
- 4.5.2 This report introduces a document intended to inform local citizens about Council adult social care and contains no confidential or exempt information.
- 4.5.3 The report is subject to call in.

#### **4.6 Risk Management**

- 4.6.1 There are no risk management implications arising from this report.

#### **5.0 Conclusions**

- 5.1 Leeds has produced its Annual Account of adult social care in Leeds for 2014/15 in line with national requirements.
- 5.2 The Local Account identifies a number of areas for improvement and has detailed multi agency plans to ensure that all the areas identified for improvement are addressed in a continuing effort to achieve excellence in social care outcomes for adults.
- 5.3 The Local Authority will continue to face new challenges over the coming years, but is confident that the city will have the health and social care infrastructure that will allow it to meet and overcome them. We understand what we need to do and are well on the road to delivering services which fulfil the rising expectations of Leeds people, who want efficient services, offering good value for money and delivering the best social care and support.

#### **6.0 Recommendations**

- 6.1 The Executive Board is asked to note the contents of this report and the attached Local Account for Leeds, entitled "Even Better Lives Lived".
- 6.2 The Executive Board is invited to refer the areas for improvement set out in the attached Local Account to the Health and Wellbeing and Adult Social Care Scrutiny Board for their oversight of performance.

#### **7.0 Background documents<sup>1</sup>**

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<sup>1</sup> 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.

- None

# "Even Better Lives Lived"

## Adult Social Care Local Account for 2014/15



Whether you're someone who uses social care services, a member of staff, a local business or voluntary sector leader, you have the potential to make a positive and lasting difference to your own life and to the lives of others. 'Better Lives for people in Leeds' is our commitment to unlocking that potential.



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Foreword



Councillor Adam Ogilvie,  
Executive Board Member for  
Adult Social Care

Welcome to the 2014/15 edition of the Local Account of Adult Social Care in Leeds. This year we have decided to call it Even Better Lives because we believe we have taken some big steps forward in making life in Leeds more independent, safer and with wider choices for older, disabled, or vulnerable people in Leeds.

Major advances have included the opening of Holt Park Active, the South Leeds Independence Centre, and Assisted Living Leeds and you will read about them in the pages of this account. You can find out about Leeds's work to become a Dementia Friendly city and our ambition to be the best city in which to grow old.

Within these pages you will see how our mental health services have been transformed from a static, buildings-based service to one which is centred on recovery and re-integration in communities and the life of the city.

And you will read about how our social care services are increasingly becoming integrated with the health services to give people a better and more joined-up experience of the health and social care 'system'.

But most of all, you will read what people who use Adult Social Care services say and think about us. The local Account is an honest assessment of how well we are serving the people of Leeds – by the people of Leeds and I hope you will find it both interesting and stimulating.

Introduction



Dennis Holmes,  
Director of Adult Social Service  
(Interim)

The past year has been dominated by two major issues, both of which are outside the control of Leeds, its Council and our partners. The first is the arrival of the Care Act, the biggest piece of legislation to affect health and social care services in fifty years. This means a major shift of emphasis in the way we will provide support services in the future and also means important new rights for carers. In this publication, you will read how we are working to bring in the provisions of the Act and how this will affect the lives of people we support.

The second major issue is of course funding. Local authorities have been grappling with the biggest budgetary challenge ever but here in Leeds, we have responded to this by driving change to save money, but at the same time, setting ourselves the additional task of ensuring that along the way, our services are better than before. This has been challenging, but we have come to learn that by doing things differently, by arranging services for people

that are not necessarily provided by the Council and by working smarter, we can actually do more, for less.

Many of the achievements you will read about in Even Better Lives are the result of this new way of thinking and of squeezing value out of every penny we are given to spend on behalf of the people of Leeds. You will read in these pages our continuing commitment to helping people live Even Better Lives through independence, choice and modern, flexible services that fit their needs.

# Better Lives for people in Leeds

**We want Leeds to be the 'best city in the UK' for anyone with social care needs – a city which offers its residents the best support available to maintain their health and wellbeing long into the future.**

People who use social care services have told us loud and clear that what they want most is to maintain their independence and stay at home for as long as possible. Over the next few years, our focus will remain on ensuring that people with social care needs can access services earlier; maintain their independence with support where needed; and that people are given choice and control to use the services that best suits their individual needs.

This is our firm commitment to people in the city, and we're calling it **'Better Lives for people in Leeds'**.

If people are to make the most of the support and care options that are open to them, it's important that we work closely with partners in the health, housing, independent, enterprise and voluntary sectors, to strengthen and add value to the hundreds of new and existing social care services available in the city. By working in this way, we can align our resources - both people and money - more effectively to focus on the things that will make a real difference to people's lives. And, to help make this happen, we're focusing on three key areas which provide the foundation of how we will make Better Lives for people in Leeds a reality. The three areas that run throughout our Local Account are:

- Better Lives through housing, care and support;
- Better Lives through integration; and
- Better Lives through enterprise.

## Healthwatch Leeds

The primary aim of Healthwatch Leeds is to work with all local statutory and voluntary organisations, providing or commissioning health and social care services to help to ensure that they offer the most effective support to the people of Leeds.

We do this by working with local people, groups and forums to find out what they think of the services currently being provided, and about plans being drawn up for future service provision. We then share what people are saying with service providers and commissioners.

We can do this effectively because Healthwatch Leeds has seats on a range of significant strategic boards and groups, including the Better Lives Board. By contacting Healthwatch volunteers and others prior to the boards meeting, our representatives have been able to pass on the views gathered about the topics being considered, including the Care Act, social isolation and loneliness, home care re-provision, service information, urgent and emergency care and volunteering. Healthwatch also have a representative on the local account editorial group.

### The Local Account

Healthwatch Leeds is of the view that the way this Local Account is presented is an effective and interesting way of describing both the strategic thinking of Leeds Adult Social Care and the work being undertaken to achieve that vision. The inclusion of case studies and outlines of the targets and plans is especially helpful.

It is also important to maintain a consistent format (including the presentation of performance data) so that readers will be able to track the process of Leeds Adult Social Care's thinking and progress in future years.



**For more information please contact HealthWatch Leeds on 0113 898 0035, or email [info@healthwatchleeds.co.uk](mailto:info@healthwatchleeds.co.uk) or visit [www.healthwatchleeds.co.uk](http://www.healthwatchleeds.co.uk).**

## Introduction - care and support is changing for the better

From April 2015, the new Care Act will help make the care and support system more consistent across the country. 'Care and support' is the term used to describe how the Council provides support with things like washing, dressing, eating, getting out and about and keeping in touch with friends or family. Many of us will need care and support at some point in our lives and the new national changes are designed to put a person in control of the help they receive. Any decisions about care and support will consider a person's wellbeing, and what is important to them and their family, so they can stay healthy and remain independent for longer.

### What does this mean for me?

In the reformed adult social care system, the Government expects people receiving adult social care to be able to articulate clear outcomes from their experience through "I" statements:

**"I am supported to maintain my independence for as long as possible."**

**"I understand how care and support works, and what my entitlements and responsibilities are."**

**"I am happy with the quality of my care and support."**

**"I know that the person giving me care and support will treat me with dignity and respect."**

**"I am in control of my care and support and I have greater certainty and peace of mind knowing about how much I will have to pay for my care and support needs".**

The Care Act covers a large area of social care and support reform. Below we've highlighted the main areas but more information can be found by logging on to [www.leeds.gov.uk/residents/Pages/Care-Act-2014.aspx](http://www.leeds.gov.uk/residents/Pages/Care-Act-2014.aspx)

### Your care and support

Everyone's needs are different; they may be physical or emotional. Someone may find that the support they need could be met by something going on in their local community, for example services organised by local charities or other support networks. Whatever the level of need, Leeds City Council will be able to put people in touch with the right organisation to support their wellbeing and help people remain independent for longer. People will also know how much money is spent on their care and they will have more control over how it is spent.

### Advice and information

The Council now has a duty to advise and inform people so that they can better plan for their future care and support needs, gain a greater understanding of the adult social care system, and improve their access to services.

### Support for informal carers

In England millions of people provide unpaid care or support to an adult family member or friend, either in their own home or somewhere else. These people are called carers and caring for someone covers lots of different things, like helping with someone's washing, dressing or eating, taking them to regular appointments or keeping them company when they feel lonely or anxious. The Care Act means that carers will be able to get more help so that they can carry on caring. They may be eligible for support and/or a personal budget to spend on the things that make caring easier. They may need practical support, like arranging for someone to step in when they need a short break or they may prefer to be put in touch with local support groups so they have people to talk to.



### Assessments and eligibility

'National Eligibility Criteria' will be set where a minimum threshold will determine the care needs that will make an individual eligible for the Council's support. Assessments will be revised and expanded, and we will need to re-assess people who move into Leeds from another area; assess people who have the financial means to fund their own care, and start doing carers' assessments.

### Charging and the lifetime cap on care costs

From April 2016, a lifetime 'cap' (the maximum) on care costs will be put in place for people receiving the state pension. It is proposed that this will be set at £72,000 after which the Council will meet the costs of care. The cap will consist of care costs only and will not include accommodation costs and there will be a duty on the part of the Council to provide a care account, which records care costs, and tracks progression towards the care cap.

### Duty to promote integration

This duty maintains a strong focus on the Council to carry out its care and support responsibilities with the aim of integrating services with local NHS partners.

### Self-funders

The Council will help give advice and information to people who have the financial means to plan and fund their own future care and support needs.

### Choice and control

Personal budgets will become law for the first time and create a duty on the part of the Council to include them in a person's care and support plan.

### Adult Safeguarding

Safeguarding arrangements will be strengthened by placing Adults Safeguarding Boards on a statutory footing and creating a legal duty on the part of the Council to investigate suspected abuse when an adult is deemed to be at "risk of harm".

### Deferred payments

The act extends a deferred payment agreement which allows people to meet their own care costs without having to sell their homes in their lifetime regardless of their eligibility.

### Advocacy

The Care Act sets out the right to independent advocacy for people who need help to understand what they may or may not be entitled to.

### Prisoners

The local authority will be responsible for assessing and meeting the care and support needs of offenders in a prison, "approved premises" or bail accommodation if they meet the eligibility criteria.



**For more information on the Care Act**  
please email [care.act@leeds.gov.uk](mailto:care.act@leeds.gov.uk) or visit  
[www.leeds.gov.uk/residents/Pages/Care-Act-2014.aspx](http://www.leeds.gov.uk/residents/Pages/Care-Act-2014.aspx)

## Better Lives | Housing, Care & Support

### What do we mean by Housing, Care and Support?

We know that people want to stay independent for as long as possible; to live safely and with dignity. We also know that there's no simple 'one-size-fits-all' approach, and so we've developed new ways of working; which provide new facilities within the areas of Housing, Care, and Support to make sure that those who need our support, get more of the support they want. Yes, we'll continue to provide residential and day care services, but what you'll see in the future, what you can see now, is a more personalised approach.

### If it matters to you... it matters to us

We want all the people in Leeds with care and support needs to be able to say...

**"Our support staff are considerate and deliver competent services"**

**"We have the information we need, when we need it"**

**"We can keep in touch with our friends and family"**

**"We can receive our services through a personal budget (money allocated as a result of an assessment of need)"**

We have made progress...

- A survey reported that service users in Leeds felt safer, were satisfied with their service, and had more control over their life than in the previous year.
- The Council is working with all the care homes and home care providers used by the Council to ensure that they comply with national and local standards of care.
- A 'mystery shopping' exercise by independent experts evaluated support in Leeds for access to services by telephone, website, face to face (at one-stop shops) and at Council receptions as 'good'.
- Over 80% of personal budget holders in Leeds reported that their personal budget had improved their quality of life. (POET Survey 2014)
- Most people reported that they found it easy to obtain information and advice about social care services and the number is increasing. However, Leeds performance in this area is still below average.
- More older people are being supported to live independently, leading to a decrease in the number of people needing to be admitted to residential or nursing care.

However...

- Overall quality of life reported by people with care and support needs (supported by the Council) is lower than the national and comparable local authority averages.
- Although better than the previous year, 20% of personal budget holders still said that it was difficult to get advice, information, and support. (POET survey 2012)
- A declining percentage of people in Leeds with mental health concerns are in employment.
- The percentage of social care service users, who reported that they had as much social contact or enough contact with people that they liked, fell by 2% over the previous year. (PSS survey 2013/14)
- The proportion of people using social care services who feel safe has fallen from 73.5% in 2012/13 to 60% in 2013/14.

You told us that the Better Lives programme needed to go further and faster to address these issues. The next few pages shares what we've done about it...



A possible new future for the Learning Disability Community Support Service



The Learning Disability Community Support Service (LDCSS) is the Council's in-house provider of care and support; it is committed to delivering the type of services that will meet the needs of some of the city's most vulnerable people, now and in the future. With a team of over 700 people, they support more than 1,000 adults with a learning disability to live as independent

a life as possible. Leeds City Council, like many councils, is facing a growing demand for social care services at a time when funding is under increasing pressure. To meet this challenge the LDCSS have asked if they can set up a social enterprise, which is a business that serves a social or environmental purpose and re-invests any profit back into the business for social good.

**What does all this mean in reality?**  
The LDCSS would no longer be part of the Council but would be run and owned by all its staff, as equal members and will help protect the current service and jobs.  
The proposal will allow them to continue to deliver the same level of service, with the same members of staff, and in the same buildings as they do now, so customers and cares shouldn't see any changes.  
The social enterprise will be a socially responsible employer committed to paying the Living Wage for new areas of work, creating job opportunities and apprenticeships, and raising employment standards in the care sector.

Below you can find a 'timeline' of what we've achieved so far and what we'll be doing in the future

**September 2014**

- Work with Workplace Leeds to support people with mental health needs to find a job.

**April 2015**

- Increase the number of Safe Places from 125 to 250.
- Increase the number of Changing Places from 15 to 20.
- Complete a review of all the service users affected by the residential and day centres closures.

**March 2016**

- Support the development of a choice of housing and support solutions for older people by building 45 new extra care units.

**By 2016/17**

- Review the success of Holt Park Active.
- Engage with 3rd party providers to extend the range of opportunities for people with a physical impairment.
- Improve the quality of our information.

Mental Health & Physical Impairment - putting people at the heart of what they do

The Mental Health and Physical Impairment Recovery Service (MH&PIRS) places a strong emphasis on delivering a recovery model aimed at keeping people well and offering a varied choice of service provision. To ensure that the person is truly at the heart of this approach, staff work with service users to understand what keeps them well. Staff strive to make sure that the service user is at the heart of developing their own support plan, building a fulfilling life and working towards their wishes, aspirations and goals. They also work to prevent isolation and promote independence by encouraging service users to become involved in activities, training, and employment opportunities. MH&PIRS has had over 1,300 service users accessing its services in 2013.

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For more information please contact **Debbie Ramskill, Interim Head of Service on 0113 3367709 or email [debbie.ramskill@leeds.gov.uk](mailto:debbie.ramskill@leeds.gov.uk)**

User-led groups and activities

In Adult Social Care we encourage our service users to lead and run activities and groups. One way to do this is by joining (or starting) a user-led group. This is a group that is run and controlled by the people in it, and one of the main benefits is that the group makes their own decisions about what the group does, where it meets and how it's run. A user-led group can be a good way for people to get involved at their own pace, with no pressure, and helps them build up their confidence alongside other people who have experienced similar problems.

