Public Document Pack

Leeds CITY COUNCIL

# SCRUTINY BOARD (ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)

**Meeting to be held in Civic Hall, Leeds, LS1 1UR on**
**Tuesday, 28th July, 2015 at 2.00 pm**

***(A pre-meeting will take place for ALL Members of the Board at 1.30 p.m.)***

**MEMBERSHIP**

**Councillors**

C Anderson - Adel and Wharfedale;
B Flynn - Adel and Wharfedale;
P Gruen (Chair) - Cross Gates and Whinmoor;
A Hussain - Gipton and Harehills;
G Hussain - Roundhay;
S Lay - Otley and Yeadon;
C Macniven - Roundhay;
B Selby - Killingbeck and Seacroft;
A Smart - Armley;
E Taylor - Chapel Allerton;
S Varley - Morley South;

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

**Agenda compiled by:**
**Kirsty Ware**
**Scrutiny Support Unit**
**Tel: 22 43094**

**Principal Scrutiny Adviser:**
**Steven Courtney**
**Tel: 24 74707**

Produced on Recycled Paper

# A G E N D A

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

| Item No | Ward/Equal Opportunities | Item Not Open | | Page No |
|---|---|---|---|---|
| 3 | | | **LATE ITEMS**<br><br>To identify items which have been admitted to the agenda by the Chair for consideration.<br><br>(The special circumstances shall be specified in the minutes.) | |
| 4 | | | **DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS**<br><br>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. | |
| 5 | | | **APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES**<br><br>To receive any apologies for absence and notification of substitutes. | |
| 6 | | | **MINUTES - 23 JUNE 2015**<br><br>To confirm as a correct record, the minutes of the Scrutiny Board (Adult Social Services, Public Health, NHS) meeting held on 23 June 2015. | 1 - 6 |
| 7 | | | **MINUTES OF HEALTH AND WELLBEING BOARD - 10 JUNE 2015**<br><br>To receive for information purposes the minutes of the Health and Wellbeing Board meeting held on 10 June 2015. | 7 - 18 |
| 8 | | | **MINUTES OF EXECUTIVE BOARD - 24 JUNE AND 15 JULY 2015**<br><br>To receive for information purposes the minutes of the Executive Board meetings held on 24 June and 15 July 2015. | 19 - 38 |

| Item No | Ward/Equal Opportunities | Item Not Open | | Page No |
|---|---|---|---|---|
| 9 | | | **CHAIR'S UPDATE REPORT - JULY 2015**<br><br>To receive an update from the Chair on scrutiny activity, not specifically included on the agenda, since the previous Board meeting. | 39 - 40 |
| 10 | | | **INQUIRY INTO THE PROVISION OF EMOTIONAL WELLBEING AND MENTAL HEALTH SUPPORT SERVICES FOR CHILDREN AND YOUNG PEOPLE IN LEEDS (JUNE 2015) - RESPONSE TO REPORT AND RECOMMENDATIONS**<br><br>To consider the formal response to the previous Board's inquiry report and recommendations into the provision of emotional wellbeing and mental health support services for children and young people in Leeds. | 41 - 62 |
| 11 | | | **MATERNITY STRATEGY FOR LEEDS (2015-2020)**<br><br>To consider a report from the Head of Scrutiny and Member Development introducing the Maternity Strategy for Leeds (2015-2020). | 63 - 102 |
| 12 | | | **CHILDREN AND YOUNG PEOPLE'S ORAL HEALTH PLAN**<br><br>To receive a report from the Director of Public Health introducing the Leeds Children and Young People Oral Health Promotion Draft Plan 2015-2019. | 103 - 116 |
| 13 | | | **LEEDS INTEGRATED HEALTH AND SOCIAL CARE TEAMS**<br><br>To receive a joint report from the Director of Adult Social Services and the Executive Director of Operations at Leeds Community Healthcare NHS Trust regarding the establishment and operation of the integrated health and social care teams across the City. | 117 - 126 |

| Item No | Ward/Equal Opportunities | Item Not Open | | Page No |
|---|---|---|---|---|
| 14 | | | **PUBLIC HEALTH BUDGET UPDATE**<br><br>To receive an update from the Director of Public Health on the Council's 2015/16 Public Health budget, following the recent Treasury announcement about a proposed £200M in-year reduction across England. | 127 - 132 |
| 15 | | | **WORK SCHEDULE**<br><br>To consider a report from the Head of Scrutiny and Member Development introducing the Scrutiny Board's outline work schedule for 2015/16. | 133 - 142 |
| 16 | | | **DATE AND TIME OF NEXT MEETING**<br><br>Tuesday, 8 September 2015 at 12.30pm (pre-meeting for all Board Members at 12 noon)<br><br>**THIRD PARTY RECORDING**<br><br>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 on the front of this agenda.<br><br>Use of Recordings by Third Parties – code of practice<br><br>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.<br>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. | |

| Item No | Ward/Equal Opportunities | Item Not Open | | Page No |
|---|---|---|---|---|
| | | | | |

# SCRUTINY BOARD (ADULT SOCIAL SERVICES, PUBLIC HEALTH AND NHS)

## TUESDAY, 23RD JUNE, 2015

**PRESENT:** Councillor P Gruen in the Chair

Councillors C Anderson, B Flynn,
A Hussain, G Hussain, S Lay, C Macniven,
B Selby, A Smart, E Taylor and S Varley

### 1 Chair's Opening Remarks

The Chair opened the meeting and welcomed all those present to the Scrutiny Board's first meeting of the 2015/16 Municipal Year.

### 2 Late Items

There were no late items.

### 3 Declaration of Disclosable Pecuniary Interests

There were no disclosable pecuniary interests declared to the meeting, however the following matters were brought to the attention of the Scrutiny Board for information:

- Councillor B Selby highlighted he was Chair of Leeds' Community Equipment Partnership.
- Councillor G Hussain outlined that a close family member was an employee within the local NHS.

Both members remained present for the duration of the meeting.

### 4 Apologies for Absence and Notification of Substitutes

There were no apologies for absence.

### 5 Minutes - 14 May 2015

The Principal Scrutiny Adviser gave a brief introduction and outlined the current position on some of the previous Board's priority areas from the previous year.

In relation to Minute 111 – Scrutiny Inquiry: Leeds' Child and Adolescent Mental Health Services and Targeted Mental Health in School – draft final report – Councillor S Lay queried the status on the final report and any future follow-up by the Scrutiny Board.

The Principal Scrutiny Adviser confirmed the final report had now been published and shared with commissioners for a formal response (expected at the July meeting of the Scrutiny Board).

The Executive Member for Health, Wellbeing and Adults also confirmed that the report had been submitted and presented as a late item to the Health and Wellbeing Board meeting on 10 June 2015.

**RESOLVED –**

(a) That the update provided at the meeting be noted.
(b) That the minutes of the Scrutiny Board (Health and Wellbeing and Adult Social Care) meeting held on 14 May 2015, be approved as an accurate and correct record.

## 6 Terms of Reference

The Head of Scrutiny and Member Development submitted a report which presented the Board's Terms of Reference.

The Principal Scrutiny Adviser gave a brief summary of the current Terms of Reference, agreed by Full Council on 21 May 2015, and highlighted the key changes from the previous municipal year (i.e. 2014/15).

**RESOLVED –** That the Board's Terms of Reference be noted.

## 7 Co-opted Members

The Head of Scrutiny and Member Development submitted a report that sought the Board's formal consideration for the appointment of non-voting co-opted Members to the Board for the current municipal year.

The report set out historical arrangement in general and specifically the arrangements in place for the previous municipal year, 2014/15.

The Scrutiny Board considered and discussed the details set out in the report.

**RESOLVED –**

(a) To invite two nominations from HealthWatch Leeds to act as standing non-voting co-opted Members of the Board for the remainder of the 2015/16 municipal year.
(b) That the appointment of any other non-voting co-opted Members to the Board be kept under review for the remainder of the 2015/16 municipal year.

## 8 Sources of Work

The Head of Scrutiny and Member Development submitted a report on potential sources of work and areas of priority within the Board's Terms of Reference.

The Principal Scrutiny Adviser gave a brief introduction to the report and highlighted the following information appended to the report:

- Vision for Scrutiny at Leeds – Appendix 1
- Summary Best Council Plan 2015-20 (2015-16 update) – Appendix 2
- Leeds Joint Health and Wellbeing Strategy 2013-2015 (summary) – Appendix 3
- Public Health England: Leeds' Adult Social Care Profile – Appendix 4
- Public Health England: Leeds' Health Profile 2015 – Appendix 5
- NHS Five Year Forward View (October 2014) – Appendix 6

The following representatives were in attendance to discuss the Board's future work programme and responded to Members' queries and comments:

- Councillor Lisa Mulherin (Executive Member for Health, Wellbeing and Adults)
- Dr Ian Cameron (Director of Public Health)
- Phil Corrigan (Chief Officer, NHS Leeds West CCG)
- Matt Ward (Chief Operating Officer, NHS Leeds South and East CCG)
- Jill Copeland (Chief Operating Officer and Deputy Chief Executive) – Leeds and York Partnership NHS Foundation Trust
- Dr John Beal – HealthWatch Leeds.

The Director of Public Health, advised the Scrutiny Board of a recent Treasury announcement that would see Public Health funding reduced by approximately £200M across England for 2015/16 (the current year): Equating to around £3M for Leeds.

The Director of Public Health and Executive Member for Health, Wellbeing and Adults advised the precise details had not yet been confirmed, however there was likely to be a significant impact on the Council's 'prevention agenda'. It was confirmed that a Department of Health consultation was anticipated in the near future – likely to focus on how the decision could be implemented.