The support of other people who are in a similar situation can help people feel less isolated and alone. They may find they gradually start to feel more confident about spending time with others. They'll also have the opportunity to help new members who may be struggling. Many people find that, as part of a group, they are able to do things that they don't feel ready to do alone.

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For more information please contact **Debbie Ramskill, Interim Head of Service on 0113 3367709 or visit [www.leeds.gov.uk/mentalhealth](http://www.leeds.gov.uk/mentalhealth)**



**"Going fishing isn't about catching fish; it gets people out doing something different. I like seeing people triumph over adversity and I like to share knowledge and experience. Taking on the group really challenged me because it made me look at myself, as well as other people's attitudes and beliefs, but it's worth it to see people go through a personal journey and begin to appreciate the natural world around them."**

Craig, Pisces user-led fishing group

# Better Lives | Housing, Care & Support

## One year on - residential and day care centres

In last year's Better Lives Lived, we told you about the difficult decision that was made to close four day services and four residential homes, but what happened to the residents and those who attended the day centres?

Thanks to a team who worked closely with the residents and the families of those affected, everyone was moved to their choice of new service following an exercise to re-assess them. 93 service users (78%) are happy and settled in their new homes and day centres. One year on, staff are now carrying out a review with the people affected to see how they have coped with the changes.



For more information please contact **Kim Maslyn, Head of Service** on **0113 2478583** or email **kim.maslyn@leeds.gov.uk**



Arthur, a resident at Victoria House care home

Arthur lived at Burley Willows care home where he was visited regularly by his brother, Terry. "I enjoyed living at Burley Willows, I had lots of friends, everyone knew me and the staff were nice. When they told me it was closing I was sad and thought "where am I going to go from here?"

During one of Terry's daily visits, Kath, Burley Willows manager, suggested moving Arthur to the Victoria House care home. Terry went to have a look round and said "as soon as I saw the room I knew Arthur would like it as it looks out onto the road and you can nearly see my flat."

When Arthur went to see the room he said, "I really liked it and decided to move here. Terry feels Arthur moving to Victoria House has given him peace of mind as he knows he is close and safe. "Victoria House is alright and I am happy here."

## Holt Park Active - a new type of centre

Holt Park is a sports and leisure centre in North West Leeds and since it opened in October 2013, they have had over 247,000 visitors pass through their doors.

Holt Park Active is a different sort of centre, aiming to offer a much wider range of opportunities for people of all ages and abilities to be active, socialise, and learn new skills. One of its aims is to improve people's wellbeing.

It has facilities just for older people, people with learning disability and for physically impaired people to use. As well as all the more usual facilities, it has a hydrotherapy pool, an accessible garden area and a training kitchen.

Holt Park Active holds a range of activities, including dancing, computers, cookery, crafts and Yoga. It has links with local people and with other organisations, and ideas are always coming in for new activities. They were very active during the recent Tour de France, and knitted the yellow jumper for the Black Prince on City Square.



Holt Park Active staff, service users, and Councillor Ogilvie



For more information please contact **Holt Park Active** on **0113 3781301** or email **holtpark.active@leeds.gov.uk** or visit **www.leeds.gov.uk/holtparkactive**

## Safeguarding adults

Safeguarding adults is the term used to describe services that protect an adult who is at risk of harm from abuse or neglect, and to investigate concerns raised. Safeguarding adults work is overseen by the Leeds Safeguarding Adults Partnership and includes representatives from Adult Social Care, Health, Police, Fire and Rescue, Probation, Housing and voluntary and community groups. Its role is to ensure that vulnerable adults in Leeds are supported to protect themselves or to be protected from abuse or neglect. For more information visit [www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk)



## How to report or ask about safeguarding

If you think someone is in imminent danger from abuse or neglect, dial 999 and ask for the police or the ambulance. • If you think a serious crime has been committed but there is no immediate danger, dial **0845 606 0606** to report it to the police. • If you are concerned about someone's safety and you suspect abuse or neglect, call the contact centre to make a safeguarding referral on **0113 222 4401**, Monday to Friday 8am to 6pm. On weekends, Bank Holidays, and all other times you can call the Emergency Duty Team on **0113 240 9536**. • If you want advice you can call the Safeguarding Adults Advice Line on **0113 224 3511**. Lines are open 9am to 5pm Monday to Thursday and 9am to 4.30pm on Friday. • You can write to Leeds Safeguarding Adults Board, 2nd Floor, 2 Great George Street, Leeds, LS2 8BA. • If you are being abused and feel unable to call yourself, tell someone you trust and ask them to do it for you.

In 2013/14 there was an increase in the proportion of safeguarding investigations relating to people with a physical disability (from 35% to 39%). There was a decrease in the ones relating to people with mental health problems, 16% to 11%.

5.8% of adults at risk of harm and supported by the adults investigation procedures were from a minority ethnic community. This compares to 7.0% in 2012/13.

There has been a decline in the proportion of safeguarding investigations involving physical abuse (39% to 33%). Alongside this, neglect has increased from 23% to 25% and emotional abuse has gone from 11% to 13%.



Mrs Barnes aged 75, has mental health problems, is frail and has mobility problems; this means she needs support with her physical care.

Her brother visits and supports her regularly, and she gets support from paid carers during the day. Unfortunately, Mrs Barnes was admitted to hospital as she had serious sores on her leg. Her brother, who was concerned about how serious the sores were, made a safeguarding alert.

A meeting was held and it was agreed to hold an investigation. This found the carers had seen the sores, but hadn't checked them regularly, and they hadn't passed their concerns on to a medical professional.

A meeting was held to review the investigation findings; it decided that neglect had taken place. It was agreed that the care agency would improve the training given to staff, improved their links with health professionals and would have a better recording and communication system. These changes will help prevent any further incidents, not just for Mrs Barnes, but for all the agency's clients.



## Compliments, comments, and complaints

Everyone has the right to expect high quality support and to be treated with dignity and respect. Thanks to people who have taken the time to tell us, which is often the case and we really appreciate the feedback. However, sometimes this isn't the case. If a person who helps you isn't treating you well, it's important to tell someone: **it's not making a fuss.**

If you have a compliment, comment, complaint or a concern about our services, please start by talking to a local member of staff or their manager. If you feel worried or confused about making a complaint, there are people who can help; you can ask a relative, friend, or carer.

### How to contact us

You can phone us on **0113 222 4405**, you can use the do it online form by visiting [www.leeds.gov.uk/residents/Pages/Complaints.aspx](http://www.leeds.gov.uk/residents/Pages/Complaints.aspx), or you can write to us and hand this in to any Leeds City Council office or post it to **The Complaints Manager, Leeds City Council, Adult Social Care, Merrion House, Leeds LS2 8QB.**

You can visit one of our local council offices where we will always do our best to sort your problems out. We can also provide complaints leaflets in video format for deaf people who use British Sign Language, leaflets in Braille, large print, audio tape, CD and community languages.

In the 2013/14 financial year, we received 751 compliments, compared to 678 in the previous year, showing an increase of 11%. The largest number of compliments were for the Community Support Service, which received 301 (40%) compared to 260 last year. Service users and family members expressed their appreciation for the caring and professional help and support they had received from staff.

In the 2013/14 financial year, we received 390 complaints, compared to 441 in the previous year, showing a decrease of just over 11%. 137 complaints were made about Blue Badge assessments compared with 150 last year.

## Care Opinion - every voice matters

Care Opinion is a new website where service users, carers and staff can safely share their experience of care at any CQC-registered provider of adult services. It is about stories, and the impact they can have in improving services and highlighting good care and where we might need to improve. Care Opinion gives everyone a voice; you can share your thoughts with the public and other local organisations across the NHS and social care.

### How does it work

Service users, carers, family or staff share their stories about their care. After moderation, stories are sent to all the providers involved. You can then decide whether to publish the story, and to restrict publication to just the CQC and the relevant local bodies. Once published any authorised organisation can post a response.



For more information please visit [www.careopinion.org.uk](http://www.careopinion.org.uk) or email [info@careopinion.org.uk](mailto:info@careopinion.org.uk)

"These highly professional and dedicated people gave first class care and I would like to take this opportunity to thank everyone there who gave me wonderful care, support, and total understanding. You are all angels! Thank you so much."  
[www.careopinion.org.uk/opinions/177903](http://www.careopinion.org.uk/opinions/177903)



## Better Lives | Integrated Services

### What do we mean by Integrated Services?

People have been telling us for a long time that it can be a very disjointed and disorienting experience when they have to move between different services. For example, people who need social care and health care have to meet with at least two sets of professionals, sometimes more, all asking similar questions for assessments, but working completely separately. This doesn't make sense; it's frustrating for those involved, and wasteful of resources too. It's much better to join things up so people who use different services are treated as 'whole people' and have an altogether smoother, more seamless, less fragmented experience.

### If it matters to you... it matters to us

We want all the people in Leeds with care and support needs to be able to say...

**"I want to be in a position to decide what happens to me where I can. Not necessarily the medical part of it but definitely the parts I can control, that I understand and I've asked if there are options."**

**"We have flexible integrated care and support"**

**"We feel in control and safe"**

**"Our support is co-ordinated, co-operative and works well together and we know who to contact to get things changed"**

### We have made progress...

- Because of better co-ordinated services and effective preventative services, fewer people have their care needs met through support from the Council in residential and nursing care. A smaller proportion of Leeds residents were admitted to Council supported residential care than the average for similar cities and for England as a whole.
- The proportion of people from Leeds who were ready to leave hospital, but whose discharge was delayed due to a social care related reason, decreased in 2013/14 and this performance was better than the national average.
- Older people in Leeds who receive short-term support by the Council to return home from hospital following an accident or illness are much more likely to have successfully remained independent than the national average.

### However...

- Although an improvement on the previous year, Leeds still offers a smaller proportion of specialist short-term social care services to older people leaving hospital to help them recover from illness or accident than comparable local authorities.

You told us that the Better Lives programme needed to go further and faster to address these issues. The next few pages shares what we've done about it...

Assisted Living Leeds - the new one-stop centre for assistive technology



Assisted Living Leeds is the new one-stop centre that houses a range of specialist services to support people with physical, learning and care needs to live safely and independently. The centre provides information and advice on what type of equipment and other “assistive technology” is available in Leeds. Assistive technology describes products or services that promote independence including telecare and telehealth devices (for example alarms, tracking systems and monitoring equipment) and equipment (such as bathing and walking equipment and commodes).

The Council is running the scheme in partnership with the NHS. Assisted Living Leeds now provides a new home for Leeds Community Equipment Service - the service that provides equipment for daily living and nursing needs to people at home. They deal with equipment right across the city - last year 80,000 items were provided and 57,000 collected for re-use. The new building will provide an excellent standard of warehousing, cleaning and refurbishment of the equipment.

The centre will also house the Council Telecare service. Telecare is the hi-tech system that allows older or vulnerable residents to live safely and independently at home by providing 24 hours a day monitoring using sensors and alarms. This service operates from the new building and includes the telephone response centre, which runs 24 hours a day, 365 days a year.

The Blue Badge assessment service, which helps people who have difficulty and need help with parking, will also be located here.

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For more information please contact Leeds Community Equipment Service on 0113 3783282 or visit [www.leeds.gov.uk/residents/Pages/Assistive-Technology-Hub.aspx](http://www.leeds.gov.uk/residents/Pages/Assistive-Technology-Hub.aspx)

“We wanted to create a one-stop centre so people with physical, learning and care needs, and their families had only one place to go to get an idea of what type of equipment and other ‘assistive technology’ is available to support them in Leeds.

People will be able to contact us by phone, email or by just calling in to find out about all the different types of equipment adaptations and other technology that they can use to help them at home. There will be space for people to try equipment and we will train staff from health and social care on the use of equipment at the building.”

Below you can find a ‘timeline’ of what we’ve achieved so far and what we’ll be doing in the future

August 2014

- Develop a one-stop shop for assistive technology in Leeds.

March 2015

- Reduce the demand for health and social care beds.

April 2015

- Improve the support for carers and make sure it is in line with new national expectations.

South Leeds Independence Centre (SLIC)



The South Leeds Independence Centre (SLIC) is a pioneering new service designed to avoid unnecessary admission to hospital or residential care and supports people to leave hospital sooner. It is the city’s first intermediate care unit, providing 40 community intermediate care beds, and will provide person-centred care, focused on rehabilitation and promoting independence.

The team at the centre is made up of health and social care professionals including nurses, physiotherapists, occupational therapists, and care assistants, with access to dieticians, joint care managers, and medical practitioners for specialist input. They operate a 24-hour approach to rehabilitation with registered nursing staff present day and night, 365 days a year. At a recent visit to the centre, a patient at the centre, Richard said “the treatment is wonderful; I didn’t think I would be able to walk again, the staff here are angels”.

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For more information please contact SLIC on 0113 843 5777 or visit [www.leedscommunityhealthcare.nhs.uk/our\\_services\\_az/south\\_leeds\\_independence\\_centre\\_slc/](http://www.leedscommunityhealthcare.nhs.uk/our_services_az/south_leeds_independence_centre_slc/)

Reablement - helping people to get their confidence back

‘Reablement’ is designed to help people regain the ability and confidence to do some or all of the things they used to - whether it’s cooking for themselves, bathing without help or getting to the shops. It helps them get to the point where they can look after themselves better and remain independent in their own home for longer.

It’s not about doing things for them. It’s about giving them the skills and confidence to get back to doing everyday tasks and activities themselves.

Reablement is provided by specially trained staff, so if you’re already using social care, you may get support from some different people to your usual carers. You can be confident that all staff are trained to provide an equal standard of excellent, high-quality care.

“After I hurt my back I couldn’t do most things. I lost almost two stone in weight as I wasn’t eating. I couldn’t leave the house and my family were all very worried about me.

I’ve been very lucky with the people who have come to help. They helped me get my confidence back to do things for myself. They were very good, very patient. It wasn’t a case of doing things for me, just a case of encouraging me. They were quite firm about getting me to do more things for myself, and they did right: now I can do much more.”

Pauline, 83, one of the Reablement service users

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If you’re already receiving social care support, speak to your care manager for advice. If you haven’t used social care before, call Adult Social Care Customer Services on 0113 222 4401



Getting to the heart of carers needs

Carers Leeds is working with the neighbourhood teams to identify and support carers in the community. By making links through the neighbourhood teams, Carers Leeds is identifying carers who may have been previously overlooked and offering support, including emotional support, providing links to services in the community or assisting in completing health and disability forms.

One of the most valuable things that Carers Leeds can do as part of this role is to give carers time, time to meet and talk about the things affecting them, in a place where they feel comfortable. Many times this is away from the person they are caring for either at their offices or somewhere easier, like a supermarket café for example.

Making links through the neighbourhood teams has enabled them to make a real impact on people's lives. They have already helped a number of carers across Leeds who without the partnership of the neighbourhood team and Carers Leeds may not have been identified.

What is a neighbourhood team?

There are 13 neighbourhood teams across Leeds. These teams work alongside GPs, providing community health and social care services to people registered with those GPs. These newly established teams work together to manage people's health and wellbeing in the community, helping them to live at home for longer. They are made up of staff from health (e.g. community matrons and district nurses) and social care (e.g. social workers).