A range of other topic areas where highlighted and discussed by the Scrutiny Board, including:

- Work of the Children's and Adult's Safeguarding Boards.
- Development of co-commissioning arrangements for Specialised Services.
- Air Quality.

- Primary Care Access – with a potential focus on access for vulnerable groups, including the learning disabled and those suffering mental ill-health.
- Service integration and joint health and social care teams.
- Parity of Esteem between services for adults and services for children, but also between physical and mental health.
- Workforce planning across the local health and social care system.

The Chair addressed the Scrutiny Board and, in recognising the potential scope and remit of the Board, put forward the following principles in order to try and establish a balanced work programme:

- A desire to consider each of the three distinctive elements of the Board's remit – i.e. Adult Social Services, Public Health and the NHS.
- Utilising the Board's capacity to undertake a mixture of in-depth inquiries and some shorter, more precise areas of work.
- Maintaining a flexible approach.
- Ensuring the Scrutiny Board has access to high quality information.

In summary, the Chair proposed the following areas of focus for the Scrutiny Board:

**In-depth inquiry areas**

- Air Quality across the City
- Integrated Health and Social Care Teams (to include some consideration on the impact of hospital re-admission rates)
- Primary Care, focusing on:
- Access to GPs / dentists
- Workforce planning
- Future plans for primary care – taking account of the City's ambitions to build significant levels of new homes
- Some aspects of health inequalities.

**Other items**

- Cancer wait times
- Key Performance Indicators
- Co-commissioning (including specialised services)
- Issues for the previous year (for example, follow up on recommendations, CQC inspections, maternity strategy, oral health strategy, epilepsy)
- Third sector involvement / relationships.

**RESOLVED –**

(a) That, in consultation with the relevant Directors and Executive Board Member regarding resources, some of the areas considered at the

meeting be incorporated into the Board's work schedule for the 2015/16 municipal year.

(b) That authority be given to the Chair of the Scrutiny Board (Adult Social Services, Public Health, NHS), in conjunction with officers, to draw up a draft work programme and where necessary draft terms of reference for inquiry for subsequent approval by the Scrutiny Board.

## 9 Local Authority Health Scrutiny

The Head of Scrutiny and Member Development submitted a report introducing the Department of Health guidance around Local Authority Heath Scrutiny and proposals to establish and associated working group of the Scrutiny Board.

The Principal Scrutiny Adviser gave a brief summary of the report by way of introduction.

Members of the Scrutiny Board discussed the details presented and agreed to re-establish the Health Service Developments Working Group in line with the draft Terms of Reference presented, with the following core membership:

- Councillor B Flynn
- Councillor P Gruen (Chair)
- Councillor B Selby
- Councillor E Taylor
- Councillor S Varley

**RESOLVED –**

(a) That the report and Department of Health guidance presented, be noted.

(b) That the Health Service Developments Working Group, with the core membership identified at the meeting, be re-established for the remainder of the 2015/16 municipal year.

(c) That the Health Service Developments Working Group Terms of Reference be agreed in line with the details presented and discussed at the meeting.

## 10 Date and Time of Next Meeting

Tuesday, 28 July 2015 at 2:00pm (pre meeting for all Board Members at 1:30pm)

(The meeting concluded at 3:25pm)

This page is intentionally left blank

# HEALTH AND WELLBEING BOARD

## WEDNESDAY, 10TH JUNE, 2015

**PRESENT:** Councillor L Mulherin in the Chair

Councillors N Buckley, S Golton, C Macniven, and L Yeadon

**Representatives of Clinical Commissioning Groups**

| | |
|---|---|
| Dr Jason Broch | Leeds North CCG |
| Dr Andrew Harris | Leeds South and East CCG |
| Dr Gordon Sinclair | Leeds West CCG |

**Directors of Leeds City Council**
Dr Ian Cameron – Director of Public Health
Cath Roff – Director of Adult Social Care
Nigel Richardson – Director of Children's Services

**Representative of NHS (England)**
Moira Dumma - NHS England

**Representative of Local Health Watch Organisation**
Linn Phipps – Healthwatch Leeds

**Representatives of NHS providers**
Chris Butler - Leeds and York Partnership NHS Foundation Trust
Simon Neville - Leeds Teaching Hospitals NHS Trust
Thea Stein - Leeds Community Healthcare NHS Trust

**1 Chairs Opening Remarks**

Councillor Mulherin welcomed all present to the Board's first meeting of the 2015/16 Municipal Year.

Noting the new Council membership of the Board, the Chair led the meeting in extending thanks to former Board members Councillors Blake and Ogilvie for their contribution to the work of the Board.

The Board welcomed new members Councillors Coupar and Yeadon; and Cath Roff who had recently been appointed LCC Director of Adult Social Services.

Finally, the Chair noted that Hannah Lacey, LCC Health & Wellbeing Team Administrator, would shortly be leaving the team and expressed thanks to Hannah for her support to the Board and best wishes in her new role

**2 Appeals against refusal of inspection of documents**

There were no appeals against the refusal of inspection of documents

**3 Exempt Information - Possible Exclusion of the Press and Public**

The agenda contained no exempt information

**4 Late Items**

No formal late items of business were added to the agenda; however the Board received the following supplementary documents prior to the meeting Agenda Item 8 "Health and Social Care Winter Pressures in Leeds" – Revised version of Appendix 2 providing a better copy of the flow chart (minute 10 refers)

Agenda item 12 "Recommendations from the whole system review of Children and Young People Emotional and Mental Health Services in Leeds" – an additional document containing the Inquiry Report of the Scrutiny Board (Health and Wellbeing and Adult Social Care) (minute 14 refers)

Additionally, the Board were in receipt of an email from Health and Wellbeing Board member Susie Brown, Healthy Lives Leeds Representative, who had submitted comments on various items as she was unable to attend the meeting

**5 Declarations of Disclosable Pecuniary Interests**

No declarations of disclosable pecuniary interests were made, however the following additional declaration was made :
Linn Phipps (Healthwatch Leeds) – Agenda Item 11 Commissioning of Specialised Services in Leeds" – wished it to be recorded that she was a member of one of the national organisations involved in the consultation process, Child Poverty Action Group (CPAG)

**6 Apologies for Absence**

Apologies for absence were received from Councillor Coupar; Nigel Gray (Leeds North CCG); Matt Ward (Leeds South & East CCG); Phil Corrigan (Leeds West CCG); Susie Brown (Third Sector Leeds- Zest -Health for Life); Tanya Matilainen (Healthwatch Leeds) and Julian Hartley (Leeds Teaching Hospitals NHS Trust).

The Board welcomed Councillor Christine Macniven as substitute for Councillor Coupar and Simon Neville as a substitute representative for Leeds Teaching Hospitals NHS Trust

**7 Open Forum**

No matters were raised by the public on this occasion

**8 Minutes**

**RESOLVED** – That the minutes of the previous meeting held on 25th March 2015 be agreed as a correct record

**9 For Information: Key messages from the recent Health and Wellbeing Board Mental Health workshop**

The Chief Officer, Health Partnerships, submitted a report presenting key messages arising from the workshop held on 24th February 2015 on the topic of "improve people's mental health and wellbeing' - one of the four 'commitments' of the Health and Wellbeing Board. The Chair introduced the

matter and expressed her thanks to all the participants who shared their lived experiences at the workshop.

Two participant service users were in attendance at the meeting as a follow-up from the session; and the Chair thanked them and their fellow volunteers for their important contribution to the work of the Board. Discussion touched on the following matters:

- The need to improve service delivery and address public facing issues, including inequality and stigma; and keep public focus on mental health issues
- Support was expressed for a Leeds campaign - although the national and local success of the Mind "Time to Change" campaign was noted along with the work of the Leeds & York Partnership NHSFT with the "Change Leeds" campaign. A suggestion that the Board reflect on how best to support the existing MIND campaign was noted.
- The potential for the positive impact of rolling out the “Time to Change” campaign across the collective Leeds NHS and LCC workforce

**RESOLVED -**

a) To note the key messages, themes and priorities identified during discussions at the February mental health workshop
b) To incorporate the outputs of the workshop in the planning for the refresh of the Joint Health and Wellbeing Strategy
c) To thank the service user participants for their powerful contribution to this area of work.
d) To note the intention for Leeds & York Partnership NHSFT to present a report to a future HWB on the Trusts’ work with the Change Leeds campaign.

**10 Health and Social Care winter pressures in Leeds: building a resilient system**

The Board considered the report of the Chair of Leeds North CCG which provided an overview of health and social care winter pressures in Leeds, and the planning necessary to build a resilient health and care system. The report covered the allocation of non-recurrent funds; the evaluation of system demands and performance throughout the winter 2014/15, outlined the areas of investment in 2014/15; and presented recommendations for 2015/16.

Jason Broch (Leeds North CCG) presented the report, highlighting the following matters:

- Recent yearly low mortality rates and their subsequent impact on the city’s demographics and service demands
- The need to establish a resilient all-year round system and concentrate on contingency plans
- Statistics relating to non-elective care were displayed for reference – the impact of delayed transfers and lost bed days on capacity and service provision was discussed
- Ongoing data modelling intended to identify trends and present headline information, as well as seeking to inform decisions on how to

better draw related issues together, such as discharge and urgent care services

- Emerging issues identified included leaving hospital; creating capacity; discharge; escalation - how to integrate social care escalation systems with those of the NHS; and social care data - how to collate data on activity and capacity into NHS data systems

The HWB further highlighted :

- the need for openness and transparent data across the city's systems and that early sight of the data by HWB was required in order to assist in the planning for the following year
- The impact of winter pressures on community and primary care services
- Acknowledgement that the system over-concentrated on measurable outcomes such as hospitals and beds, and not the voluntary care, social care and primary care sectors which operated within the system to support patients' very complex needs outside of hospitals
- Noted that patients' views were reflected in the system modelling of future services
- The impact of dealing with winter pressures on planned procedures, rehabilitation and continuing care services
- Acknowledgement of the need to reflect on the wider Yorkshire health economy

**RESOLVED –**

a) To note the contents of the discussions on the key findings of the evaluation of health and social care winter pressures in Leeds in 2014/15

b) That the following be agreed as future actions in order to better enable the Leeds Health and Social care economy to deliver system resilience and ultimately secure good patient experience

i. a follow up report be presented to the September HWB on the wider West Yorkshire Health economy

ii. a further report be presented to the September HWB on the outcome of the ongoing data modelling, to include a focus on all year round resilience

**11 Summary of recent CQC and Ofsted inspections in Leeds**

The Board received a joint report from Leeds Teaching Hospitals NHS Trust, Leeds Community Healthcare NHS Trust, Leeds and York Partnership NHS Foundation Trust and the Director of LCC Children's Services on a series of recent quality and systems inspections of partners in Leeds. The report provided a brief summary of the inspections, in order to support discussions on the implications for the Leeds Health and Social Care system.

All three NHS provider trusts in Leeds had been inspected by the Care Quality Commission (CQC) on the quality of their care. Additionally, an unannounced Ofsted inspection of services for children in need of help and protection, children looked after and care leavers; and the effectiveness of partnership

working, including the Leeds Safeguarding Children Board had been undertaken.

Chris Butler, Leeds and York Partnership NHS Foundation Trust, presented the CQC findings on inspection of their Trust, highlighting the key findings and differences between the two cities

Simon Neville outlined key issues in relation to Leeds Teaching Hospitals NHS Trust and reported that the matters identified for action had been addressed

Thea Stein presented highlights in relation to Leeds Community Healthcare NHS Trust and provided assurance that all issues identified during the inspections had been addressed

Nigel Richardson provided the Board with a presentation on behalf of LCC Children's Services, welcoming the rating of "good", with “outstanding” leadership and management; and highlighting that no issues had been identified as priorities for action

The HWB additionally discussed the following:

- Staffing, the reliance on agency staff and impact on care ratings
- In considering the workforce, nursing home staff should be referenced
- Noted the ongoing inspection of General Practice
- Partnership working and the instigation of an “NHS contract” allowing staff mobility and flexibility to respond, noting that skills and safety must be maintained. A suggestion that this matter be a key theme for HWB consideration for the future was noted
- Future consideration of those issues which prevent resilience being achieved was required.
- New services models would require different skills and roles, with an acknowledgement that investment would be required to ensure the cultural differences between service areas/providers were addressed

**RESOLVED**

a) To note the summaries of the four inspections included as appendices to the submitted report
b) That the comments made during consideration of the implications of these inspections for the Leeds Health and Social Care system, be noted

**12 Leeds Joint Strategic Needs Assessment 2015 Draft Executive Summary: Cross-Cutting Themes**

The Head of Policy and Intelligence, Leeds City Council submitted a report on Leeds Joint Strategic Needs Assessment (JSNA) 2015 Draft Executive Summary: Cross-Cutting Themes. The report was submitted in order to provide an opportunity for timely input by the Board into the forthcoming review of the Joint Health and Wellbeing Strategy.

Mariana Pexton, LCC and Dr Fiona Day (Leeds West CCG/LCC) presented key highlights including the cross cutting themes of the recent baby boom, the

ageing population, in-work poverty and recent demographic changes to Leeds' communities

Key themes for the HWB were identified as:

- Poor mental health and older people's mental health; reduction in the number of years of life lost and improvement in learning outcomes
- Reflection on any links to the Lord Mayors Charity 2015/16 – supporting autism
- Definition of assets and the request for the reference be amended and clarified during the JSNA review

The Board broadly welcomed the improvements highlighted in the report and the progress made towards narrowing the gap

**RESOLVED –**

a) To note the comments made during consideration of the emerging findings of the JSNA with particular regard to how we better understand health and wellbeing needs and inequalities across and within Leeds;
b) To note the comments made during consideration of how the JSNA can contribute to the review of the Health and Wellbeing Strategy;
c) That the issues discussed be identified as potential priorities for the JSNA forward work programme:

**13 Commissioning of Specialised Services in Leeds**

The Board considered the report submitted by NHS England on developments within the commissioning of specialised services in Leeds this year. The report also addressed anticipated future challenges, including current national consultations and service reviews, and provided an update on co-commissioning in Leeds.

General discussion noted the following:

- Leeds has the largest Teaching Hospital Trust in Europe
- acknowledged that patients who lived closer to specialised service providers were most likely to receive a specialised service, the challenge being how to give access to those further away.
- the 7% annual rise on spending for Specialised Services was not supported by a similar rise in the total NHS budget and consideration had to be given as to how best utilise that resource through partnership working, care pathways and prevention pathways
- noted that specialised services were the most contracted services in Leeds, providing HWB with an opportunity to identify areas of expertise and investment

Moira Dumma, NHS England presented the report which contained three key questions for the Board to consider

*How can we work together going forward to locally and regionally address the issues of rising demand, demographic and population factors and increased demand for specialised services?*

- The 10 West Yorkshire CCGs and local Health Scrutiny Boards were working collaboratively on specialised services

- the issue of how providers were collaborating was raised.
- HWB consideration of collaborative working would need to look wider than Leeds and also have regard to fact that health providers were set up to compete against each other for award of contracts

*What opportunities exist for collaboration to address key risk factors already in HWBB plan, eg smoking, obesity, alcohol, which impact on demand for specialised services?*

- Noted that LTHT had an established Prevention Policy place and the intention for LTHT to liaise with the CCGs
- Considered that often same response is made annually to the same issue, which can result in a plateau of improvement. Increased support and/or innovation from NHS E would be welcomed
- Prevention remained a key issue, however it was acknowledged that successful prevention equated to longer life and subsequently a greater call on specialised services later in life. At some point, an ethical discussion would be required on treatment in later life/end of life care

*How can NHS England engender an approach of the culture of trust and transparency in decision making (in relation to new models of care for the delivery of specialised services)*

- Recognition that reconfiguration of services raised concerns amongst service users over how that change was communicated to them. Key issues being how families remained in communication with a family member receiving treatment at a distance and the stress and strain this added to families in what were already difficult circumstances; and how service providers provide support in those instances
- Recognised the need to work with providers and to network services to minimise the number of visits required to the central point of service provision
- The role and relationships of the Leeds CCGs with service users and the need for clarity on the opportunities for CCGs to have an impact on prevention and specialised services
- HWB supported the continuing involvement of Leeds Health Scrutiny Board and the regional Joint Health Overview and Scrutiny Committee
- The need for NHS England to be consistent throughout a consultation process on the review of any given specialised service and for greater openness and transparency about the impact of that service reconfiguration on the public and service providers.

The Chair referred to the recent consultation on proposals for Children's Epilepsy Services and her concern that the remit of the consultation had changed since the start of the process. She stated her intention to reply on behalf of HWB, and to raise the issues of travelling time/distance as a key concern for those in receipt of acute treatment, and that clinical and social needs be considered holistically. Finally, the Chair reiterated that early sight of any consultation and decision by NHSE was required so that HWB could inform into the process

**RESOLVED** – That the discussions and issues raised during consideration of the three 'key questions' set for the Board by NHS England in section 5 of the submitted report, be noted

**14 Report on the recommendations from the whole system review of Children and Young People (CYP) emotional and mental health services in Leeds**

Leeds South and East CCG and LCC Childrens Services submitted a joint report on the work undertaken and the recommendations made within the recent whole system review of Children and Young People's emotional and mental health services in Leeds. The review had been sponsored by the Integrated Commissioning Executive (ICE) in response to concerns shared about the unclear and fragmented local service offer; and the complexity of commissioning arrangements. It was noted that the review team had reported the findings and 11 recommendations to ICE on 17th March 2015. All the recommendations were agreed at ICE for recommendation to the Health and Wellbeing Board.

The Board received assurance that work was underway to develop a programme plan to deliver the system changes required and it was anticipated that this would become the local transformation plan, a requirement set out in the Future in Mind, (DH, 2015) document.

Dr Jane Mischenko, Ruth Gordon and Elaine McShane presented the report to the Board highlighting the priorities identified as being a single access point; working with Clusters; and early prevention. It was noted that the revised CYPP would include a new priority of social and emotional mental health. During discussion, the Board:

- Noted that school head teachers stated children's mental health and wellbeing as one of their biggest concerns. Work with Clusters and schools and providers would bring a positive response
- Recognised that investment was required across the services to meet demand and provide holistic support
- Recognised multi-generational implications of providing the services and the impact on family and later adult life for the individual
- Noted the request for Targeted Mental Health in Schools (TaMHS) mapping as a useful tool for the HWB
- Referenced the tabled Scrutiny Board report, noting the gaps in service identified and highlighting the need to keep Scrutiny involved when reviewing / reconfiguring the service

In conclusion, the Chair extended thanks to officers for their work on the EMH and welcomed the involvement of Youthwatch.