For more information visit [www.leeds.gov.uk/transform](http://www.leeds.gov.uk/transform)



For more information please contact Carers Leeds on 0113 380 4300, Monday to Friday 10:00am - 4:00pm or visit [www.carersleeds.org.uk](http://www.carersleeds.org.uk)



Ash lived with her dad who, up until the age of 91, had always been very active. But when he suffered a series of long-term health problems, Ash made the difficult decision to leave her job to become a full-time carer.

"For years I was trying to do my best without any real awareness of what support was available," says Ash. "My dad had always been very independent and active but then he had a stroke, which added with other health problems meant he became wheelchair bound, needing 24-hour support for the first time in his life."

Ash bought in support from private care agencies, the NHS and the Council and although this made it easier, they still needed help with day-to-day care and decided to employ a part-time carer.

"We finally had some consistency in my dad's care and someone we could both trust. I trained the carer myself, she was with us for almost two years and became like a second daughter to my dad. It meant I could give him more time."

"My dad passed away last year but he never gave up the will to live. It taught me a valuable life lesson. One day, we will all have someone in our inner circle that will need support. Help is available, but it's not just about relying on the GP, district nurse, social worker or other agencies. Individuals and families have to take responsibility and control too - you can get the best care at home when we all work together!"

\*Names have been changed to protect privacy

Dementia-friendly Leeds

Recent years have seen the National Dementia Strategy (2009), The Prime Minister's Challenge on Dementia (2012) and many other publications setting out a new vision to change health and social care for people with dementia. Timely diagnosis improves access to information, support, and treatment. This will help people to stay well for longer, as well as reduce or delay hospital and care home admissions.

Local services in Leeds have been among the pioneers of many of the important developments, including memory services; specialist services to support people with dementia in hospital, and to return home from hospital; peer support; dementia cafés and activities offered by voluntary and community groups. However, there is still a great deal more to be done, especially to improve people's awareness.



Colin and Lilian, Rothwell Tea Cosy Memory Cafe visitors

Dementia is one of the conditions that people in middle age and later life are most concerned about. There are an estimated 560,000 - 670,000 people living with dementia in England, and an estimated twenty-one million people in England have a close friend or family member with the condition.

What is dementia?

Dementia describes a set of symptoms that may include loss of memory, mood changes, and difficulties with thinking, problem solving, or language. Some forgetfulness is normal for everyone, perhaps if we are busy, distracted, or stressed, or as we get older. It is when increased confusion or memory problems are having a significant impact on daily lives that we should seek advice and help. The risk of developing dementia increases with age, but most people will not develop it - the rate of dementia amongst people aged 65-69 is estimated at just over 1%; at age 85-89 it is 20%.

Dementia Friends

The Dementia Friends campaign, launched by Public Health England and Alzheimer's Society, encourages people to become a Dementia Friend by watching a short video online or by attending a face-to-face information session, to increase their understanding of the condition. Leeds City Council is supporting the new Dementia Friends campaign to help people develop an understanding of dementia so that they can help people in their community living with the condition. We are also working with community groups to find new ways of spreading the word.

For more information on becoming a dementia friend, please visit [www.dementiafriends.org.uk](http://www.dementiafriends.org.uk)

Leeds Dementia Action Alliance - bringing local organisations together

The Leeds Dementia Action Alliance supports over 50 groups and organisations to help make Leeds a dementia-friendly city, and brings together everyone who wants to make a difference for people living with dementia, including families and carers, so people can still participate in everyday life and maintain as much independence as possible. They don't think life with a long-term condition should only be about health and care services.

For more information please contact Maggie Graham or Jane Robinson on 0113 244 1697 or visit [www.dementiaaction.org.uk/leeds](http://www.dementiaaction.org.uk/leeds)

## Dementia Cafes

The Leeds Alzheimer's Society has been funded to develop new services, working with our Neighbourhood Network groups. Since March 2013, the number of dementia cafes in Leeds has increased from 15 to 25 and the number of singing groups from 6 to 10.

For more information please contact the Alzheimer's Society in Leeds on **0113 2311727** or email [leeds@alzheimers.org.uk](mailto:leeds@alzheimers.org.uk)



Penny and Stanley, Singing for the Brain choir members

The Singing for the Brain choir, Otley, run by the Alzheimer's Society, brings people together so they can express themselves and socialise with others in fun, interactive singing sessions. Often lyrics and music remain firmly fixed in the brain, even though other memories have faded.

"Singing has many benefits - it keeps the brain active, it stays even though other areas have gone and most of all, it's just good fun. Music gives everyone - carers and the person with dementia - a much needed boost," Antony Davies, the group leader, explained.

Penny and her husband, Stanley, joined the Singing for the Brain choir eighteen months ago. "It is absolutely delightful," says Penny "we didn't know anyone here to begin with but they're such a lovely group of people."

For more information please contact [admin@otleycourthouse.org.uk](mailto:admin@otleycourthouse.org.uk) or call 01943 462826.

## Support after diagnosis, and funding for a new service

Living with dementia can be tough for the person with the condition, their family members and carers. However, a local evaluation in 2013 showed that people in Leeds are not consistently shown where they can go to get information, advice and help after diagnosis. A joint initiative between Leeds City Council and its partners has led to NHS investment in new staff, to work with GPs and other partners, to work with people with memory problems during the diagnosis process and afterwards and to make sure that no one is left to cope alone with dementia.

## Peer Support

The Peer Support Service offers an informal and friendly setting that provides a safe and structured environment for people to come together and share their experiences. The groups offers support and the opportunity to exchange information, share coping strategies, to talk about experiences, or just the chance to chat about current affairs, reminisce or to just go with the flow.

For more information please contact Debbie Marshall on **07891 271980** or email [deborah.marshall@leeds.gov.uk](mailto:deborah.marshall@leeds.gov.uk)

"When the peer support service came into my life, I was in a very bad way. They invited me to meetings to talk to other people with dementia. After a while, I realised that other people were doing and thinking things I thought only I was. I got a bit more confidence to open up - that's when you start feeling better. We all help each other and when you start to get into it, it's actually a lot of fun. Knowing that there's support out there means everything."

Bob, peer support service user diagnosed with Alzheimer's over three years ago.



## Making Leeds the 'Best City to Grow Old In'

Leeds aspires to be the best place in the UK to live, grow up and grow old in, in short we want to be 'the best city to grow old in'. We believe that all older people should feel valued in their community and live healthy, fulfilling lives with adequate access to, and choice and control over, any support that they may need.

We want Leeds to be the leading age friendly city in the UK and we can all play a part in reaching that goal, and we can all do something towards giving ourselves the best chance of a healthy, active older age.

The 2011 Census shows that there are almost 150,000 people in Leeds aged 60 and over (accounting for almost 20% of the total population). This number will continue to increase with the number of people aged 50+ expected to rise to 256,585 by 2021, with those aged 80+ increasing to 39,091.

Ensuring Leeds is an age friendly city was identified as a priority area by older people in Leeds.



## Time of our Lives Charter

Leeds has already made a commitment to its older people. Since 2012, Leeds has had the Time of our Lives Charter (<http://democracy.leeds.gov.uk/mgConvert2PDF.aspx?ID=69694>), which was developed by older people in the city. It shows what older people want and how they want to be treated by organisations and it has already being signed by Leeds City Council, the NHS and other partners such as Metro, the region's bus and train operator.

## Age Friendly Cities

Leeds joined the World Health Organisation's (WHO) Global Network of Age Friendly Cities and Communities this year, and is just one of seven UK members that were accepted in 2014. Being accepted into this global network is just the start, we are now developing a self-assessment and action plan to meet the eight areas of city life ([www.who.int/ageing/publications/age\\_friendly\\_cities\\_guide/en/](http://www.who.int/ageing/publications/age_friendly_cities_guide/en/)), which the WHO identified as key areas to be addressed. Although we want to use the WHO key areas, we already know there are areas we need to focus on. How do we know? We know because the older people of Leeds told us! Therefore, we will look more closely at:

- Tackling loneliness and social isolation
- Preventing excess winter deaths
- Poverty
- Transport
- Intergenerational work
- Healthy and active lives (including exercise and nutrition)
- Information (including digital inclusion)
- City centre and community planning and management
- Employment (including work, retirement and volunteering)
- Cultural activities
- Community safety
- A dementia friendly community.





### Tackling loneliness and social isolation

Loneliness blights both individual lives and communities through unhappiness and ill-health. This puts people, carers and relatives under enormous pressure. The Leeds Older People's Forum supports organisations throughout Leeds that provide services for older people. In the face of extremely stiff competition, the Forum has secured funding from the Big Lottery of £1M per year for 6 years, starting July 2015. This will be used to help tackle the loneliness and isolation experienced by many older people in Leeds.

There are 246,000 older people in Leeds, and 14,500 of these are aged over 85. Numbers are growing every year and it is estimated that about 15% of older people are lonely and socially isolated. This amounts to 37,000 people in Leeds. The funding from Big Lottery will allow us to establish a wide

range of services and projects to tackle this serious and growing problem.

Working with a wide range of partner organisations including Leeds City Council, Voluntary, and Business Sectors the project will:

- promote Leeds as an age friendly city,
- develop inter-generational links,
- improve connections with older people from street level upwards,
- provide support and friendships at home,
- increase number of volunteers in local communities.

This project will build on the excellent work already being done across Leeds and focus on the more vulnerable, hard to reach people and most importantly of all - older people will be at the heart of managing and designing all of this work.



**For more information please contact Leeds Older People's Forum on 0113 244 1697, visit [www.opforum.org.uk](http://www.opforum.org.uk) or email [info@opforum.org.uk](mailto:info@opforum.org.uk)**

Doreen had been in hospital three times when her GP recommended she went to Naburn Court. Her doctor thought it would be good for her to meet some new people and to have someone to talk to; she says "it did bring me out of my shell. It was nice at Naburn Court and Doreen Hamilton.

When Naburn closed I was asked if I wanted to go to Holt Park Active I wasn't sure if I would like it. I was a bit nervous and I thought it was too far to travel. I was asked to give it a go and I did, and I loved it right from the first day!

I get to see more people, and we even go out to the shops together. There's no point sitting on your own and going to sleep in a chair - I would rather be here! I really look forward to coming here and like to keep busy by getting involved in all the activities, there is always something to do. At the moment I'm learning to swim, doing arts and crafts, learning creative writing and I'm even learning how to use computers, which is something I didn't think I would do - I get into everything."

Doreen, a service user at Holt Park Active



## Better Lives | Enterprise

### What do we mean by Enterprise?

'Better lives through enterprise' is about stimulating the social care market in Leeds to develop beyond what's already provided in the traditional way by statutory organisations. In practice this means providing older and disabled adults with a greater variety of services that are geared to respond to people's specific needs. This approach is encouraging more community action such as volunteering and new small social care organisations.

### If it matters to you... it matters to us

We want all the people in Leeds with care and support needs to be able to say...

**"We are active members of supportive communities"**

**"We have opportunities to train, study, work or engage in activities that match our interests, skills, abilities."**

**"We have systems in place so that we can get help at an early stage to avoid a crisis."**

**"We have a network of people who can support us - carers, family, friends, community and if needed paid support staff."**

**"We have access to a range of supports that help us to live the lives we want and to remain contributing members of our community."**

### We have made progress...

- Leeds provides more accessible support than other authorities for adults with lower levels of social care need, such as luncheon clubs, neighbourhood networks and services run by voluntary groups - 12,800 people access these services every week. 69% of these are older people and 17% are from BME communities.
- Voluntary organisations reported that they had 2,632 volunteers and utilised 7,173 volunteer hours a week - the equivalent of 194 full time staff.
- The number of carers in Leeds who are receiving support from the Council, has continued to increase over recent years and more carers are receiving a specialist carer's service.
- Six new social enterprises were established in Leeds in 2013/14.

### However...

- In 2013/14, 10.2% of people with mental health conditions were helped into employment. This is 1.9% less than 2012/13 and 2.1% less than 2011/12.

You told us that the Better Lives programme needed to go further and faster to address these issues. The next few pages shares what we've done about it...

Volunteering



A quick search on the Charity Commission’s website reveals that there are over 1,600 charities working in the Leeds area. These include individuals and groups such as scout groups and the like, and religious establishments that you might not immediately think are charities but who - are essential to people’s lives and their communities.

What do they all have in common? They all want volunteers to help them run their projects. One thing that is abundantly clear is that without volunteers, many of these organisations would not be able function, and there is always room for more volunteers! If you want to help out somewhere, and perhaps aren’t quite sure where to start or aren’t sure if the skills you have are suitable (they will be!) then the Volunteer Centre (part of Voluntary Action Leeds) is a great place to start. Equally, if you are involved with an organisation that needs

volunteers, it’s also worth emailing or popping into the centre, based in the centre of Leeds to see how they can help.



For more information please contact Volunteer Centre Leeds on 0113 395 0405 or visit [www.doinggoodleeds.org.uk/volunteering-in-leeds.html](http://www.doinggoodleeds.org.uk/volunteering-in-leeds.html)

Turning over a New Leaf

New Leaf Gardeners is an innovative Community Interest Company (or social enterprise) which provides training, volunteering and employment opportunities in gardening and horticulture for people with mental health needs. It operates from Vale Circles undertaking both formal contracts for organisations (such as Lovell Respond) and work for private individuals.



“Gardening can be a very calming and relaxing activity. It can be very enjoyable too. When you transform a garden, you can really see that you’ve made a difference.”

Bob, New Leaf Gardeners member



For more information please contact New Leaf Gardeners on 0113 378 2822 , visit [www.newleafgardeners.org.uk](http://www.newleafgardeners.org.uk) or email [newleafgardeners@outlook.com](mailto:newleafgardeners@outlook.com)

Below you can find a ‘timeline’ of what we’ve achieved so far and what we’ll be doing in the future

October 2014

- Develop and support corporate social responsibility.

By 2016/17

- To grow the number of social enterprises and user-led organisations.
- Support the implementation of personal health budgets.
- Support the ‘spin-out’ project for people with learning disabilities.

July 2015

- Reduce social isolation by using community initiatives.

By 2015/16

- Develop and support corporate social responsibility.

Leeds Shared Lives



Betty (on the right) with her Shared Lives carer Sheila

Shared Lives is a little known, but important, alternative to traditional residential respite and day services for people in need of support. Shared Lives offers personalised, quality care where carers share their lives and often their homes with those they support.

The Leeds Shared Lives scheme helps people who take on the often emotionally and physically draining care of a loved one. They do this by providing day support, short breaks and outreach to service users and carers. They can support adults with a wide range of care needs such as older people, adults with dementia, or learning, physical, or sensory difficulties.

The support offered is flexible and based on the individual’s needs. It can include day support of up to 7 hours; a break, which could be a short overnight break, a weekend or part of a week, during the day for a few hours, a night awake service so that the carer can catch up with their sleep or a longer period of support. The break can take place in the Shared Lives carer’s home or there are outreach workers who can support people in their own home. Using these services enables the person being cared for to make new friends, it helps them try new experiences and to learn new interests and skills, all this helps them to gain independence as well as to have a change of scenery in a friendly environment.



For more information please contact Shared Lives on 0113 247 8658, visit [www.leeds.gov.uk/sharedlives](http://www.leeds.gov.uk/sharedlives) or email [shared.lives@leeds.gov.uk](mailto:shared.lives@leeds.gov.uk)

Yvonne lives alone in a flat with support from staff. She says “I heard about Shared Lives from my Support Manager, she suggested it might be a good idea to look for a carer to support me to do things and gain more confidence in myself.