**RESOLVED**

a) To note the recognition of the critical role of the Board in 'Future in Mind' (DH, 2015), which advises that the HWBB strategy should place an onus on HWBBs to demonstrate the highest level of local senior level commitment to child mental health (p58)
b) To support the recommendations of the review

c) To task Integrated Commissioning Executive to ensure effective delivery
d) To recognise that prioritising children and young people's emotional and mental health is critical in the delivery of HWBB strategy priority 7 'Improve people's mental health and wellbeing' and to note that this report would help to shape and inform discussions at the forthcoming JHWS workshop
e) To request a TaMHS mapping exercise be undertaken to assist the HWB

**15 For Information: Update on work to progress Outcome 4 of the Joint Health and Wellbeing Strategy - People are involved in the decisions about them**

The Board considered the report of Healthwatch Leeds on the progress of the work undertaken in support of Outcome 4: "People are involved in decisions made about them" of the Joint Health and Wellbeing Strategy. The report provided a brief update on the progress of work in the city to make local people's voices stronger in health and social care and including information on the People's Voices Group and examples of specific areas where progress had been made towards identifying key issues for local people and reducing duplication.

**RESOLVED** -

a) To continue to promote the involvement and engagement of the local people in Leeds in all stages of service planning and delivery, and take a view on progress since the start of the Joint Health and Wellbeing Strategy in involving people in their care.
b) To continue to support work to share and improve local voices through shared approach and recruitment of patient and lay representatives across the city
c) To note the request to identify any further gaps in engagement and involvement around health and social care that the People's Voices Group could lead on addressing
d) To note the all-age character of this outcome, including recent work to map engagement with Children and Young People through Leeds Beckett University

**16 For Information: Update on learning disability work and challenges in Leeds**

The Board considered the report of the Director of Adult Social Care providing an update on learning disability work and challenges in Leeds. The report detailed key issues, including:

- Key areas from the Leeds learning disability self-assessment
- Leeds' response to the Transforming Care Programme following the Winterbourne View Concordat
- The launch of the Leeds Learning Disability Partnership Board (LDPB) Strategy 'Being Me' in June 2015.

**RESOLVED -**

a) To note the partnership work which is already happening to meet the requirements of the self-assessment and the transforming care programme.

b) To support the Partnership Board in the implementation of the Leeds Learning Disability Partnership Board Strategy 'Being Me'.
c) To receive further reports on progress against the Transforming Care programme, the Self-Assessment and the delivery of the objectives within the Leeds Learning Disability Partnership Board Strategy 'Being Me'.

**17 For Information: Delivering the Strategy**

The Board receive d a copy of the June 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 June 2015 "Delivering the Strategy" Joint Health and Wellbeing Strategy monitoring report

**18 For Information: Final report on the Health and Wellbeing Board Every Disabled Child Matters Charter Audit**

The Director of LCC Children's Services submitted a report for information on the findings of the audit undertaken to determine how the Health & Wellbeing Board and its' partners measure against the 7 commitments made against the Every Disabled Child Matters (EDCM) Charter.

Louise Snowden, LCC Children's Services, attended the meeting, emphasising that the audit showed the Boards' strong commitment to the Charter and seeking support to encourage swift responses from all partner organisations to requests for information required for monitoring purposes

**RESOLVED**

a) That the audit findings provided in the submitted report be approved
b) That the Leeds baseline responses to the commitments of the H&WB EDCM Charter be approved and signed off
c) That approval be given for the establishment of a resource to regularly monitor the areas for development related to the commitments as discussed in the report and to update the charter commitments with an annual report to the Health and Wellbeing Board. This resource should also provide a mechanism for providing an up to date and accurate response to any enquiries in respect of the EDCM charter.
d) That LCC Children's Services, on behalf of the Children's Trust Board would offer this resource on behalf of the HWB.

**19 Any Other Business**

St Mungo's Broadway Charter – It was noted that Councillor Mulherin was scheduled to sign the St Mungo's Broadway Homeless Health Charter after this meeting

Public Health Grant – The Board noted brief discussions on the implications for Public Health in Leeds following the Budget announcement to remove £200m from the national Public Health grant

**20 Date and Time of Future Meeting**

**RESOLVED** - To note the date and time of the next formal meeting as Wednesday 30th September 2015 at 1.30 pm

This page is intentionally left blank

**EXECUTIVE BOARD**

**WEDNESDAY, 24TH JUNE, 2015**

**PRESENT:** Councillor J Blake in the Chair

Councillors D Coupar, M Dobson, S Golton, J Lewis, R Lewis, L Mulherin, M Rafique and L Yeadon

**SUBSTITUTE MEMBER:** Councillor J Procter

**APOLOGIES:** Councillor A Carter

**1 Chair's Opening Remarks**

The Chair welcomed all in attendance to the first Executive Board meeting of the 2015/16 municipal year.

**2 Substitute Member**

Under the terms of Executive and Decision Making Procedure Rule 3.1.6, Councillor J Procter was invited to attend the meeting on behalf of Councillor A Carter, who had submitted his apologies for absence from the meeting.

**3 Exempt Information - Possible Exclusion of the Press and Public**

There were no matters which the Board designated as being exempt from publication under the provisions of the Council's Access to Information Procedure Rules.

**4 Declaration of Disclosable Pecuniary Interests**

There were no Disclosable Pecuniary Interests declared at the meeting, however in relation to the agenda item entitled, 'Financial Performance – Outturn Financial Year Ended 31st March 2015', Councillor Yeadon drew the Board's attention to her position as Chair of the Leeds Grand Theatre and Opera House Board of Management, whilst Councillor J Procter drew the Board's attention to his position as a member of the Leeds Grand Theatre and Opera House Board of Management. (Minute No. 11 refers).

**5 Minutes**

**RESOLVED –** That the minutes of the meeting held on 22nd April 2015 be approved as a correct record.

**COMMUNITIES**

**6 Citizens@Leeds - Supporting Communities and Tackling Poverty**

Further to Minute No. 48, 16th July 2014, the Assistant Chief Executive (Citizens and Communities) submitted a report providing details of the progress which had been made to date in supporting communities and tackling poverty, which was presented within the overall context of poverty in the city. In addition, the report also provided details of the actions to be taken

to help deliver those outcomes which were aimed to be achieved over the next 5 years.

Members welcomed the initiatives detailed within the submitted report and discussed the supporting statistics presented within it. Emphasis was placed upon the importance of using the outcomes achieved by the initiatives as a measure of their success.

In highlighting the positive work which had been undertaken, together with the results achieved to date in supporting communities and tackling poverty, Members emphasised the importance of involving local businesses in such matters. In addition, the Board discussed the ongoing work of local Ward Members, Area Support Teams and Community Committees in this field and the potential for the further development of their respective roles in the future.

**RESOLVED –**

(a) That the key progress made to support communities and tackle poverty be noted;

(b) That the proposed next steps to be taken over the course of the next year by the Assistant Chief Executive (Citizens and Communities), as detailed within section 4 of the appendix to the submitted report, be endorsed.

## CHILDREN AND FAMILIES

### 7 The Children and Young People's Plan 2015-2019 and Ofsted Post Inspection Action Plan

Further to Minute Nos. 120, 19th November 2014 and 189, 22nd April 2015 respectively, the Director of Children's Services submitted a report outlining the background to the preparation of the Council's draft Children and Young People's Plan (CYPP) 2015-2019 and which sought approval to submit the document for final approval to the Council meeting of 8th July 2015. In addition, the report also followed up the next steps to the recent Children's Services Ofsted inspection, specifically regarding the production and with the Board's agreement, submission of a post Ofsted inspection action plan to the Secretary of State and Her Majesty's Chief Inspector (HMCI), as required.

Regarding the draft CYPP, Members welcomed the focus being placed upon the importance of social, emotional and mental health and wellbeing outcomes and the need to ensure that young people in the city gained a 'best start' in life.

In response to a specific enquiry regarding the Ofsted Post Inspection Action Plan, the Board received details of the collaborative approach being taken with agencies in the field of child protection, with specific reference being made to the agencies' attendance at initial child protection meetings.

Members highlighted the integral role played by the Child and Adolescent Mental Health Service (CAMHS) and the Targeted Mental Health in Schools

(TAMHS) service and discussed the pressures and challenges which were currently being faced in such areas. Furthermore, it was requested that the Board continued to be updated on such matters as and when appropriate.

**RESOLVED –**

(a) That approval be given for the draft CYPP 2015-19, as appended, to be submitted for final approval to the meeting of Council on 8th July 2015;

(b) That approval be given for the draft Ofsted Post Inspection Action Plan, as appended, to be submitted to the Secretary of State and the HMCI;

(c) That it be noted that the officer responsible for such matters is the Chief Officer, Partnership, Development and Business Support.

(In accordance with the Council's Executive and Decision Making Procedure Rules, the matters referred to in resolution (a) above, were not eligible for Call In as the power to Call In decisions does not extend to those decisions made in accordance with the Budget and Policy Framework Procedure Rules)

**8 Raising Educational Standards in Leeds - Learning Improvement**

The Director of Children's Services submitted a report summarising the achievement of learners in Leeds at all key stages in 2014, including Early Years Foundation Stage. In addition, the report also outlined the action which continued to be taken by the Council in order to fulfil its responsibilities to support, monitor, challenge and intervene as necessary.

The Board welcomed the improving situation in respect of learners' achievement in Leeds during the 2013-2014 academic year, as presented within the submitted report.

With regard to the provision of school places, the progress which was being made in this area was noted, however, emphasis was placed upon the need to ensure that such progress continued. In addition, responding to a specific enquiry, the Board received an update on the actions being taken to ensure that improved attainment at early years levels continued.

**RESOLVED –**

(a) That the documented information as submitted, together with the information presented verbally to Executive Board at the meeting, be noted;

(b) That the progress which has been made be endorsed and that the areas which need further improvement be supported;

(c) That the future provision of monitoring, support, challenge and intervention in all Leeds schools be supported, in order to ensure that progress continues;

(d) That the sector lead partnership working which looks to secure accelerated progress, be endorsed;

(e) That the further development of programmes to build sustainable links between schools and local businesses to better prepare young people for the world of work and to meet the entry level skills needs of business be supported, in order to support sustainable economic growth;

(f) That it be noted that the officer overseeing the resolutions above is the Head of Learning Improvement.

**9 Annual Reports of the Fostering and Adoption Service & annual updates of the respective Statements of Purpose**

The Director of Children's Services submitted a report which presented the respective annual reports of the Fostering and Adoption services for consideration, as required by the National Minimum Standards 2011. In addition, the report also sought approval of the revised Statements of Purpose for the Council's Fostering and Adoption Services.

Members welcomed the submitted report and noted that in moving forward, one priority area was to be the recruitment of foster carers for teenagers.

**RESOLVED –** That the respective Statements of Purpose for both the Fostering and Adoption services for Leeds City Council be approved, and that support continue to be provided for the work of the fostering and adoption services in ensuring the best possible support.

**10 Outcome of consultation on proposals to increase secondary school places at Roundhay School**

Further to Minute No. 137, 17th December 2014, the Director of Children's Services submitted a report providing details of the proposals brought forward to meet the local authority's duty to ensure sufficiency of school places. The report described the outcome of the consultation exercise undertaken and sought permission to publish a statutory notice in respect of Roundhay School.

The Board noted a correction which was reported to the meeting, in that paragraph 4.4.1 of the submitted report should refer to the project being at the 'Feasibility Stage' rather than 'RIBA Stage D', as referenced within the published report.

Responding to a specific enquiry, the Board received clarification both on the proposals detailed within the submitted report and also on how the proposals would affect the admission of pupils, at both primary and secondary levels.

Members noted the Council's aspiration for all children and young people to have access to good or outstanding education in every community throughout Leeds. In addition, the Board received further information on the range of issues which could potentially affect the cost of, or extent to which a school

could be expanded or developed in order to ensure a sufficiency of school places in the locality.

In conclusion, it was highlighted that the provision of sufficient school places across the city continued to be a key priority for the Council.

**RESOLVED –**

(a) That approval be given for the publication of a Statutory Notice to expand Roundhay School from a capacity of 1,250 pupils to 1,500 pupils in years 7 – 11 with an increase in the cohort sizes from 250 to 300, with effect from September 2017;

(b) That it be noted that legally the change would be to increase the year 7 admissions number in 2017 and 2018 to 300, then reduce it to 240 in 2019, as the primary children are already on the roll of the school and the admission number is the number of additional children from other primary schools that would be admitted;

(c) That it be noted that the responsible officer for the implementation of such matters is the Capacity Planning and Sufficiency Lead by September 2017.

## RESOURCES AND STRATEGY

**11 Financial Performance - Outturn Financial year ended 31st March 2015**

The Deputy Chief Executive submitted a report providing the Council's financial outturn position for 2014/2015 for both revenue and capital, whilst also including details regarding Housing Revenue Account and spending on schools. In addition, the report also highlighted the position regarding other key financial health indicators including Council Tax and National Non-Domestic Rates (NNDR) collection statistics, sundry income, reserves and the prompt payment of creditors.

The Chief Executive and the Chair paid tribute to all Council employees for the integral role that they had played, under challenging circumstances, in achieving the final 2014/15 budget position. In addition, they also thanked the Council's partners together with those within the business community for their continued support and positive working relationships.

**RESOLVED –**

(a) That the outturn position be noted, that the creation of earmarked reserves as detailed in paragraphs 3.9 and 5.1 of the submitted report be agreed, and that approval be given for their release to be delegated to the Deputy Chief Executive;

(b) That the write-off of the outstanding balance owed by the Leeds Grand Theatre and Opera House Company in respect of the City Varieties Refurbishment Scheme, as detailed at paragraphs 6.2.3 and 6.2.4 of the submitted report, be approved;

(c) That it be noted that the Chief Officer (Financial Services) will be the responsible officer for the implementation of such matters following the conclusion of the "Call In" period.

**12 Financial Health Monitoring 2015/16 - Month 2 (May 2015)**

The Deputy Chief Executive submitted a report which presented the Council's projected financial health position for 2015/2016 after two months of the financial year. In addition, the report also highlighted key issues impacting upon the overall achievement of the budget for the current year.

Responding to a specific enquiry, the Board received further information on particular aspects of the currently projected overspend within Children's Services.

Also, the Board considered the possibility of a reduction in the Council's Public Health 2015/16 budget, and the potential impact that such a reduction could have upon service provision.

**RESOLVED –** That the projected financial position of the authority for 2015/2016 be noted.

**DATE OF PUBLICATION:** Friday, 26th June 2015

**LAST DATE FOR CALL IN OF ELIGIBLE DECISIONS:** 5.00 p.m., Friday, 3rd July 2015

(Scrutiny Support will notify Directors of any items called in by 12.00noon on Monday, 6th July 2015)

# EXECUTIVE BOARD

## WEDNESDAY, 15TH JULY, 2015

**PRESENT:** Councillor J Blake in the Chair

Councillors A Carter, D Coupar, M Dobson, S Golton, J Lewis, R Lewis, L Mulherin, M Rafique and L Yeadon

**13 Exempt Information - Possible Exclusion of the Press and Public**

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

(a) Appendix 1 to the report entitled, 'South Bank Regeneration', referred to in Minute No. 19 is designated as exempt from publication in accordance with paragraph 10.4(3) of Schedule 12A(3) of the Local Government Act 1972 on the grounds that the information contained within the submitted appendix relates to the financial or business affairs of any particular person (including the authority holding that information). It is considered that the public interest in maintaining the content of this appendix as exempt from publication outweighs the public interest in disclosing the information, due to the impact that the disclosure of the information would have on the financial affairs of the Council and third parties.

(b) Appendix 1 to the report entitled, 'Design and Cost Report for the Proposed Improvement and Refurbishment of Kirkgate Market', referred to in Minute No. 20 is designated as exempt from publication in accordance with paragraph 10.4(3) of Schedule 12A(3) of the Local Government Act 1972 on the grounds that the information contained within the submitted appendix relates to the financial or business affairs of a particular company and of the Council. This information is not publicly available from the statutory registers of information kept in relation to certain companies and it relates to a tendered fee proposal submitted to the Council as part of a competitive tender process. In line with the Access to Information Procedure Rules, it is considered that the public interest in maintaining the content of this appendix as exempt from publication outweighs the public interest in disclosing the information, as disclosure would prejudice the financial / business affairs of an individual company.

(c) Appendices 1 and 2 to the report entitled, 'West Yorkshire Playhouse', referred to in Minute No. 28 is designated as exempt from publication in accordance with paragraph 10.4(3) of Schedule 12A(3) of the Local Government Act 1972 on the grounds that the information contained within the submitted appendices relates to the financial or business affairs of a particular organisation and of the Council. It is considered that the public interest in maintaining the content of the appendices as being exempt from publication outweighs the public interest in disclosure, due to the impact that disclosing the information would have on the Council and third parties.

(d) Appendix B to the report entitled, 'Repayment of the Council's Loan by the Yorkshire County Cricket Club', referred to in Minute No. ??? is designated as exempt from publication in accordance with paragraph 10.4(3) of Schedule 12A(3) of the Local Government Act 1972 on the grounds that the information contained within the submitted appendix relates to the financial or business affairs of third parties and of the Council, and the release of such information would be likely to prejudice the interests of all parties concerned. Whilst there may be a public interest in disclosure, in all the circumstances of the matter, maintaining the exemption is considered to outweigh the public interest in disclosing this information at this time.

**14 Declaration of Disclosable Pecuniary Interests**

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

**15 Minutes**

**RESOLVED –** That the minutes of the meeting held on 24th June 2015 be approved as a correct record.

**REGENERATION, TRANSPORT AND PLANNING**

**16 Leeds Bradford International Airport**

Further to Minute No. 84, 15th October 2014, the Director of City Development submitted a report providing an update on the continuing work relating to the Leeds and Bradford International Airport (LBIA) and its surroundings, with particular reference to the actions which had been taken following the resolutions of the Board in October 2014.

The Board highlighted the key significance of LBIA when considering the future development of the city region economy. Responding to a Member's enquiry, the Board was reassured that any associated consultation processes which were undertaken would be robust and incorporate all relevant parties. In addition, emphasis was placed upon the need to ensure that any further development of the airport was accompanied by appropriate infrastructure improvements.

**RESOLVED –**

(a) That the recommendations in the Site Allocations Plan for land use in the area surrounding Leeds Bradford International Airport, be noted;

(b) That continued support be given for the growth of the airport and the wider economy in order to meet aspirations of achieving 7.1m passengers by 2030;

(c) That officers in Planning Policy, Economic Development and Highways & Transport continue to work with Leeds Bradford International Airport to progress the Airport Masterplan through to the consultation stage;

(d) That officers in Planning Policy, Economic Development and Highways & Transport continue to work on the proposals for surface access, working closely with Leeds Bradford International Airport and the West Yorkshire Combined Authority specifically to take forward the airport link road.

**17 Elland Road Park and Ride Upgrade**

Further to Minute No. 122, 6th November 2013, the Director of City Development submitted a report outlining proposals to upgrade the existing overspill car park at the Elland Road Park and Ride site to the same quality as the rest of the car park and also to improve the passenger waiting facilities.

Members welcomed the report and highlighted the success of the Elland Road park and ride facility following its first year of operation.