When I first met Lucy and when I got to know her better, I thought about some of the things I’d always wanted to do but had never tried, such as sewing, tennis, going to the gym and horse riding. I have now done all these things and I even go out on Thursday night to a sewing/ craft class on my own. I would never have done this before.

I look forward to Lucy coming and sometimes think of what I want to do the night before. I feel excited to see her. She is a good friend.”

Yvonne (on the right) with her Shared Lives carer Lucy





Personal Budgets - helping people to have more control over their care and support

Personal Budgets can be used to buy support from both the council and other care providers. The money can be spent creatively, mixing and matching services from different organisations, and tailoring the support to the person's needs and preference. Service users can manage their own budget and arrange support for themselves if they want, but they can also choose to have their budget managed by the council if that's more convenient. There are lots of ways personal budgets can be managed to suit individual needs.



**"Not having to be in for set visits, you've got your freedom to plan your life. You can organise your care to suit you and being able to decide who comes to help you makes such a difference. Since I made the change I've never looked back."**

Linda, a personal budget user

Personal budgets make such a difference to an individual's life and are a priority for Adult Social Care. It is essential however, to take stock of how well we're doing not only against national performance levels but, against our local targets too. That is why we have been working with the charity In Control and the team at Lancaster University. They offered us the opportunity to review our activity and to see what more we could - the POET survey.

This shows how we've done so far but, more importantly, it lets us know what we need to do in the future. Leeds has made progress by increasing the number of people using personal budgets and seeing the benefits that personal budgets can bring to their lives, but we still have work to do and need to engage with as many people as possible.


In October 2014, we held a 'choice and control' event to share the survey results with many of our stakeholders including service users, carers, personal assistants, providers and social workers. They told us how personal budgets can work better; what we're doing well and what we could do better. This was the great value of this event and we're grateful for everyone who contributed to the discussion. It really was a powerful insight from so many different perspectives.

What can work better?

Personal budgets and having choice and control over services received, really works for an individual when they feel involved in the decision making process. It's about taking that control to decide what's right for them and having ownership of their own lives. One important message from the event was that people want to live their life the way they want and need to know that help and advice, when needed, is at hand to help them understand what services are available or to find their way through the process. We need to make sure the process is clearer across the board and help people get the support that lets them live their lives their way. By working together, we can make Leeds a better place for someone who has care and support needs.

Encouraging partnership working

Leeds has established a steering group to ensure that the suggestions were acted on and progressed. We asked for volunteers and now have representation from all areas including social workers, carers, providers and service users. This group tracks improvements in our jointly agreed approach, offering an experienced perspective of what can be resolved and how, with the support of the council. Engaging with those at the front line offers us a far greater and realistic insight into what can really be done to increase the uptake of personal budgets for those using services in Leeds.



**For more information please contact Stuart Cameron-Strickland, Head of Policy, Perform & Improvement on 0113 22 43342 or email [Stuart.CameronStrickland@leeds.gov.uk](mailto:Stuart.CameronStrickland@leeds.gov.uk)**

All things equal...

On every council website, in every city in the UK, you will find a universal commitment to equality; reducing and removing barriers that may prevent people from living in a fair society. In Leeds, we're no different. We recognise different people have different needs regardless of their age or disability. In Adult Social Care equality is at the core of what we do.

Here are some facts and figures. Leeds is the UK's third largest city with a population of around 757,000, which is expected to rise to around 840,000 by 2021. That's a lot of people. It's a diverse city with over 140 ethnic groups representing just under 17.4% of the total population. Coupled with a significant ageing population, we face unique challenges but across the Council, we do share one common vision - to be the best city in the UK.

To achieve this vision, we have a Leeds Health and Wellbeing Board that oversees how we reduce inequalities and improve the health and wellbeing for all the people of Leeds. To provide an understanding of the challenges we face, we have the Joint Strategic Needs Assessment (JSNA), this is a shared piece of work between the NHS and Leeds City Council which pulls together information about the local population including data on health, housing, social care, education, crime and the environment. It provides an understanding of the challenges that are faced in tackling inequalities so we can plan for action and achieve our vision of being the best city in the UK.

The Joint Health and Wellbeing Strategy has 5 main outcomes to measure progress • People will live longer and have healthier lives; • People will live full, active and independent lives; • People's quality of life will be improved by access to quality services; • People will be involved in decisions made about them; and • People will live in health and sustainable communities.

Bringing about major changes will not happen overnight but gradually, and the Health and Wellbeing Board will use its influence to ensure that these outcomes are achieved by focusing collective efforts and resources on the right things. A few examples of what's already happening include:

The Board hosted the launch of the Homeless Accommodation Leeds Pathway (HALP) service, a partnership between NHS providers and the third sector in Leeds to tackle problems around homelessness, housing crisis and hospital admissions.

The Board approved the Dementia Strategy for Leeds and our ambition for Leeds to be a 'Dementia-Friendly' city. This commitment was followed up by board members taking a 'Dementia Friendly' training course, run by a representative from the Department of Health.

The Board supported Leeds' bid to become an integrated health and care services pioneer. The Government announced Leeds as one of 14 Integration Pioneers, following a competitive process where 111 local areas applied. As part of the pioneer programme, Leeds is benefitting from strategic support and expertise from a number of national partners to go 'further and faster' with our integration and innovation plans, and is taking the role of a national exemplar for integrated care.



## For more information

If you wish to contact us regarding any council service:  
Online - [www.leeds.gov.uk](http://www.leeds.gov.uk)  
Better Lives blog - [www.betterlivesleeds.wordpress.com](http://www.betterlivesleeds.wordpress.com)  
By email - [general.enquiries@leeds.gov.uk](mailto:general.enquiries@leeds.gov.uk)  
By telephone - **0113 222 4401**  
Opening times Monday - Friday 8am - 6pm

## Information and advice

**One Stop Centres** - There are 16 one stop centres across Leeds, where various services are brought together under one roof, making it easier for you to contact us. You can get advice on a range of council services, including council tax bills and benefits, housing tenancy issues, benefits for people on a low income, help for older people, disabled people, children and families, and more. For more information, visit our website [www.leeds.gov.uk/council/Pages/One-Stop-Centres.aspx](http://www.leeds.gov.uk/council/Pages/One-Stop-Centres.aspx)

One Stop Centres can be found at:

Aireborough	Garforth	Otley	St. George's Centre
Armley	Morley	Pudsey	The Compton Centre
City Centre	North Seacroft	Rothwell	The Reginald Centre
Dewsbury Road	Osmondthorpe	South Seacroft	Wetherby

## What services are available for...

### Older People

**Age UK** can give advice on all aspects of life, including money, health, leisure, home care, and legal issues for older people. Telephone: **0113 389 3000** Email: [info@ageukleeds.org.uk](mailto:info@ageukleeds.org.uk) Web: [www.ageuk.org.uk/leeds](http://www.ageuk.org.uk/leeds)

**Leeds Older People's Forum** is a network of voluntary sector organisations that work with older people. Telephone: **0113 244 1697** Email: [info@opforum.org.uk](mailto:info@opforum.org.uk) Web: [www.opforum.org.uk](http://www.opforum.org.uk)

### Learning Disabilities

Connect in the North offer support and advice for people with learning difficulties to have control of their own lives. Telephone: **0113 270 3233** Web: [www.citn.org.uk](http://www.citn.org.uk)

**Tenfold** is a network of organisations that work with and for people with learning disabilities. Telephone: **07576 952 527** Email: [info@tenfold.org.uk](mailto:info@tenfold.org.uk) Web: [www.tenfold.org.uk](http://www.tenfold.org.uk)

**Through the Maze** is an information service for people with a learning disability, their families, carers and other individuals or organisations who work with them. Telephone: **0113 269 1889** Email: [throughthemaze@ Mencap.org.uk](mailto:throughthemaze@ Mencap.org.uk) Web: [www.through-the-maze.org.uk](http://www.through-the-maze.org.uk)

### Mental Health

**Leeds Mental Health Directory** gives up to date information about what services are available in the city and how to access them. Telephone: **0113 305 5800** Web: [www.leedsmhdirectory.co.uk](http://www.leedsmhdirectory.co.uk)

**Volition** is an alliance of voluntary organisations that provide services or work with people with mental health needs. Telephone: **0113 242 1321** Email: [info@volition.org.uk](mailto:info@volition.org.uk) Web: [www.volition.org.uk](http://www.volition.org.uk)

### Physical Impairment

**Physical & Sensory Impairment Network** supports third sector organisations that work to improve the lives of disabled people in Leeds. Telephone: **0113 297 7942** Email: [info@val.org.uk](mailto:info@val.org.uk) Web: [www.val.org.uk](http://www.val.org.uk)

**DALES** (Deaf across Leeds enablement service) is a one stop shop for adults who are deaf or who have a hearing impairment. They offer equipment, support and information. Telephone: **0113 288 5750** Textphone: **0113 288 5758** Email: [Dales@bid.org.uk](mailto:Dales@bid.org.uk) Web: [www.dales-bid.org.uk](http://www.dales-bid.org.uk)



The 'A-Z of health and social care services' is a booklet published by Adult Social Care and is probably the most comprehensive guide available for what health, care and support services there are in Leeds. There's over a 100 pages of useful contacts and details of organisations that are there to support people and communities in times of need.

This handy information guide is free. If you'd like to order one, please call **0113 247 8630** or visit [www.leeds.gov.uk/docs/A-Z%20Services%20LRAW.pdf](http://www.leeds.gov.uk/docs/A-Z%20Services%20LRAW.pdf).

### Leeds Directory - online

When you need help to find out about activities and support in your local area, Leeds Directory is another starting point. This is a FREE local directory of services, activities and support. The directory is online but there is also a helpline. Experienced staff are happy to advise over the phone or print out specific information about services or activities in a particular area and post this out.

To contact them please call **0113 391 8333** or visit [www.leedsdirectory.org](http://www.leedsdirectory.org)

**The Leeds Vision Consortium** works for people who are blind, have dual sensory loss or who are partially sighted. They offer support, from help in hospitals, employment support and other health and well-being services. Telephone: **0113 386 2800** Email: [leeds@actionforblindpeople.org.uk](mailto:leeds@actionforblindpeople.org.uk) Web: [www.actionforblindpeople.org.uk](http://www.actionforblindpeople.org.uk)

### Carers

**Carer's Emergency Service** offers peace of mind if something unforeseen happens, such as a vehicle breakdown or sudden illness. Once you register, the scheme will provide free care up to 48 hours in an emergency. Telephone: **0303 123 1921** Email: [caregistration@housing21.co.uk](mailto:caregistration@housing21.co.uk)

**Support services for carers** is a list of groups and organisations that give support to black and minority ethnic carers, dementia, HIV, learning disability, life threatening illness, long term illness, mental health illness, physical disability, sensory impairment and substance dependency - [www.leeds.gov.uk/residents/Pages/Carers-Support-Groups.aspx](http://www.leeds.gov.uk/residents/Pages/Carers-Support-Groups.aspx)

### Health and Wellbeing

**Healthy Lives Leeds** supports the involvement of the third sector for health and wellbeing. Telephone: **0113 297 7920** Web: [www.val.org.uk/page/healthy-lives-leeds](http://www.val.org.uk/page/healthy-lives-leeds)

**Leeds lets change** is a city wide programme which encourages and helps people to adopt a healthier lifestyle. It includes help and advice on services available for stopping smoking, alcohol, weight management, healthy eating, physical activity and mental health. Web: [www.leedsletschange.co.uk](http://www.leedsletschange.co.uk)

**Touchstone Support Centre** offers one-to-one and group support to improve the mental wellbeing of all black and minority ethnic people, including carers. Telephone: **0113 271 8277** Web: [www.touchstonesupport.org.uk](http://www.touchstonesupport.org.uk)

### Volunteering

**Voluntary Action Leeds** provides support services to voluntary and community organisations. They also have details of a wide range of volunteering opportunities. Telephone: **0113 297 7920** Email: [volunteering@val.org.uk](mailto:volunteering@val.org.uk) Web: [www.val.org.uk](http://www.val.org.uk)

### Other

**Advonet** is a support network for all advocacy providers in Leeds. If you or someone else needs an advocate they will know who the most appropriate organisation is for you. Telephone: **0113 244 0606** Email: [advocacy@advonet.org.uk](mailto:advocacy@advonet.org.uk) Web: [www.advonet.org.uk](http://www.advonet.org.uk)

**Healthwatch Leeds** help people get the best out of their local health and social care services, it is about local voices being able to influence the delivery and design of local services. Telephone: **0113 898 0035** Email: [info@healthwatchleeds.co.uk](mailto:info@healthwatchleeds.co.uk) Web: [www.healthwatchleeds.co.uk](http://www.healthwatchleeds.co.uk)



Building the Best City

Our ambition is for Leeds to be the best city and Leeds City Council to be the best council in the UK - fair, open and welcoming with an economy that is both prosperous and sustainable so all our communities are successful.

We are improving in...



Our aim is to improve the quality of life for our residents, make it easier for people to do business with us and achieve the savings and efficiencies required to continue to deliver frontline services.

By ensuring high quality public services, we improve quality, efficiency and involving people in shaping their city. With a focus on tackling poverty, getting services right first time, improving customer satisfaction, improving roads, tackling domestic violence, improving public health, and improving housing.

We need to do better in...



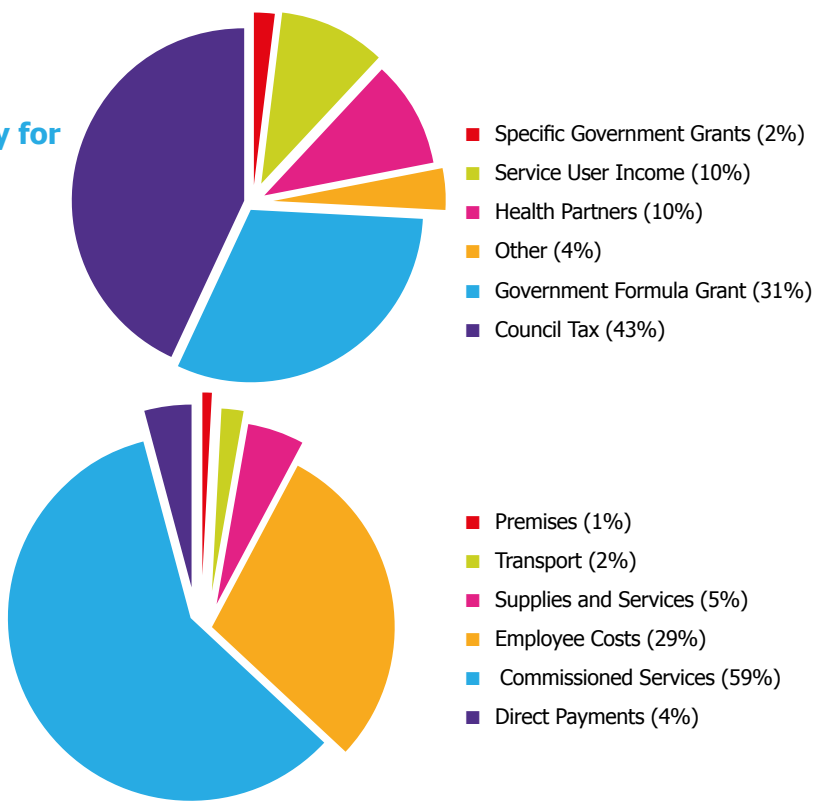
Better Lives with less money

Adult Social Care continues to be one of demographic increases; increased life expectancy, increasing complexity of need and service user expectations, greater support for people to remain living independently in their own homes for as long as possible, a national drive to improve the quality of social care services and an increasing focus on the integration of health and social care services. These national trends, which are leading to increased cost pressures, have been evident for many years, but the economic climate is putting increasing pressure on public finances and the reductions in public spending have added to the financial challenges faced by Adult Social Care.

The Care Act 2014 is a radical redesign of adult social care services, with “wellbeing” being the central focus. The changes take effect in two stages in April 2015 and April 2016. From April 2015 some discretionary powers will become statutory duties, in particular support to carers, preventative services and advice and information. There are also new duties to undertake adult social care services with the aim of integrating them with local NHS and other health services and to oversee and shape the care market. In April 2016 a cap will be introduced on individuals’ care costs, through a care assessment for people currently funding their own care who have not previously come to the Council for support, and changes to the capital thresholds that apply to financial assessments. A considerable amount of work has been undertaken during 2014/15 in preparation for these changes. However, it has been very difficult nationally to accurately predict the number of new customers that will arise in 2015/16 and greater certainty will only become available as the new financial year progresses. Following publication of the final regulations and guidance for the April 2015 changes in late October 2014 preparation for the new arrangements can be finalised.

The authority, despite losing £47m of government funding in 2015/16, has once again protected the provision of adult social care in its initial budget proposals by effectively allocating a cash standstill budget. However, the financial impact of demand and demographic pressures as well as the new requirements of the Care Act are expected to add £23.6m to the cost of adult social care in 2015/16, thus the directorate has had to identify a similar amount through new funding (£13.9m), efficiencies (£3.3m) and service changes (£5.9m).

Where the Council plans to get its money for Adult Social Care in 2014/15



Better Lives - measuring our performance

As part of our ambition to be the best city and the best council in the UK, we are always looking for ways to judge how well we are doing. The Adult Social Care Outcomes Framework is a set of measures that have been agreed nationally and show how well we are doing. The measures provide a way for us to compare our performance against the other Yorkshire & Humberside local authorities (22 in total).

Indicator reference	2011/12 score	2012/13 score	2013/14 score	Yorkshire & Humberside ranking	Are we improving?
<b>1A: Social care-related quality of life</b> - This indicator represents an average score for a person based on the responses of those that completed the Adult Social Care Survey.	18.4	19.2	18.8	11	▼
<b>1B: The proportion of people who use services who have control over their daily life</b> - This indicator is the average score of those who responded "I have as much control or adequate control" to the question "How much control do you have over your daily life?" on the Adult Social Care Survey, expressed as a percentage.	73.5	75.9	80.43	3	▲
<b>1Ci: Proportion of people using social care who receive self-directed support, and those receiving direct payments - Part 1, any form of self-directed support</b> - This is a percentage of the service users who are helped to live at home and carers who have chosen the services they want to receive.	52.1	70.4	68.3	6	▼
<b>1Cii: Proportion of people using social care who receive self-directed support, and those receiving direct payments - Part 2, cash payments only</b> - This is a percentage of the service users who are helped to live at home and carers who have chosen the services they want to receive and received a cash payment to purchase it.	17.7	15.9	16.8	8	▲
<b>1E: Proportion of adults with learning disabilities in paid employment</b> - This is a percentage of the service users with a learning disabilities and known to be in paid employment.	7.1	7.1	7.4	5	▲
<b>1F: Proportion of adults in contact with secondary mental health services in paid employment</b> - This indicator measures the percentage of adults receiving mental health services who are known to be in paid employment.	12.3	12.1	10.2	4	▼
<b>1G: Proportion of adults with learning disabilities who live in their own home or with their family</b> - This indicator measure the percentage of adults with learning disabilities who are known to the Council, who are recorded as living in their own home or with their family in the current financial year.	83.7	83.5	82.4	6	▼
<b>1H: Proportion of adults in contact with secondary mental health services who live independently, with, or without support</b> - This indicator measures the percentage of adults receiving secondary mental health services who are living independently.	55.5	52.5	54.1	14	▲
<b>2Ai: Permanent admissions to residential and nursing care homes, per 100,000 population, part 1 – 18-64</b> - This measures the number of people aged 18-64 who are permanently admitted to residential or nursing home, per 100,000 population.	12.4	9.2	12.5	10	▼
<b>2Aii: Permanent admissions to residential and nursing care homes, per 100,000 populations, part 2 - 65+</b> - This measures the number of people aged 65+ who are permanently admitted to residential or nursing home, per 100,000 population.	687.8	684.6	562.0	3	▲
<b>2Bi: Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services</b> - This measures the percentage of older people who received a short term package of care after leaving hospital and were still living at home 3 months later.	85.7	89.7	90	3	▲
<b>2Bii: Reablement service offered following hospital discharge</b> - This measures the percentage of older people (65 and over) who were offered reablement services following discharge from hospital.	0.4	0.4	0.6	15	▲
<b>2Ci: Delayed transfers of care from hospital, per 100,000 population.</b>	11.9	8.9	8.7	10	▲
<b>2Cii: Delayed transfers of care from hospital, and those that are attributable to Adult Social Care</b> - This measures the proportion of people who were ready to leave hospital whose discharge was delayed due to a health or social care related reason, per 100,000 population.	3.5	3.4	2.3	10	▲
<b>3A: Overall satisfaction of people who use services with their care and support</b> – This is the percentage of those who responded, "I am extremely satisfied" or "I am very satisfied" to the question "In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?" on the Adult Social Care Survey.	63.4	67.7	69.15	4	▲
<b>3D: The proportion of people who use services and carers who find it easy to find information about services</b> - This is the percentage of those who responded, "very easy to find" or "fairly easy to find" to the question "How satisfied or dissatisfied are you with the care and support services you receive?" on the Adult Social Care Survey.	67.4	65.6	70.15	14	▲
<b>4A: The proportion of people who use services who feel safe</b> - This is the percentage of those who responded, "I feel as safe as I want" to the question "Which of the following statements best describes how safe you feel?" on the Adult Social Care Survey.	62.7	73.4	60.23	13	▼
<b>4B: The proportion of people who use services who say that those services have made them feel safe and secure</b> - This is the percentage of those who responded "yes" to the question "Do care and support services help you in feeling safe" on the Adult Social Care Survey.	84.3	82.6	83.03	6	▲

**We would like to take this opportunity to thank the following people and organisations for all their help and support...**

- **The people of Leeds that allowed us to share their stories**
- **Leeds Better Lives Board**
- **Healthwatch Leeds**
- **Yorkshire & Humberside Directors of Adult Social Services Association**

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This publication can be provided in large print, Braille and audio please telephone  
**0113 247 8630**

If you do not speak English and need help in understanding this document, we may be able to provide a translation or an interpreter. Please contact Adult Social Care customer services to see if we can help on  
**0113 222 4401**

For general information about Adult Social Care telephone customer services on **0113 222 4401** or  
Textphone **0113 222 4410**

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# Equality, Diversity, Cohesion and Integration Screening



As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration.

A **screening** process can help judge relevance and provides a record of both the **process** and **decision**. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality, diversity, cohesion and integration.
- whether or not equality, diversity, cohesion and integration is being/has already been considered, and
- whether or not it is necessary to carry out an impact assessment.

<b>Directorate:</b> <b>Adult Social Care</b>	<b>Service area:</b> <b>Performance</b>
<b>Lead person:</b> <b>Stuart Cameron-Strickland.</b>	<b>Contact number:</b> <b>2243342</b>

## 1. Title: Local Account

Is this a:

☐

Strategy / Policy

☐

Service / Function

☒

Other

**If other, please specify The publication of an account of Adult Social Care in Leeds Better Lives for people in Leeds;**

## 2. Please provide a brief description of what you are screening

The Local Account "Even Better Lives for people in Leeds" is an account of the present state of Adult Social Care that will be available to all citizens of Leeds. informing them of what Adult Social Care has done and achieved in the previous 12 months and what Adult Social Care priorities are for the next 12 months under the better lives themes. The actions and developments alluded to in this report under each of the themes will all be the subject of specific due regard to equality assessments.

### 3. Relevance to equality, diversity, cohesion and integration

All the council's strategies/policies, services/functions affect service users, employees or the wider community – city wide or more local. These will also have a greater/lesser relevance to equality, diversity, cohesion and integration.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation. Also those areas that impact on or relate to equality: tackling poverty and improving health and well-being.

Questions	Yes	No
Is there an existing or likely differential impact for the different equality characteristics?		X
Have there been or likely to be any public concerns about the policy or proposal?		X
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?		X
Could the proposal affect our workforce or employment practices?		X
Does the proposal involve or will it have an impact on <ul style="list-style-type: none"><li>• Eliminating unlawful discrimination, victimisation and harassment</li><li>• Advancing equality of opportunity</li><li>• Fostering good relations</li></ul>		X

If you have answered **no** to the questions above please complete **sections 6 and 7**

If you have answered **yes** to any of the above and;

- Believe you have already considered the impact on equality, diversity, cohesion and integration within your proposal please go to **section 4**.
- Are not already considering the impact on equality, diversity, cohesion and integration within your proposal please go to **section 5**.



#### 4. Considering the impact on equality, diversity, cohesion and integration

If you can demonstrate you have considered how your proposals impact on equality, diversity, cohesion and integration you have carried out an impact assessment.

Please provide specific details for all three areas below (use the prompts for guidance).

- **How have you considered equality, diversity, cohesion and integration?**

(**think about** the scope of the proposal, who is likely to be affected, equality related information, gaps in information and plans to address, consultation and engagement activities (taken place or planned) with those likely to be affected)

“Even Better Lives for people in Leeds” outlines the past and planned activities for Adult Social Care.

Adult Social Care provides a range of services for those people in needs who have eligible services through a FACS assessment as well as those with lower level needs though what have been termed universal services . In doing so it treats all individuals as individuals irrespective of culture, ethnicity, disability etc. It provides services based entirely upon need assessed or perceived.

Thus the issue of equality is important in monitoring that we are in fact reaching out and that all communities are aware of and are able to access the services available and that no organisational barriers are being put in place. We assure this by monitoring the uptake of our services and regularly asking service users carers and other stakeholders what they think and some of the material in the account is based upon that information

The actions and activities alluded to in the Local Account where these represent a change of development in services will be subject to a specific due regard to equality assessment and appropriate consultation and involvement of stakeholders

Adult Social Care utilises the Leeds City Council approach of using the Equality Impact process to demonstrate due regard to equality, ensuring that all changes and developments within Adult Social Cares remit are appropriately and proportionately assessed. Such assessment seeks to identify what if any barriers to the service for any specific equality group exist or may be created by changes to policy or services. Following this identification an action plan is created where appropriate to identify what can be done to mitigate or remove those barriers prior to the decision making process. Such assessments are freely available on the Inter net for any member of the public to access.

- **Key findings**

(**think about** any potential positive and negative impact on different equality characteristics, potential to promote strong and positive relationships between groups, potential to bring groups/communities into increased contact with each other, perception that the proposal could benefit one group at the expense of another)

“Better Lives for people in Leeds” is an account of what Adult |Social care has achieved

in the last 12 months and what it plans to do in the future. It will in no way change any services that will come when the activities outlined in the account are put into practice.

As stated above Adult Social care utilises there Leeds City Council Corporate methodology on demonstrating due regard to equality when any equality impacts will be identified and fully explored.

- **Actions**

**(think about** how you will promote positive impact and remove/ reduce negative impact)

It will be necessary to ensure that the equality impact process is applied to all relevant developments across Adult Social Care in an appropriate and proportionate manner.

That where ever possible actions are identified to mitigate or remove identified barriers.

To provide a wide range of methods and corridors via which we can receive information form the citizens of Leeds if they feel there are barriers to accessing services.

Ensure that this Local Account is available in as wide a range of formats languages etc as appropriate.

**5. If you are *not* already considering the impact on equality, diversity, cohesion and integration you *will need to carry out an impact assessment*.**

Date to scope and plan your impact assessment:	
Date to complete your impact assessment	
Lead person for your impact assessment (Include name and job title)	

## **6. Governance, ownership and approval**

Please state here who has approved the actions and outcomes of the screening

Name	Job title	Date
Date screening completed		

## **7. Publishing**

Though **all** key decisions are required to give due regard to equality the council **only** publishes those related to **Executive Board, Full Council, Key Delegated Decisions** or a **Significant Operational Decision**.

A copy of this equality screening should be attached as an appendix to the decision

making report:

- Governance Services will publish those relating to Executive Board and Full Council.
- The appropriate directorate will publish those relating to Delegated Decisions and Significant Operational Decisions.
- A copy of all other equality screenings that are not to be published should be sent to [equalityteam@leeds.gov.uk](mailto:equalityteam@leeds.gov.uk) for record.

Complete the appropriate section below with the date the report and attached screening was sent:

For Executive Board or Full Council – sent to <b>Governance Services</b>	Date sent:
For Delegated Decisions or Significant Operational Decisions – sent to appropriate <b>Directorate</b>	Date sent:
All other decisions – sent to <a href="mailto:equalityteam@leeds.gov.uk">equalityteam@leeds.gov.uk</a>	Date sent:

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## Report of Head of Scrutiny and Member Development

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

**Date: 21 April 2015**

**Subject: Specialised Services - Policy and Specification Consultation (March 2015)**

Are specific electoral Wards affected?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, name(s) of Ward(s):		
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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If relevant, Access to Information Procedure Rule number:		
Appendix number:		

### Summary of main issues

1. At its meeting on 24 March 2015, the Scrutiny Board considered NHS England's consultation on a proposed set of principles to underpin the future decision making process for investment in specialised services. The Scrutiny Board's response to this consultation is currently being drafted.
2. Later that same day (i.e. 24 March 2015), NHS England launched a further 30-day public consultation on a number of clinical commissioning policies and service specifications for specialised services.
3. In a statement on its website, NHS England highlighted:  
*'The 33 policies, five service specifications and two other commissioning products (Chemotherapy algorithms for multiple myeloma and UK Genetic Testing Network new test recommendations) will be open to a 30 day consultation period, closing on 23 April 2015.'*
4. Elsewhere on its website, NHS England stated:  
*'There has already been extensive engagement on these national specifications and policies, as they have been developed with the support and input of lead clinicians and patient and public representatives. This approach has helped ensure that the views of key stakeholders have informed and influenced the development of the policies and specifications so far.  
We now wish to test them further with wider groups of stakeholders.'*  
*'This consultation is open to anyone who may wish to respond. However, it is anticipated that the target audience will be those likely to be affected by these proposed changes.'*

5. Details of the specific consultation areas are outlined in Appendix 1.
6. A representative from NHS England has been invited to attend the Scrutiny Board meeting.
7. In addition, in order to help the Scrutiny Board consider the wide ranging service specifications and commissioning policies – and more importantly any specific implications for services users and/or the local acute trust, Leeds Teaching Hospitals NHS Trust was invited to provide a briefing note for the Scrutiny Board (attached at Appendix 2).
8. Given the number of service specifications and commissioning policies under consideration and the timescale for responses, Trust representatives have also been invited to attend the meeting to highlight any issues that may have come to light as the Trust has progressed its review of the most recent consultation. A verbal update will be provided at the meeting – most likely on an exception basis – focusing on any areas where there may be specific impacts and/or concerns.