In noting the report elsewhere on the agenda regarding proposals for a park and ride facility at Temple Green, the Board discussed the potential for park and ride provision in other areas of the city, and the range of factors which needed to be taken into consideration when determining optimum sites for such facilities.

**RESOLVED –**

(a) That the content of the submitted report and the performance results of the first year's operation of the Elland Park and Ride scheme be noted;

(b) That approval be given to implement phase 2 of the scheme, subject to planning approval, upgrading the overspill car park and passenger facilities at a cost of £1.8m (comprising £250k fees and £1.55m works);

(c) That approval be given to the injection of £1.8m into the Capital Programme, being funded from a West Yorkshire Combined Authority (WYCA) Transport Policy Local Transport Plan (LTP) grant of £1,557.7k and a Section 106 receipt of £242.3k;

(d) That authority be given to incur expenditure of £1.8m, funded from a WYCA LTP grant of £1,557.7k and a Section 106 receipt of £242.3k (subject to final confirmation of funding by the West Yorkshire Combined Authority's Transport Committee on 31st July 2015);

(e) That the following be noted:-

- The scheme proposal, as described in section 3 of the submitted report;
- That construction of the scheme is programmed to start in November 2015 with a 6 month construction programme;
- That the Chief Officer Highways & Transportation will be responsible for the implementation of such matters.

**18 Temple Green Park and Ride**

The Director of City Development submitted a report which sought approval to implement the 1,000 space Temple Green Park & Ride site adjacent to the A63 Pontefract Lane in the City Region's Enterprise Zone.

Members welcomed the proposals detailed within the submitted report, and how they fitted into the city's existing transport network and parking facilities. The Board also welcomed how the proposals would provide sustainable transport links to the City Region's Enterprise Zone and the positive impact that this would have upon job creation and economic growth in the area.

In conclusion, it was requested that the Board continued to receive further updates on the progress of the Enterprise Zone, as and when appropriate.

**RESOLVED –**

(a) That the implementation of the Temple Green Park and Ride scheme at a total cost of £9.741m be approved, subject to Gateway 3 funding approval from West Yorkshire Combined Authority (comprising £2.620m for the land purchase approved at Executive Board in June 2014, and £7.121m for the design fees and construction costs);

(b) That the additional injection of £6.611m into the Capital Programme be approved (£510k being already in the capital programme) for the design fees and construction costs of this scheme, which are to be fully funded from the West Yorkshire Plus Transport Fund;

(c) That authority be given to incur expenditure of £7.121m (being £769k staff design fees, and £6.352m construction costs), subject to full funding approval from the West Yorkshire Plus Transport Fund;

(d) That the following be noted:-

- The scheme proposal, as described in section 3 of the submitted report;
- That construction of the scheme is programmed to start in March 2016 and be open in Autumn 2016;
- That the Chief Officer Highways and Transportation will be responsible for implementation of such matters.

**19 South Bank Regeneration**

Further to Minute No. 118, 19th November 2014, the Director of City Development submitted a report providing an update on the progress being

made to regenerate the South Bank area of the city centre and to obtain approval to short term actions which would facilitate further growth and regeneration.

Members welcomed the contents of the submitted report and highlighted the significant potential and opportunities for the city and the wider area which lay in the regeneration of the South Bank.

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

**RESOLVED –**

(a) That the progress being made in regeneration initiatives across the South Bank be noted, and that the priorities, as set out in section 3 of the submitted report be agreed;

(b) That the Board re-affirms that securing funding to support the restoration of Temple Works is a priority for the city given its at-risk status, and that it be requested that officers continue to work with third parties to facilitate its restoration.

(c) That a report be submitted to Executive Board with proposals to invest in the public realm and spaces across the South Bank;

(d) That a report be submitted to Executive Board by Autumn 2015 with proposals to facilitate regeneration along the Hunslet Riverside;

(e) That the Chief Officer Economy and Regeneration be requested to explore the feasibility of the Council's City Centre Management function providing urban management support across the South Bank area;

(f) That approval be given to the recommendations as set out in paragraphs 6.0, 6.1 and 6.2 of the submitted exempt appendix 1 concerning potential future land assembly proposals;

(g) That it be noted that the Chief Officer Economy and Regeneration will be responsible for the implementation of such matters.

(The Council's Executive and Decision Making Procedure Rules state that a decision may be declared as being exempt from Call In if it is considered that any delay would seriously prejudice the Council's or the public's interests. As such, it was determined that the resolutions relating to this report were exempt from the Call In process as they were time-bound and would not be properly exercised if were called in)

**20 Design and Cost Report for the Proposed Improvement and Refurbishment of Kirkgate Market**

Further to Minute No. 77, 17th September 2014, the Director of City Development submitted a report which sought approval to inject additional funding into existing Capital Scheme No. 16811 and which also sought Authority to Spend on the proposed improvement and refurbishment works at Kirkgate Market.

In discussing the contents of the submitted report, the Board noted the complex nature of the works being undertaken and a Member highlighted the need to ensure that the project continued to be closely monitored, both from a financial and also a timescales perspective.

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

**RESOLVED –**

(a) That an injection of £1.35m into existing Capital Scheme No.16811 be authorised in order to meet additional construction costs associated with the proposed improvement and refurbishment works at Kirkgate Market;

(b) That an injection of additional funding, as detailed in exempt Appendix 1 to the submitted report, into existing Capital Scheme No. 16811 be authorised in order to provide contingency provision to address residual risks associated with the proposed improvement and refurbishment works at Kirkgate Market which remain the Council's responsibility to address;

(c) That approval be given to the 'Authority to Spend' the additional funding, as detailed within the submitted report on the proposed improvement and refurbishment works at Kirkgate Market;

(d) That the actions required to implement the decisions, and the proposed timescales to progress the project, as detailed in paragraph 3.2.1 of the submitted report, be noted.

(e) That it be noted that the Chief Economic Development Officer and the Head of Markets will be responsible for the implementation of such matters.

**21 Site Allocations Plan (SAP) and Aire Valley Leeds Area Action Plan (AVLAAP) - Publication Draft Plans**

Further to Minute No. 144, 11th February 2015, the Director of City Development submitted a report which sought approval of the Site Allocations Plan (SAP) and Aire Valley Leeds Area Action Plan (AVLAAP) Publication Draft Plans, for the purposes of public consultation to take place during Autumn 2015. In addition, the report noted that the matter was scheduled to

be referred to the relevant Scrutiny Board for consideration following the public consultation exercise.

In considering the submitted report, the following key points were discussed:-

- Responding to a specific enquiry regarding the clarity of a description for the location of a gypsy and traveller site in the Outer West area of the city, officers undertook to meet with the relevant Ward Member in order to discuss this particular issue;
- In response to a Member's enquiry, the Board was provided with details of the methods which would be used to undertake the associated consultation exercise and it was confirmed that such consultation would be 8 weeks in duration;
- Furthermore, the Board was also reassured that the consultation exercise would be robust, made as accessible as possible and would provide a genuine opportunity for all parties, including Ward Members, to contribute towards the process;
- A Member noted that new brownfield sites had emerged, and raised the question of whether such sites could be included in the plan at this stage as alternatives to proposed greenfield allocations. It was pointed out that the plan already allowed for new sites through a windfall allowance, but that should Members ultimately decide to make changes to the plan, it would be important to ensure that the plan remained consistent with the requirements of the Core Strategy;
- Officers also emphasised that Members were being requested to approve the publication plans for Site Allocations and Aire Valley, and that national guidance advised that the publication stage plan was a document that the Local Authority considered ready for examination;
- The Board discussed the Government's recent announcement regarding proposed changes to the process by which the development of brownfield sites was permitted and the potential impact that such changes may have upon Leeds;
- Alongside the Site Allocations Plan, it was suggested that consideration be given to the ways in which the Council could further encourage smaller developments which were located within local communities.

In noting that there were currently planning consents for 17,000 housing units across the city which remained undeveloped, Members highlighted the need for private developers to be required to not only declare those sites where they have obtained planning permission to build, but to also declare those sites where they do not have planning permission, but have an 'option agreement' in place. Further to this, it was proposed that such matters and concerns, together with details of the actions being taken by the Council to increase development completion levels, be raised on a cross party basis, with both the Secretary of State for Communities and Local Government and also the Treasury.

**RESOLVED –**

(a) That approval be given to the publication of the draft Site Allocations Plan and Aire Valley Leeds Area Action Plan, together with the

sustainability appraisal reports and other relevant supporting documents for the purposes of public participation and to formally invite representations;

(b) That the necessary authority be delegated to the Chief Planning Officer, in consultation with the Executive Member, to make any factual and other minor changes to the Publication Plans and supporting material, prior to public consultation;

(c) That it be noted that the Publication Draft Plans will be referred to Scrutiny Board (City Development) in line with the Budget and Policy Framework following public consultation;

(d) That the matters and concerns detailed above be raised on a cross party basis, on behalf of the Board, with the Secretary of State for Communities and Local Government and also the Treasury.

(Under the provisions of Council Procedure Rule 16.5, Councillors A Carter and Golton required it to be recorded that they both abstained from voting on resolutions (a)-(c) above)

(In accordance with the Council's Executive and Decision Making Procedure Rules, the matters referred to within this minute were not eligible for Call In as the power to Call In decisions does not extend to those decisions made in accordance with the Budget and Policy Framework Procedure Rules, which includes the resolutions above)

**22 Council Housing Growth Programme - Private Sector Acquisitions**

The Director of Environment and Housing submitted a report providing an update on the delivery of the Council Housing Growth Programme which included 'through acquisitions' from private owners or developers. In addition, the report also sought approval for a revision to the 'Right of First Refusal' Policy.