### **Recommendations**

9. The Scrutiny Board (Health and Wellbeing and Adult Social Care) is asked to:
  - a. Consider the information presented and identify how it may wish to respond to the consultation ahead of the 23 April 2015 deadline.
  - b. Identify any specific matters that warrant further scrutiny activity and/or additional action.

### **Background papers<sup>1</sup>**

10. None used

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<sup>1</sup> 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.

## NHS ENGLAND

SPECIALISED SERVICES: POLICY AND SPECIFICATION CONSULTATION  
MARCH 2015

NHS England is consulting on the following (5) service specifications:

## Internal Medicine

- [Haemodialysis providers only delivering dialysis away from base Service Specification](#)
- [Complex specialised obesity Service Specification](#)

## Mental Health

- [Gender identity services Service Specification](#)
- [Tier 4 personality disorder Service Specification](#)

## Trauma

- [Neuropathology Service Specification](#)

NHS England is also consulting on the following (33) clinical commissioning policies:

## Internal Medicine

- [Pulmonary hypertension revision of current policy for targeted therapies to add riociguat for chronic thromboembolic pulmonary hypertension patients Clinical Commissioning Policy](#)
- [Complex specialised obesity surgery Clinical Commissioning Policy](#)

## Blood and Infection

- [Stribild for the treatment of HIV-1 infection in adults Clinical Commissioning Policy](#)
- [Use of cobicistat as a booster in treatment of HIV positive adults and adolescents Clinical Commissioning Policy](#)
- [The use of rituximab as a second line agent for the eradication of inhibitors in patients with acquired haemophilia Clinical Commissioning Policy](#)
- [Treatment as prevention \(TasP\) in HIV infected adults Clinical Commissioning Policy](#)
- [Bedaquiline and delamanid for defined patients with MDR-XDR- TB Clinical Commissioning Policy](#)

## Cancer

- [PET-CT guidelines \(all ages\) Clinical Commissioning Policy Statement](#)
- [Proton Beam Radiotherapy \(adults, teenage and young adult, paediatrics\) cancer treatment Clinical Commissioning Policy](#)
- [Proton Beam Radiotherapy - Adults cancer treatment Clinical Commissioning Policy](#)
- [Proton Beam Radiotherapy - Paediatrics cancer treatment Clinical Commissioning Policy](#)
- [Robotic-assisted surgical procedures for prostate cancer Clinical Commissioning Policy](#)

## Mental Health

- [Gender identity services Clinical Commissioning Policy](#)

## Trauma

- [Cervical disc replacement for cervical radiculomyelopathy Clinical Commissioning Policy](#)
- [Duopoda for parkinsons disease Clinical Commissioning Policy](#)
- [Microprocessor controlled prosthesis knees Clinical Commissioning Policy](#)
- [High definition silicone Clinical Commissioning Policy](#)
- [Provision of multi-grip upper limb prosthesis Clinical Commissioning Policy](#)
- [Hand transplantation Clinical Commissioning Policy](#)
- [Deep brain stimulation for refractory epilepsy Clinical Commissioning Policy](#)
- [Uveitis \(adults\) Clinical Commissioning Policy](#)
- [Uveitis \(paediatrics\) Clinical Commissioning Policy](#)
- [Intrathecal pumps for the treatment of cancer pain Clinical Commissioning Policy](#)
- [Intrathecal pumps for the treatment of non malignant pain Clinical Commissioning Policy](#)
- [Deep brain stimulation for chronic pain clinical commissioning policy](#)
- [Occipital nerve stimulator for cluster headaches and chronic migraine Clinical Commissioning Policy](#)

## Women and Children

- [Rituximab for the treatment of steroid resistant nephrotic syndrome \(SRNS\) in paediatrics Clinical Commissioning Policy](#)
- [Rituximab for treatment of relapsing steroid sensitive nephrotic \(SSNS\) in paediatrics Clinical Commissioning Policy](#)
- [Genetic testing for BRCA1 and BRCA2 mutations \(breast cancer\) Clinical Commissioning Policy](#)
- [Sapropterin for children Clinical Commissioning Policy](#)
- [Elosulfase - vimizin for mucopolysaccharidosis IVA Clinical Commissioning Policy](#)
- [Viz ataluren for duchenne muscular dystrophy Clinical Commissioning Policy](#)
- [Sacral nerve stimulation for urinary incontinence Clinical Commissioning Policy](#)

NHS England is also consulting on the following (2) other commissioning products

## Cancer

- [Chemotherapy Algorithms – multi myeloma](#)

## Women and Children

UK Genetic Testing Network (UKGTN) new test recommendations – *(please note: The attached report recommends a new set of genetic tests for rare inherited conditions and these are listed in attachment one. Attachment two provides information about the costs and savings that each of the tests would bring).*

- [UKGTN CPAG Cover Paper](#)
- [UKGTN CPAG Attachment 1 - Descriptions and Clinical Utility](#)
- [UKGTN CPAG Attachment 2 - Evaluations costs and savings by CRG](#)



## **Briefing Report - NHSE Consultations on Specialised Service Specifications and Commissioning Policies closing during April 2015**

### **Live Service Consultations:**

NHSE have 3 sets of consultations about acute hospital specialist service provision currently open:

1. 30th January 2015 consultation - covering 6 service specifications, together with commissioning policies for 4 services provided by LTHT. All but one of these consultations runs for 3 months, closing 29th April 2015.
2. 26th March 2015 consultation on paediatric epilepsy services, for 3 months closing 25th June 2015
3. 24th March 2015 consultation - covering 2 service specifications and 29 commissioning policies relevant to LTHT, closing 23rd April 2015.

### **Trust arrangements in respect of consultation:**

We are in the process of collating responses requested from our Clinical Service Units who have also been requested to encourage all clinicians to respond directly on the consultation hub, providing feedback as appropriate. They have also been asked to highlight any significant concerns about the appropriateness and reasonableness of requirements, or implications for service provision.

### **Current Assessment:**

#### **1. Feedback on the January consultations has been considered:**

- a. Critical Care - the draft service specification recommends medical staffing arrangements that are considered unlikely to be achievable across the country given the current workforce availability. We would wish to see recognition of the appropriateness of Advance Nurse Practitioners in delivering patient review in conjunction with surgical teams and other specialists, at least for Elective HDUs. We are considering the implications of recommendations in respect of other standalone HDUs. We are concerned about the onerous nature of ICNARC data collection and feel this should be addressed before this is accepted as a contract requirement for all HDUs.
- b. Hepatitis C service specification - there is clinical support for this specification - however this will have implications for the provision of

networked services across West Yorkshire and the Trust is considering what changes and investment is required to implement this.

- c. Fetal medicine - clinical teams support these recommendations.
- d. Complex gynaecology specifications - clinical teams support these recommendations. Further discussions are taking place to understand whether any further changes are required to become accredited.
- e. Commissioning policies - no concerns have been raised about the appropriateness of these.

**2. Paediatric Epilepsy - please see separate agenda item.**

**3. Further March consultations:**

These cover obesity services, hand transplantation, neuropathology, neurosurgery, pain management, cancer and specialised orthopaedics.

We are still completing our assessment of these specifications and policies, taking into account the specific service requirements, designation, audit and outcome requirements, as well as criteria for access to services.

A joint Weight Management commissioning group has been established and is developing recommendations for the provision of tier 2 and tier 3 services for the city, which are required by the obesity policies.

The hand surgery commissioning policy is welcomed, this recommends commissioning of up to 3 transplants per year from a single designated UK centre.



## Report of Head of Scrutiny and Member Development

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

**Date: 21 April 2015**

**Subject: Children's Epilepsy Surgery Services – Public Consultation (March 2015)**

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. At its meeting on 24 March 2015, the Scrutiny Board considered NHS England's consultation on a proposed set of principles to underpin the future decision making process for investment in specialised services. The Scrutiny Board's response to this consultation is currently being drafted.
2. Later that same day (i.e. 24 March 2015), NHS England launched a further 30-day public consultation on a number of clinical commissioning policies and service specifications for specialised services. This is detailed and considered elsewhere on the agenda.
3. On 26 March 2015, NHS England launched a public consultation on proposed changes to its service specification for children's epilepsy surgery services. This specification was first adopted in May 2013.
4. Consultation will last for three months, between March 26 and 18 June 2015. However, due to the nature and operation of the Council's health scrutiny function (which is not dissimilar to the majority of other local authorities with health scrutiny responsibilities), the current Scrutiny Board will cease to exist after 21 May 2015 (the Annual Council meeting), therefore in order to respond to the consultation, it is necessary to consider the proposals at this juncture.
5. NHS England has produced an accompanying consultation guide (Appendix 1), containing additional information about the rationale behind the proposed changes. The guide is intended to help those with an interest in these services to make an informed contribution to the consultation.

6. In addition, in March/ April 2014, the previous Scrutiny Board considered issues around the delivery of children's epilepsy surgery services following concerns raised by clinicians at Leeds Teaching Hospitals NHS Trust (LTHT). Relevant details from discussions at that time are currently being collated and will be presented to the Scrutiny Board prior to the meeting.
7. Appropriate representative from NHS England and LTHT has been invited to attend the meeting to assist the Scrutiny Board in its consideration of this area.

### **Recommendations**

8. The Scrutiny Board (Health and Wellbeing and Adult Social Care) is asked to:
  - a. Consider the information presented and identify how it may wish to respond to the consultation while formally constituted and ahead of the 18 June 2015 deadline.
  - b. Identify any specific matters that warrant further scrutiny activity and/or additional action.

### **Background papers<sup>1</sup>**

9. None used

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<sup>1</sup> 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.

# **Consultation Guide: Proposed Changes to the Service Specification for the Children's Epilepsy Surgery Service (CESS)**



## NHS England INFORMATION READER BOX

### Directorate

Medical	<b>Commissioning Operations</b>	Patients and Information
Nursing	Trans. & Corp. Ops.	Commissioning Strategy
Finance		

### Publications Gateway Reference:

03226

<b>Document Purpose</b>	Consultations
<b>Document Name</b>	Consultation Guide: Proposed Changes to the Service Specification for the Children's Epilepsy Surgery Service (CESS)
<b>Author</b>	Specialised Commissioning
<b>Publication Date</b>	26 March 2015
<b>Target Audience</b>	Patients; patient groups and associations; clinicians; NHS England Clinical Reference Groups; Foundation Trust CEOs and Medical Directors; NHS Trust CEOs and Medical Directors; Directors of Public Health; Directors of Nursing; NHS England Regional Directors of Specialised Commissioning; NHS England Assistant Heads of Specialised Commissioning; Royal Colleges; Health Overview and Scrutiny Committees; Health and Wellbeing Boards; Clinical Senates
<b>Additional Circulation List</b>	CCG Clinical Leaders, CCG Accountable Officers
<b>Description</b>	NHS England is consulting on proposed changes to the service specification for the children's epilepsy surgery service. This document provides additional information to enable people to make an informed contribution to that consultation.
<b>Cross Reference</b>	Children's Epilepsy Surgery Service Specification (E09/S/e)
<b>Superseded Docs</b> (if applicable)	
<b>Action Required</b>	
<b>Timing / Deadlines</b> (if applicable)	<b>Consultation runs from 26 March to 18 June 2015</b>
<b>Contact Details for further information</b>	Anthony Prudhoe Programme of Care Senior Manager (Women and Children)NHS England Mobile 07900715413 a.prudhoe@nhs.net

### Document Status

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet. **NB:** The NHS Commissioning Board (NHS CB) was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the NHS Commissioning Board has used the name NHS England for operational purposes.

# **Consultation Guide: Proposed Changes to the Service Specification for the Children's Epilepsy Surgery Service (CESS)**

First published: 26 March 2015

Classification: OFFICIAL

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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## 1. Introduction

- 1.1. More than 600,000 people in England have epilepsy and there are over 50,000 children and young people aged 18 or under with epilepsy. People with epilepsy are prone to seizures – sudden bursts of intense electrical activity in the brain which cause temporary disruption to the way the brain normally works.
- 1.2. Epilepsy can often develop without an obvious underlying cause, but it may be associated with abnormalities of brain development, and can be the result of damage to the brain by trauma, infection or stroke as well as sometimes being associated with brain tumours. The condition is usually treated with medicines, to try and reduce, or stop, the seizures from happening.
- 1.3. Surgery can also be used to try and stop seizures, to reduce the number of seizures, or to make them less severe. However it is essential that children are carefully selected so that the correct operation is performed and this assessment needs the combined expertise of a multidisciplinary team. Epilepsy surgery in infancy and early childhood is increasingly recommended because it may prevent many years of unnecessary seizures. Surgery can help prevent or reduce the impaired development and behaviour that is sometimes caused by early onset seizures. There is also evidence of better long-term outcomes and a possible reduction in early mortality, if surgery is carried out at an early stage.
- 1.4. The Children's Epilepsy Surgery Service (CESS) is commissioned by NHS England to provide specialist pre-surgical evaluation and surgery to children in specialised CESS centres across England.
- 1.5. A service specification for CESS sets out the standards those children's epilepsy surgery centres have to meet in order to provide this service for children and young people.
- 1.6. NHS England, supported by clinical advice from its Paediatric Neurosciences Clinical Reference Group (CRG) wishes to make a number of changes to the current published specification, in order to ensure that the CESS continues to provide a safe, effective and high quality service for all patients requiring this form of surgery.
- 1.7. NHS England's Clinical Priorities Advisory Group has recommended that the proposed changes should be the subject of a 12 week public consultation. This consultation guide is designed to provide those with an interest in this important service, and who have a view about the proposals, to contribute to the consultation in an informed manner.

## 2. Background

2.1. There is evidence that more children in England should be considered for epilepsy surgery than are currently being referred. This comes from a population-based study performed in Connecticut, USA, the results of which suggest that around 350 children a year in England would benefit from surgery.<sup>1</sup>

2.2. In fact, much smaller numbers were undergoing epilepsy surgery in England:

	0-5 years	6-18 years	Total
All trusts in England	38	99	137
Great Ormond Street Hospital for Children NHS Foundation Trust	22	35	57
Kings College Hospital NHS Foundation Trust	6	7	13
University Hospitals Bristol NHS Foundation Trust	1	11	12
Central Manchester University Hospitals NHS Foundation Trust	2	9	11
Birmingham Children's Hospital NHS Foundation Trust	1	9	10
Alder Hey Children's Hospital NHS Foundation Trust	2	3	5
All remaining trusts	4	25	29
<i>Table 1: Summary of procedures containing epilepsy diagnosis by age. 2010-2011 Hospital Episode Statistics activity. Excludes vagal nerve stimulation and invasive monitoring. (National Cancer Services Analysis Team)</i>			

2.3. For comparison, the numbers of children who have epilepsy surgery per year in other European centres are: Bielefeld 40, Utrecht 50, Rome 20-30, Prague 30, and Florence 15 (new centre). In a survey of paediatric epilepsy surgery centres around the world, 42 replied and the average number of children having operations was 49 per centre per year.<sup>2</sup>

2.4. The CESS was established in November 2012. Four centres in England were designated to provide surgical services for those children who might benefit from surgery, following a rigorous evaluation process involving independent, international experts.

2.5. Prior to this, Great Ormond Street Hospital for Children NHS Foundation Trust in London had been leading the way in the development of children's epilepsy surgery, having established a service in the 1990s, at a time when few centres were performing such complex operations. The development of the CESS, and the designation of the four centres, meant that there was the opportunity to

<sup>1</sup> Berg AT, Mathern GW, Bronen RA et al. Frequency, prognosis and surgical treatment of structural abnormalities seen with magnetic resonance imaging in childhood epilepsy. Brain 2009;132:2785-2797

<sup>2</sup> American Epilepsy Society, December 2013

provide a high quality service across a wider geographical area. The four CESS centres are:

- Birmingham Children's Hospital NHS Foundation Trust
- University Hospitals Bristol NHS Foundation Trust
- Great Ormond Street Hospital for Children NHS Foundation Trust designated with Kings College Hospital NHS Foundation Trust
- Alder Hey Children's Hospital NHS Foundation Trust and Central Manchester University Hospitals NHS Foundation Trust

2.6. The purpose of the designation process was to improve the quality of the services offered to patients by concentrating expertise in the four CESS centres, and to increase the number of children assessed and treated. It is anticipated that the four centres will eventually see around 1,050 referrals each year in total, with around 350 children going on to have surgery.

2.7. To enable the centres to meet this ambition, NHS England has developed plans, in conjunction with the centres, which will allow them to increase their capacity at the same time as meeting the rigorous standards expected for the delivery of a safe epilepsy surgery service for children.

2.8. A National Clinical Co-ordinating Group, which includes representatives from the CESS centres, as well as national clinical advisors, has been established. The Group ensures the centres operate in a consistent way across the country in relation to the collection of data and in jointly discussing cases as part of a national CESS multi-disciplinary team, sharing experiences and improving standards nationally.

2.9. In 2010-2011 (prior to the CESS being established) 137 epilepsy surgery operations were carried out in England across all centres, on children and young people aged 18 and under. 38 of the 137 operations were carried out on children aged under six. Fifty seven of the 137 operations were carried out at Great Ormond Street Children's Hospital NHS Foundation Trust, of which 22 were on children aged under six.

2.10. Because so few children aged under six have operations in CESS centres outside of Great Ormond Street Children's Hospital NHS Foundation Trust, it is a requirement that all of these children's cases are discussed with the multi-disciplinary team at Great Ormond Street Hospital. It also a requirement that the CESS national clinical advisors Professor Helen Cross and Mr William Harkness are involved in the planning and execution of these operations whilst local expertise and experience is built up.

2.11. In addition to this, the CESS centre multi-disciplinary teams are responsible for discussing the management of all children being considered for epilepsy surgery with other paediatric neuroscience centres in their network, as set out in the service specification.

2.12. The four CESS centres are making good progress. Activity has increased - in January - June 2013 there were 202 referrals to CESS centres, increasing to

271 referrals in the same period in 2014. Similarly the number of operations for epilepsy (excluding vagal nerve stimulation) performed in the CESS centres increased by 50% from 62 to 93 in those periods.

### 3. The proposals

3.1. The current service specification, which was adopted in May 2013, sets out a list of operations which should be performed in the four CESS centres.

3.2. The specification states that: *specialist epilepsy surgery should be provided in a CESS centre for children needing the following:*

- *Hemispheric procedures*
- *Invasive EEG monitoring*
- *Surgery for Rasmussen's*
- *Tuberous Sclerosis*
- *Hypothalamic Hamartoma*
- *Sturge Weber Syndrome*
- *Peri-central lesions*
- *Complex temporal lobe surgery*<sup>3</sup>

3.3. The current service specification also states that:

- *Specialist epilepsy surgery for children who are five years and under will only be provided at a designated centre.*
- *Invasive monitoring and above surgical procedures can be undertaken in a network children's neurosurgical centre if the centre meets the agreed service specifications and standards.*

3.4. Because the list of operations that should be performed in a CESS centre is so important in terms of the management of these complex cases for reasons outlined below, NHS England sought independent expert advice about which operations should be included on it. The list was prepared by the two national clinical advisors to the CESS – Professor Helen Cross and Mr William Harkness, acknowledged experts in the field.

3.5. The list was considered and commented on by two independent international experts, who were part of the evaluation panel that visited and selected the four CESS centres.

3.6. They agreed with the prepared list, which expands the types of operations which should be carried out in a CESS centre. The revised list is:

- Hemispheric procedures
- Invasive EEG monitoring

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<sup>3</sup> Complex temporal lobe surgery especially of dominant hemisphere which will require language mapping, depending on complexity and the expertise developed within the area served by the CESS

- Surgery for Rasmussen's
- Tuberous Sclerosis
- Hypothalamic hamartoma
- Sturge Weber Syndrome
- Peri-central lesions
- Peri-insular lesions
- All temporal lobe resections
- Multilobar resections or disconnections
- Lobar resections
- Cortical resections for malformations of cortical development (e.g. focal cortical dysplasia, polymicrogyria)
- Callosotomy

3.7. The independent experts agreed that children of *any* age having epilepsy surgery procedures shown on the list should have their operations done in one of the four CESS centres.

3.8. They also recommended that a small number of cases may be considered for surgery outside a CESS centre – lesionectomies for glioneuronal tumours, and cavernomas or AVMs where the lesion is in non-eloquent cortex.

3.9. The proposal, therefore, is:

**to change the current service specification so that all patients requiring operations as set out in the list shown in para 3.6 above, undergo their operations in one of the four CESS centres, and not in a non-CESS centre.**

3.10. This would mean:

- Expanding the list of cases in the service specification as shown in para 3.6 above and
- Removing the statements that children on that list aged six years and older can have their operations in non-CESS centres if those centres meet the agreed service specifications and standards.

## 4. The case for change

4.1. There is a significant difference between the number of children's epilepsy surgery operations performed at Great Ormond Street Children's Hospital NHS Foundation Trust and those performed in all of the other neurosurgery centres. In order to create a truly world-class children's epilepsy surgery service, providing high quality, safe and effective services it is imperative that the three remaining CESS centres, outside Great Ormond Street Hospital, receive a sufficient number of cases to enable them to increase their experience and expertise. These goals cannot be achieved if expertise and experience are diluted.

4.2. Children aged under six are already required to be referred to a CESS centre. However, most children having surgery in non-CESS centres are older than this.

If there is no change in the service specification there is a danger that the CESS centres will not be referred sufficient numbers to build up their expertise to international standards. .

- 4.3. The current service specification states that all children, of any age, being considered for epilepsy surgery, should be discussed in the multi-disciplinary team of the relevant CESS centre. It would greatly help the work of these teams if there was national agreement about the list of cases that should be operated on in CESS centres whatever the age of the child. Without an agreed list, there is the potential for disagreement between CESS centres and networks about the management of patients.
- 4.4. If non-CESS centres continue to operate on children aged six and over, who require epilepsy surgery, then an assessment process will be required to ensure that they meet the stringent criteria for providing such a service to children and young people.
- 4.5. A key aim of the proposed changes is to ensure that an increasing number of children aged under six undergo epilepsy surgery as there are good reasons to believe that this would lead to an improvement in their long-term health. Epilepsy surgery in infancy and early childhood is increasingly advocated for several reasons: early surgery may prevent many years of unnecessary seizures, early onset seizures are frequently associated with impairments in development and behaviour and these may be reduced by early surgery and there may be a reduction in early mortality. Although the plan is to increase the total number of children having epilepsy surgery, the largest increase should be in young children, leaving a decreasing number of children aged six and over to be referred for surgery. This means that non-CESS centres would, progressively, have less to do, and would have difficulty maintaining their expertise and experience. It is not in the best interests of patients, or their families and carers, to support non-CESS epilepsy surgery centres when their case numbers are already low and are likely to fall.
- 4.6. When the CESS centres were evaluated, their ability to increase capacity was assessed and the expectation is that they will increase their capacity to eventually accommodate more than 350 cases a year between them.
- 4.7. NHS England acknowledges that there may be concerns about the need for patients to travel and about the potential loss of skills in local centres from the concentration of surgery in CESS centres. However the aim is for non-CESS centres to be actively involved in the assessment and follow-up of children undergoing epilepsy surgery, so that the number of visits to CESS centres is limited and non-CESS centres will not lose touch with their patients. The aim is that children are seen in CESS centres for a limited number of assessment visits (the number depending on the complexity of the problem), then have their operations at the CESS centre with subsequent follow up being in their local centre. The CESS centres all have dedicated facilities designed around the needs of the children and they have accommodation for family members at the hospital 24 hours per day.

4.8. There is good evidence that concentration of expertise in specialist surgery improves outcome.<sup>4 5</sup>

4.9. The four CESS centres have agreed a rigorous process to collect standardised data about clinical interventions and outcomes. The collection of such data nationally will provide a unique opportunity to record the activity of the CESS centres and compare the outcome of their work with that of centres in other countries. Another important development has been the establishment of a national CESS multi-disciplinary meeting which discusses complex cases, particularly those under 6 years old. The national advisors, and the team at Great Ormond Street Children's Hospital NHS Foundation Trust, are involved in the management of all children aged under six that are being considered for epilepsy surgery in the CESS centres outside Great Ormond Street Hospital. These developments have greatly strengthened the work of the CESS centres and will continue to do so.

## 5. Why are we consulting?

5.1. NHS England is committed to developing its service specifications in an open and transparent way and that specifications developed by NHS England are informed by as wide a range of views as possible.

5.2. We would like to hear from anybody with an interest in children's epilepsy surgery.

5.3. NHS England seeks to comply with the best practice consultation principles issued by the Cabinet Office in 2012<sup>6</sup>.

5.4. NHS England seeks to remain open, engaged and transparent throughout the process for discharging its responsibilities for the direct commissioning of specific health services.

5.5. NHS England is committed to promoting equality and reducing health inequalities throughout the health service. Consultation provides the opportunity to gain information about any potential impact on health inequalities which might arise as a result of new or changed processes for making decisions about health services that are directly commissioned by NHS England. This information will feed into an Equality and Health Inequalities Analysis on this programme of work.

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<sup>4</sup> Englot et al J Neurosurg. 2013 Jan;118(1):169-74. doi: 10.3171/2012.9.JNS12776. Epub 2012 Oct 26

<sup>5</sup> Chowdhury MW, Dagash and Pierro A. A systematic review of the impact of volume of surgery and specialisation on patient outcome. British Journal of Surgery 2007;94:145-161

<sup>6</sup> They are available in full here:

[www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/60937/Consultation-Principles.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/60937/Consultation-Principles.pdf)

## 6. Consultation questions

- 6.1. Do you agree with the principle that concentrating epilepsy surgery in the four CESS centres is in the best interests of children who have epilepsy severe enough for surgery to be considered?
- 6.2. Do you agree that it is the right thing for children of all ages to have their operations in CESS centres, not just children aged under six?
- 6.3. Do you think that it is appropriate that children and their families may have to travel further in order to have the operation they need in a centre that is particularly skilled in epilepsy surgery?
- 6.4. Please provide any comments that you may have about the potential impact on equality and health inequalities which might arise as a result of the proposed changes that we have described?
- 6.5. Please provide any further comments you may have on the proposed changes.

## 7. Feedback and next steps

- 7.1. The consultation on proposed changes to the children's epilepsy surgery service specification will be open for 90 days from the date consultation starts.
- 7.2. All feedback received during consultation will be considered by Paediatric Neurosciences Clinical Reference Group and by the Women and Children's Programme of Care Board. A short report, setting out the consultation feedback, will be published on the CRG's web page.
- 7.3. A final decision about the development of the service specification will be made by the Specialised Commissioning Oversight Group.





Report author: Steven Courtney  
Tel: 247 4707

## Report of Head of Scrutiny and Member Development

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

Date: 21 April 2015

Subject: Work Schedule – April 2015

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 those areas of work identified throughout the current municipal year where future, more detailed consideration may be required.

## 2 Main issues

- 2.1 Further to the discussions held at the beginning of the current municipal year, work has progressed to include some of the areas identified by the Scrutiny Board into a structured work schedule throughout the municipal year.
- 2.2 Some areas of work identified during the year have been delayed – the reporting of Care Quality Commission (CQC) inspection reports and action plans, for example. Other areas of work have remained unscheduled due to competing priorities and the capacity of the Scrutiny Board.
- 2.3 As this meeting is likely to be the Scrutiny Board's last meeting of the current municipal year, it is perhaps useful to remind the Board of the work areas/ topics identified during the year that remain unscheduled:
- Better Care Fund – respective roles of the Health and Wellbeing Board and the Scrutiny Board (identified in September 2014)
  - The Director of Public Health's Annual Report (identified in October 2014)
  - Outcome of the Health and Wellbeing Board's consideration of the 'Due North' report (identified in October 2014)
  - The Regional Oral Health Needs Assessment (identified in November 2014)
  - Leeds' Oral Health Strategy (identified in November 2014)

- Review of the work of Leeds' Health Protection Board (identified in December 2014)
- Leeds' Better Lives Strategy (identified in December 2014)
- Leeds Draft Maternity Strategy (delayed from February 2015)
- LYPFT – a further report from the Trust in relation to its approach to broader engagement (agreed in January 2015).
- Leeds Community Healthcare NHS Trust (LCH) – CQC inspection report outcomes/ recommendations and formal action plans (delayed from February 2015)

2.4 Furthermore, the Board's report on Home Care identifies the operation of the City's joint health and social care teams as a potential area for review in 2015/16.

2.5 Elsewhere on the agenda, the Scrutiny Board will also consider the Local Account for Adult Social Care 2014/15, where the identified improvement areas have been referred to the Scrutiny Board for the purposes of overseeing performance. The outcome from that discussion may also usefully inform the development of any potential work areas for the new municipal year (2015/16).

#### Working Groups

2.6 The Scrutiny Board established two working groups during the year, one focusing on Adult Social Care matters, while the other has focused on proposed changes and development of local health services.

2.7 The outcome from the Adult Social Care Working Group in relation to the future provision of home care services is presented elsewhere on the agenda.

2.8 The health service developments working group is scheduled to meet on 23 April 2015.

#### Minutes from Leeds City Council's Executive Board

2.9 At its last meeting the Scrutiny Board considered the draft minutes from the Executive Board meeting held on 18 March 2015. The next meeting of the Council's Executive Board is scheduled for 22 April 2015 (i.e. after the Scrutiny Board's meeting). As such, there are no further minutes to consider at this time.

#### Minutes from Leeds' Health and Wellbeing Board

2.10 The draft minutes from Leeds' Health and Wellbeing Board meeting held on 25 March 2015 are appended to this report for consideration.

### **3. Recommendations**

3.1 Members are asked to:

- a) Note the content of this report and its attachments.
- b) Identify any specific matters to be considered as part of the Board's planning for the new municipal year, 2015/16.
- c) Consider prioritising any specific matters identified for consideration in the new municipal year (2015/16).