**RESOLVED –**

(a) That the progress which has been made in the delivery of the Council Housing Growth Programme be noted;

(b) That the approach to acquisitions in support of the programme to be implemented by the Director of Environment and Housing, be approved;

(c) That approval be given to the revision of the Right of First Refusal policy, as outlined within the submitted report, which is to be implemented by the Director of Environment and Housing.

## COMMUNITIES

**23 Illegal Money Lending Team - progress report**

Further to Minute No. 49, 16th July 2014, the Assistant Chief Executive (Citizens and Communities) submitted a report providing an update on the activities of the Illegal Money Lending Team (IMLT) within Leeds, together with a refreshed action plan.

Responding to a question raised, the Board was advised that enquiries would be made with the Illegal Money Lending Team with the aim of obtaining more localised data for inclusion within future progress reports.

**RESOLVED –**

(a) That the contents of the submitted report, together with the Illegal Money Lending Team Action Plan, as set out in appendix 1, be noted;

(b) That the Assistant Chief Executive (Citizens and Communities) be requested to monitor IMLT's progress against the plan and prepare a further annual report in 12 months' time on the activities of the Illegal Money Lending Team within the Leeds city area.

**24 Universal Credit (UC) Delivery Partnership**

The Assistant Chief Executive (Citizens and Communities) submitted a report which sought approval to enter into negotiations with the Department for Work and Pensions (DWP) and agree the details of a Delivery Partnership in order to support the roll out of Universal Credit to Leeds.

**RESOLVED –**

(a) That the contents of the submitted report be noted;

(b) That the Assistant Chief Executive (Citizens and Communities) be authorised to enter into discussions with the DWP in order to agree a Delivery Partnership for the provision of online support and personal budgeting support to customers moving onto Universal Credit as part of DWP's limited roll out of the scheme;

(c) That the Scrutiny Board (Citizens and Communities) be asked to examine Universal Credit in more detail along with the Council's preparations for the scheme;

(d) That the impact on the Council arising from the Universal Credit implementation be monitored, with a report being submitted to Executive Board on this subject in due course.

**25 Citizens@Leeds: Delivering Community Hubs across the city - Progress Update**

Further to Minute No. 93, 15th October 2014, the Assistant Chief Executive (Citizens and Communities) submitted a report which provided an update on the progress being made in the development and delivery of the city-wide

network of Community Hubs. Particular reference was made within the report to the resolutions made by the Board in October 2014.

Responding to a Member's enquiry, the Board received an update on the actions which were being developed to help deliver the Community Hub approach across the whole city.

**RESOLVED –**

(a) That the contents of the submitted report, together with the progress made to date in delivering the Community Hub approach across the city and the next steps to be taken by the Assistant Chief Executive (Citizens and Communities) as outlined in Section 5, be noted;

(b) That the necessary authority be provided to the Assistant Chief Executive (Citizens and Communities) to develop a Business Case for Building / Infrastructure changes for Phase 2 Community Hubs, with the outcomes of such work being submitted to Executive Board in December 2015 for agreement;

(c) That a further update report be submitted in December 2015, which will update Executive Board on the progress made in delivering the Community Hub model across the city.

**26 Community Asset Transfer of Drighlington Meeting Hall to Drighlington Rugby Club**

The Director of City Development and the Assistant Chief Executive (Citizens and Communities) submitted a joint report which sought approval of a Community Asset Transfer of Drighlington Meeting Hall to Drighlington Rugby Club by way of a 50 year lease at nil premium and a peppercorn rental.

**RESOLVED –**

(a) That approval be given to the Community Asset Transfer of Drighlington Meeting Hall to Drighlington Rugby Club on the basis of a 50 year full repairing and insuring lease, contracted within the terms of the Landlord & Tenant Act 1954 at nil premium and a peppercorn rental;

(b) That approval be given to the provision of grants to support running cost deficits up to a maximum of: £25,435 in year 1; £14,355 in year 2; £2,980 in year 3, and; £1,490 in year 4, with the grants to be funded from the current Community Centre budget held in the Citizens and Communities directorate;

(c) That it be noted that the Head of Asset Management will be responsible for the implementation of such matters. It also be noted that it is anticipated that negotiations will take around six months and any final delegated decisions will be taken by the Director of City Development.

## ENVIRONMENTAL PROTECTION AND COMMUNITY SAFETY

**27 Compressed Natural Gas Filling Station**

The Director of Environment and Housing submitted a report providing an update on the progress made to date in developing a business model which facilitated the build of a Compressed Natural Gas (CNG) filling station in Leeds. In addition, the report sought approval to the request for a commitment from the Council to support the project, including a commitment for the additional funding required for the fleet conversion. Furthermore, the report sought the Board's support for the Council's involvement in OFGEM's Network Innovation Competition (NIC), which would look to fund elements of a CNG filling station project.

Members welcomed the submitted report, highlighting how the proposals would help in an environmentally sustainable way to further establish the Leeds Enterprise Zone and also develop the local economy.

**RESOLVED –**

(a) That support be given for the Council's involvement in the NIC bid;

(b) That approval be given to the injection of £1.58 million into the Capital Programme to be fully funded by unsupported borrowing (contingent on the success of the NIC bid), for use as set out in the submitted report;

(c) That authority be given to provide the Director of Environment and Housing with the necessary delegated powers to enter into the contractual arrangements with Northern Gas Networks (NGN) for the delivery of a gas main connection;

(d) That in principle support be given to the decision to enter into arrangements with a private sector partner to deliver a CNG station, which is anticipated to be a joint venture.

## ECONOMY AND CULTURE

**28 West Yorkshire Playhouse**

The Director of City Development submitted a report regarding potential investment from the Council for the development and future sustainability of West Yorkshire Playhouse alongside an application to Arts Council England. In addition, the report also looked to establish the approach to any future developments in terms of a partnership with the Playhouse itself.

Members highlighted the significance and timing of the proposals detailed within the submitted report, specifically when considering the new Victoria Gate development which was adjacent to the playhouse site. The Board highlighted the need to ensure that there was effective connectivity between the playhouse and its surrounding area, such as the Victoria Gate development.

Following consideration of Appendices 1 and 2 to the submitted report, designated as exempt from publication under the provisions of Access to Information Procedure Rule 10.4(3), which was considered in private at the conclusion of the meeting, it was

**RESOLVED –**

(a) That in principle agreement be given to a contribution up to a value of £4.9m in order to bridge the funding gap in the scheme (of which £586K is already in the Capital Programme), pending a successful application to Arts Council England;

(b) That approval be given to the Council to work in partnership with the Playhouse and to act as lead for the management and procurement of the construction works;

(c) That subject to a successful Stage 1 application, the Director of City Development be requested to submit a report to Executive Board on the detailed funding proposals for the scheme for injection into the Capital Programme;

(d) That it be noted that the West Yorkshire Playhouse is committed to re-launching the building and organisation, with a brand that will more clearly associate it with the city, upon conclusion of the development;

(e) That it be noted that the Chief Officer (Culture and Sport) will be responsible for the implementation of such matters.

## RESOURCES AND STRATEGY

### 29 Gambling Act 2005 - Statement of Licensing Policy

The Assistant Chief Executive (Citizens and Communities) submitted a report advising that the triennial review of the Gambling Act 2005 Statement of Licensing Policy is underway with the required public consultation exercise having taken place. In addition, the report also requested that the matter be referred to Scrutiny Board (Citizens and Communities) in accordance with the Council's Budget and Policy Framework Procedure Rules.

**RESOLVED –**

(a) That the contents of the submitted report be noted, which includes the outcomes from the statutory consultation exercise;

(b) That the matter be referred to Scrutiny Board (Citizens and Communities) in line with the Council's Budgetary and Policy Framework Procedure Rules.

(In accordance with the Council's Executive and Decision Making Procedure Rules, the matters referred to within this minute were not eligible for Call In as the power to Call In decisions does not extend to those decisions made in accordance with the Budget and Policy Framework Procedure Rules, which includes those resolutions above)

**30 Best Council Plan Annual Performance Report 2014/15 and Annual Corporate Risk Management Report (June 2015)**

Further to Minute No. 164, 18th March 2015, the Deputy Chief Executive submitted a report presenting the annual performance report which provided an update on the progress made in 2014-15 against the six objectives set out in the Best Council Plan. The report also presented the annual risk management report which detailed the Council's approach to risk management and how the authority managed its' most significant risks; which supported the ambitions of Leeds being the best Council and best city

Responding to a Member's enquiry, the Board noted that not all objectives from the Best Council Plan were featured within the submitted update report, however, assurances were provided that all objectives continued to be monitored and that a progress update on a specific objective could be provided to a Member.

**RESOLVED –**

(a) That the contents of the submitted Best Council Plan annual performance report be noted, together with the progress which has been made against the Council's objectives in 2014-15;

(b) That the annual summary corporate risk management report together with the assurances given on the management of the Council's most significant strategic risks, be noted;

(c) That it be noted that a further report will be presented to Executive Board in September 2015, reviewing the Best Council Plan objectives in order to reflect the new national and local context, to incorporate content from related strategies and also to help inform the 2016/17 Council budget.

**31 Financial Health Monitoring 2015/16 – Quarter 1**

The Deputy Chief Executive submitted a report setting out the Council's projected financial health position for 2015/16 as at the end of the first quarter.

Members received an update on the current position regarding the potential reduction in Public Health grant funding and discussed the implications arising from this.

**RESOLVED –** That the contents of the submitted report and the currently projected financial position of the Authority for 2015/16, be noted.

**32 Treasury Management Outturn Report 2014/15**

The Deputy Chief Executive submitted a report which provided Executive Board with a final update on the Treasury Management Strategy and operations for the period 2014/2015.