### **4. Background papers<sup>1</sup>**

#### 4.1 None used

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<sup>1</sup> 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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## **HEALTH AND WELLBEING BOARD**

**WEDNESDAY, 25TH MARCH, 2015**

**PRESENT:** Councillor A Ogilvie in the Chair

Councillors J Blake, N Buckley and  
S Golton

### **Representatives of the Clinical Commissioning Groups**

Dr Andrew Harris – Leeds South and East CCG

Dr Gordon Sinclair – Leeds West CCG

Phil Corrigan – Leeds West CCG

### **Directors of Leeds City Council**

Dr Ian Cameron – Director of Public Health

Nigel Richardson – Director of Children's Services

### **Representative of NHS (England)**

Moirá Dúmma – NHS England

### **Third Sector Representative**

Susie Brown – Zest – Health for Life

### **Representative of Local Health Watch Organisation**

Linn Phipps – Healthwatch Leeds

Tanya Matilainen – Healthwatch Leeds

### **Representatives of NHS Providers**

Chris Butler – Leeds and York Partnership NHS Foundation Trust

Bryan Machin – Leeds Community Healthcare NHS Trust

#### **59 Election of the Chair**

The Chief Officer, Health Partnerships, advised the Board of the Chairs apologies.

In the absence of Councillor Mulherin, the Clerk reported that Councillor Ogilvie had offered to Chair the meeting and sought the Boards' approval.

**RESOLVED** – That Councillor Ogilvie be appointed Chair of the meeting

#### **60 Appeals against refusal of inspection of documents**

There were no appeals against the refusal of inspection of documents

#### **61 Exempt Information - Possible Exclusion of the Press and Public**

The agenda contained no exempt information

#### **62 Late Items**

No formal late items of business were added to the agenda, however Board Members were in receipt of a supplementary pack containing a revised version of the March 2015 "Delivering the Strategy" document (minute 75 refers)

Draft minutes to be approved at the meeting  
to be held on 10<sup>th</sup> June 2015

**63 Declarations of Disclosable Pecuniary Interests**

No declarations of disclosable pecuniary interest were made

**64 Apologies for Absence**

Apologies for absence were received from Councillor Mulherin, Jason Broch (Leeds North CCG), Nigel Gray (Leeds North CCG), Matt Ward (Leeds Couth & East CCG), Dennis Holmes (LCC Adult Social Care), Julian Hartley (Leeds Teaching Hospitals NHS Trust) and Thea Stein (Leeds Community Healthcare NHS Trust)

**65 Open Forum**

No matters were raised by the public on this occasion

**66 Minutes**

**RESOLVED** – That the minutes of the previous meeting held on 4<sup>th</sup> February 2015 be agreed as a correct record

**67 The 3 Leeds CCGs' 2-year operational plans - refresh**

The Clinical Commissioning Planning Leads submitted a report providing an overview of clinical commissioning in Leeds, highlighting where the CCGs had already worked with many stakeholders, including the Health and Wellbeing Board, to agree existing CCG plans and providing assurance that this engagement process would be maintained as broader plans are refreshed and updated in the light of progress to date.

Liane Langdon (Leeds North CCG) and Sarah Lovell (Leeds South & East CCG) attended the meeting to present the report and provided assurance that CCG plans remained consistent with the overarching Joint Health & Wellbeing Strategy for the area.

During discussions, the following issues were highlighted:

- The findings in respect of “life lost” due to ill health and that the incidents of accident had begun to appear as an emerging factor
- Local confidence and resilience, the ability to provide the skills in Leeds to support Leeds residents and economy
- Role of Transformation Board in skills development/mapping/ retention
- Mental health as a priority, the choices available for the patient and appropriate implementation of the choice system
- The possibility that the work should involve other organisations not within the health and wellbeing field (i.e. highways services during discussions on accident prevention). It was agreed that this could be reviewed when the overarching JHWS was refreshed

In considering the role of the HWB the following matters were noted for consideration:

- To review changing patient health trends
- To review the underlying causes of potential “life lost” years

**RESOLVED –**

- a) That the comments made during discussions on the implications of new and amended aspects of the planning guidance and the proposed responses be noted
- b) Having considered the planned responses, agree that the responses do give due regard to the Joint Health and Wellbeing Strategy
- c) Having considered how the Health and Wellbeing Board may be involved in the further development of New Models of Care, the following be noted:
  - To review changing patient health trends
  - To review the underlying causes of potential “life lost” years

**68 Update on the position of the primary care co-commissioning in Leeds**

Further to minute 56 of the meeting held 4<sup>th</sup> February 2015, the Board received an update report from the Chief Officer, Leeds North Clinical Commissioning Group.

A combined, non-binding expression of interest had been submitted to the NHS England Yorkshire and Humber Area Team (NHSE) for the co-commissioning of primary care from April 2015 by the 3 Leeds CCGs with NHS England.

Gordon Sinclair (Leeds West CCG) presented the report which set out the consideration given to the proposed approaches to co-commissioning in relation to General Practice in the first instance. Following release of a further NHS England Policy document, the CCGs had determined that a Level 1 submission would be most appropriate for Leeds. The presentation highlighted key areas for consideration in terms of governance; design and implementation; performance management; and recognised possible conflicts of interest as CCGs would be tasked with commissioning General Practice services. The HWB noted that the new way of working would present a shift of budgets from hospital care to General Practice and the need to support General Practice to ensure service delivery.

In discussions, the Board welcomed the work undertaken and commented as follows:

- The need to better understand the implications of Level 3 full delegation for the future
- Whether existing CCG structure/models remained appropriate for the proposed new way of working
- The need to ensure that services developed having regard to council service models

In conclusion the Board received assurance that public involvement in the Level 1 model would be retained through the existing public engagement structures operated by the Leeds CCGs.

**RESOLVED -**



- a) To note the comments made during discussions on the work done to develop primary care co-commissioning in Leeds, and the opportunities and risks outlined in this paper
- b) That the issues discussed be identified as fulfilling the HWBB objective to help the development of primary care in Leeds, and how members of the HWBB can positively influence this agenda.
- c) To note the continued consultation and the desire for greater public involvement in this development, and on local opportunities to engage (e.g. Member Health Champions)

## **69 Personalisation and Personal Budgeting across Health and Social Care in Leeds**

The Board received a joint report of the Director of Adult Social Care, Leeds City Council, and the Chief Operating Officer, Leeds South and East NHS Clinical Commissioning Group. The report provided the background to the introduction of the national policy and strategy around personalisation and personal health budgets; and the current position and activity across health and social care in Leeds.

Sue Kendall (Leeds South East CCG), Paul Bollom and Peter Roderick (Leeds City Council) presented the report highlighting the request for the Board to consider what steps could be taken to initiate transformative change in the way that personalised care and personal budgets are delivered and coordinated in the city and how the voice of the service user is involved at all levels in the strategy and delivery of personalised care.

In discussions, the Board considered the following:

- The current take up of the personalisation budgets by existing service users
- Resource implications
- How to evaluate the success of the scheme and the need to recognise individual needs, creative schemes and outcomes in any future monitoring
- The co-ordination of the scheme across the city's service providers
- Modelling of future service provision and how that is supported by the CCGs
- The need to develop the local market place and conditions to encourage take-up; the necessary skilled workforce and to develop brokerage to support individuals seeking to utilise personalisation for their needs
- The need to evaluate the likely step change consequences for partner organisations, staff and service users and supported the suggestion to undertake a pilot project to facilitate a modelling exercise to enable partners to better understand and support service users seeking to utilise the scheme to meet their needs.

## **RESOLVED**

- a) To note the outputs of the Health and Wellbeing Board workshop on personalisation, and the ongoing work in the city to improve care by giving people more choice and control
- b) That having noted the recommendations set out in the report at b) seeking Identification of specific areas of this work the Board has a high level of ambition to progress as part of delivering the Joint Health and Wellbeing Strategy, including giving an opinion on numbers or proportions of people the Board wishes to be in receipt of truly personalised care and over what timescale would they care to seek to achieve it and c) make recommendations on how this work can be coordinated across the city and consider how this coordination could be organised and resourced, the Board agreed to request the development of a strategic group to determine:
  - i. the impact of increased personalisation on future service provision (activity /financial)
  - ii. A review of the "step change" required within care provider organisations to support the personalisation of care packages

## **70 Joined Up Leeds**

The Board considered the joint report of the Chief Officer Health Partnerships and Chair Leeds Informatics Board providing an update of the outcome of the city wide discussions held between the public sector and Leeds citizens on the issue of health and social care data sharing.

Fiona Fylan (Brainbox Research) and Rebecca Nichells (Leeds Care Record) attended the meeting highlighting the need to understand the publics' views about the concept, benefits and perceived risks of sharing information in order to create an information sharing network.

During the presentation which highlighted the overwhelming support of the consultees for information sharing for the use of the public good, the following matters were discussed:

- the rise of social network use, and subsequent change in public perception of information sharing, security and storage
- The consultees' acknowledgement of the impact of not sharing information between service providers
- Analysis of the views by age range and experience

### **RESOLVED**

- a) To note the full set of results from the Joined Up Leeds research on citizens' views on information sharing, and in particular, the section on what would reassure citizens about how their information is used
- b) To continue to promote the individual data-sharing initiatives in the city, as there is clear support from citizens for using information to better plan services and deliver more seamless health and social care.
- c) To support any future initiatives to enable citizens to take a greater role in owning their health and social records.
- d) To encourage further conversations and engagement in the city about the concept of information sharing. Joined Up Leeds should be seen as

the start of exploring how sharing information could help to improve health and wellbeing for citizens within Leeds.

- e) To request that the findings of the report and any further engagement initiatives are used to create and deliver a data sharing framework for the city

## **71 Communicating and Engaging on Health and Wellbeing in Leeds**

The Board received the report of the city wide communications and engagement group which provided an update on progress made against the existing HWB Communications and Engagement Framework.

Phil Jewitt, LCC Communications Manager presented the report which outlined the intention to review and revise the framework and better coordinate the wider health and wellbeing communications network and activity and form closer working with other boards, in particular the Transformation Board.

The report also included an overview of examples of recent work and a response to the Full Council resolution of 12th November 2014.

Discussions outlined the Boards objective for raising awareness of the role of the HWB and how key messages could be released through social media to promote wider public engagement with health and social care issues

### **RESOLVED -**

- a) That the progress made in implementing the existing communications and engagement framework, in light of the examples provided in Appendix 1 of the report, be noted
- b) That approval be given to the revision of the framework to reflect upcoming changes in the JHWS and Joint Strategic Needs Assessment (JSNA) and the Transformation Board programme of work. Additionally, the comments made in respect of how information is shared about the work of the HWB and how Leeds residents access information through social media were noted for consideration during the framework review
- c) To note the opportunity for more regular updates to assure progress and provide early awareness of upcoming engagement opportunities to ensure the Boards' full involvement.
- d) That support be given to the use of 'Inspiring change' communications material where people can expect to be invited to have their say on transformational service changes.
- e) That the above proposals be agreed as an appropriate response to the Full Council resolution of 12th November 2014

## **72 Understanding the Financial Position and Challenge across Health and Social Care in Leeds**

The Board discussed the joint report of the Interim Director of Adult Social Care, Leeds City Council and Chief Operating Officer, Leeds South & East Clinical Commissioning Group. The report provided an overview of the financial context and challenges facing the Leeds health and social care economy; and the financially sustainable measures being put in place to transform the system for the benefit of citizens.

Ann Hill, (LCC Financial Management Adult Social Care), and Mark Bradley (Leeds South & East CCG) presented the report. Discussions highlighted the following issues:

- Recognition that the financial challenges presented an opportunity to review the pace of transformation but also placed pressure on the partnerships now established between service providers. Additionally, the Board noted a comment in respect of seeking to ensure that resources were spent on services provided by local firms, thus securing local skills, knowledge and employment
- The role of the Transformation Board in assessing Leeds progress against the level of ambition expressed in the 5 Year Forward Plan and the New Models of Care; and in respect of considering how General Practice will work with the Integrated Health and Social care Teams
- Acknowledgement that initiatives such as the preventative agenda; patients' self-management; and co-production could offer solutions to the financial challenges ahead
- The role of the HWB in reviewing the services delivered by partner organisations
- Recognition that, at some point, frank discussions would be required with the public over future health care priorities and expectations. The Board noted the balance between the Best Start Plan on a Page 0-2 years priority against provision of care for the increasing aged population
- Projected benefits of the Best Start Plan to be mapped out at 5, 10 and 15 year intervals to evidence the benefits and inform future care funding. Noted intention to prepare a cost benefit analysis of the Best Start Plan
- "targeted prevention" also regarded as key with a focus on those groups that services could have an early impact on.

**RESOLVED –**

- a) That the contents of the report be noted and in particular:
  - i. The scale of the financial challenge facing the Leeds' health and social care economy
  - ii. The approach being taken by partners individually and collectively across the health and social care system to address this financial challenge
- b) To agree to receive a further paper in the autumn when many issues will be clearer

**73 Approval of the Leeds Pharmaceutical Needs Assessment 2015**

Further to minute 54 of the meeting held 4<sup>th</sup> February 2015, when the Board received a draft of the Leeds Pharmaceutical Needs Assessment 2015-2018

(PNA) for discussion, the Director of Public Health submitted the final Leeds PNA for the Board's approval for publication by 1<sup>st</sup> April 2015.

The report provided assurance that the regulatory requirements had been followed in producing the Leeds PNA, including stakeholder engagement, identification of health need, mapping provision of services, identification of potential service gaps and a 60 day formal consultation period

**RESOLVED** - That the Leeds Pharmaceutical Needs Assessment 2015 - 2018 be approved, in line with regulatory timescales.

**74 2014/15 Section 256 in respect of Health Funding for Leeds City Council to invest in services to benefit health and overall health gain**

The Acting Director of Adult Social Care, Leeds City Council submitted a report seeking approval of the Section 256 Grant agreement 2014/15 - for Funding for Leeds City Council to invest in services to benefit health and overall health gain. A copy of the proposed agreement was appended to the report as appendix A.

**RESOLVED** - That approval be given to the Section 256 Grant agreement for funding for Leeds City Council to invest in services to benefit health and overall health gain: 2014/15, as attached as Appendix A of the submitted report

**75 For Information - Delivering the Joint Health and Wellbeing Strategy - Update Report**

The Board received a copy of the March 2015 "Delivering the Strategy" document; a bi-monthly report which gives the Board the opportunity to monitor the progress of the Joint Health and Wellbeing Strategy 2013-15

**RESOLVED** – To note receipt of the March 2015 "Delivering the Strategy" Joint Health and Wellbeing Strategy monitoring report

**76 For Information - Leeds Autism Self-Assessment Framework**

The Board received a copy of the Leeds submission for the 2014 autism self-assessment for information

**RESOLVED** –

- a) To note the ongoing partnership work aiming to bring about the goals of the Leeds autism strategy.
- b) That having read the 2014 autism self-assessment form submission, the contents be approved
- c) To note how better meeting the needs of people on the autistic spectrum (and other vulnerable groups) can contribute to achieving the outcomes of the Health and Wellbeing Strategy.

**77 Any Other Business**

Safeguarding Children – Nigel Richardson, Director LCC Childrens Services, reported receipt of a joint letter from Department of Health; Ministry of Justice and Department for Communities & Local Government emphasising their joint commitment to information sharing in respect of the protection of children and encouraging relevant service providers to do the same. The Board received assurance that the practice of information sharing was well established in Leeds and that the Leeds Safeguarding Children Board would retain oversight

of the progress of the letter through the various statutory bodies, agencies and service providers. The intention to present a report back in due course was noted

**78 Date and time of Next Meeting**

**RESOLVED** – To note the date and time of the next meeting as Wednesday 10<sup>th</sup> June 2015 at 10.00 am

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