Responding to an enquiry, the Board was provided with information on the Council's market loans which fell within the 'Lenders Option Borrowers Option' (LOBO) category. Members noted how they fitted within the Council's overall

borrowing portfolio and were assured that the level of risk associated with these products fell within acceptable levels.

**RESOLVED –** That the Treasury Management outturn position for 2014/2015 be noted, together with the fact that treasury activity has remained within the treasury management strategy and policy framework.

**33 Capital Programme Quarter 1 Update 2015-2019**

The Deputy Chief Executive submitted a report which provided an update on the Council's Capital Programme position as at the end of June 2015. The report also included an update on capital resources, progress on spend, together with a summary of the economic impact of the Capital Programme.

**RESOLVED –** That the latest position on the General Fund and Housing Revenue Account (HRA) Capital Programmes be noted.

**34 Repayment of the Council's Loan by Yorkshire County Cricket Club**

Further to Minute No. 184, 14th January 2009, the Deputy Chief Executive submitted a report regarding an offer from Yorkshire County Cricket Club to repay the outstanding loan that the Council provided in 2005 in order to enable them to purchase the Headingley cricket ground. The report explained the offer to the Council as being part of the Cricket Club's proposed wider financial restructuring, and set out the matters which the Council needed to consider in determining whether to accept the offer from the Club.

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

**RESOLVED –** That approval be given to accept a payment of £6,500,000 from Yorkshire County Cricket Club in full settlement of the Council's loan to the Club.

**DATE OF PUBLICATION:** FRIDAY, 17TH JULY 2015

**LAST DATE FOR CALL IN OF ELIGIBLE DECISIONS:** 5.00 P.M., FRIDAY, 24TH JULY 2015

(Scrutiny Support will notify Directors of any items called in by 12.00noon on Monday, 27th July 2015)

Report author: Steven Courtney
Tel: 247 4707

**Report of Head of Scrutiny and Member Development**

**Report to Scrutiny Board (Adult Social Services, Public Health, NHS)**

**Date: 28 July 2015**

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

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

## 1 Purpose of this report

1.1 The purpose of this report is to outline some of the areas of work and activity of the Chair of the Scrutiny Board since the Scrutiny Board meeting in June 2015.

## 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 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:

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

## 4. Background papers[1]

4.1 None used

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

Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 247 4707

**Report of Head of Scrutiny and Member Development**

**Report to Scrutiny Board (Adult Social Services, Public Health, NHS)**

**Date: 28 July 2015**

**Subject: Inquiry into the Provision of Emotional Wellbeing and Mental Health Support Services for Children and Young People in Leeds (June 2015) – Response to Report and Recommendations**

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

## 1 Purpose of this report

1.1 The purpose of this report is to introduce the formal response to the scrutiny inquiry report and recommendations into the Provision of Emotional Wellbeing and Mental Health Support Services for Children and Young People in Leeds (June 2015).

## 2 Summary of main issues

2.1 During the municipal year 2014/15, the previous Scrutiny Board – Scrutiny Board (Health and Wellbeing and Adult Social Care) – undertook a scrutiny inquiry into the Provision of Emotional Wellbeing and Mental Health Support Services for Children and Young People in Leeds.

2.2 At its meeting in May 2015, the previous Scrutiny Board agreed its report and recommendations, which was subsequently published in June 2015 and is available via the following link: http://www.leeds.gov.uk/docs/CAMHS%20Report.pdf. For ease of reference, a summary of the desired outcomes and recommendations is attached at Appendix 1.

2.3 Following agreement of the inquiry report, commissioners were asked to provide an initial response to the report and recommendations. This is presented at Appendix 2.

2.4 As set out in the Board's draft work schedule – presented elsewhere on the agenda – it is proposed that the Scrutiny Board specifically considers follow-up reports in relation to recommendations 3, 5, 6 and 8 and maintains a general overview of progress towards the end of the year.

2.5 Appropriate representatives have been invited to the meeting to assist the Scrutiny Board in its consideration of the initial response.

## 3. Recommendations

3.1 That the Scrutiny Board considers this report and attachments, and determines any future scrutiny actions or activity

## 4. Background papers[1]

4.1 None used.

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

**APPENDIX 1**

# INQUIRY INTO THE PROVISION OF EMOTIONAL WELLBEING AND MENTAL HEALTH SUPPORT SERVICES FOR CHILDREN AND YOUNG PEOPLE IN LEEDS

## SUMMARY OF DESIRED OUTCOMES AND RECOMMENDATIONS

**Desired Outcome** – To avoid unnecessary duplication, help make best use of resources and help ensure the Scrutiny Board maintains an overview of improvement activity and reviews across Leeds' health and social care economy.

**Recommendation 1**

(a) In order to minimise any potential duplication, at the beginning of each municipal year, all commissioners across Leeds' health and social care economy identify and report to the appropriate Scrutiny Board any specific service areas currently under review and/or planned to be under review in the immediate future.

(b) Throughout each municipal year, commissioners across Leeds' health and social care economy ensure the appropriate Scrutiny Board is undated regarding the progress of any current service reviews and appraised of any in-year changes to future areas of review.

**Desired Outcome** – To deliver equal access to high quality services that meet the needs of children and young people across Leeds.

**Recommendation 2**

That, as part of the system redesign, commissioners ensure:

(a) Any gaps in current provision across TaMHS services and CAMHS are eradicated and that the whole system approach delivers seamless services to meet the emotional wellbeing and mental health needs for children and young people across Leeds.

(b) Appropriate 'check-in' arrangements are in place for those children and young people in receipt of a referral who are yet to have their first consultation.

**Recommendation 4**

That as part of the whole system approach and redesign, commissioners ensure greater use of on-line support, telecare and, in appropriate circumstances, social media in the provision of emotional wellbeing and mental health services and support for children and young people in Leeds.

**Recommendation 5**

(a) By July 2015, the Integrated Commissioning Executive reconsiders its proposal to review transitional arrangements between children's and adult's mental health services and sets out in clearer terms its proposed timescales and suggested arrangements for involving young people in the review.

(b) That the Integrated Commissioning Executive reports the outcome of (a) above to the appropriate Scrutiny Board.

**Recommendation 7**

That as part of the whole system approach and redesign, commissioners ensure the continuation of the drop-in facilities and support available to children and young people through 'the Market Place'.

**Desired Outcome** – To ensure there is a clear understanding of need and demand for services across Leeds and within individual school clusters across the City.

**Recommendation 3**

By October 2015, through the Integrated Commissioning Executive, commissioners provide a report on a cluster-by-cluster basis that sets out the level of TaMHS services commissioned across the City; with services mapped against the level of existing demand and expected prevalence.

**Desired Outcome** – To develop a plan of improvement activity with clear timescales and performance measure, and to ensure actions improve outcomes as intended.

**Recommendation 6**

(a) By July 2015, the Integrated Commissioning Executive reviews its agreed recommendations and identifies a clear timeframe for implementation, alongside the associated performance measures that can be used to help demonstrate future progress and improvements.

(b) By September 2015, the Integrated Commissioning Executive reports the outcome of the review referred to in (a) above to the appropriate Scrutiny Board, including the baseline position of any identified performance measures.

**Recommendation 8**

(a) That by January 2016, the Integrated Commissioning Executive reviews and reports on the operation of the proposed single point for GP referrals, considering progress against the intended outcomes and associated performance improvement measures.

(b) That the review identified in (a) be considered on a whole system and a school cluster level, in order to help identify any systemic and/or local issues where further improvements may be necessary.

**Desired Outcome** – To maintain a strong focus on service quality and local quality assurance processes

**Recommendation 9**

That as part of its work schedule for 2015/16, the appropriate Scrutiny Board:

(a) Continues to monitor the outcome of Care Quality Commission inspections and the associated improvement plans developed by NHS Trusts in Leeds.

(b) Specifically considers and reports on any matter that might suggest an underlying system-wide issue, including those areas identified in this report.

(c) Considers and reports on the adequacy of the quality assurance processes across Leeds' Clinical Commissioning Groups and other service commissioners, where appropriate.

**Scrutiny Inquiry Report Response: The provision of emotional wellbeing and mental health support services for children and young people in Leeds.**

## Background information

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

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

Following a recent Health Select Committee, established to collect evidence on children and Young Peoples' emotional and mental health services, a National Mental Health and Wellbeing Taskforce was established and published its findings in March 2015 (*Future in Mind, DH, 2015)*. There are 49 recommendations within the national report; some of these are for national action.

In Leeds two reviews were carried out during autumn/winter 2014. A commissioner-led whole system review was commissioned by the Integrated Commissioning Executive and the Scrutiny Board also held an inquiry review with a detailed piece of engagement commissioned form YoungMinds and YouthWatch (part of Healthwatch) to seek the views of young people, parents and families and professionals. The recommendations from both reviews fully support the requirements set out in the national report.

## 2. Main issues

The local reviews clarified some of the challenges within the current commissioning system and identified information on services in Leeds. The picture of commissioning, funding and delivery for emotional and mental health services across Leeds is complex.

Early in the whole system review concerns grew about the length of time children and young people were waiting to access specialist CAMHS. Initial work has been undertaken and through this work the number of young people waiting for a consultation clinic in CAMHS services is within 18 weeks. A CQUIN is in place for 2015/16 to further strengthen this and develop more supportive assistance for CYP on the waiting list.

Further work, through non-recurrent investment by CCGs, will shorten waits for specialist assessment clinics (autism). The ambition is to reduce waiting lists for autism assessment to 12 weeks (in accordance with NICE guidance) by the end of 2015/16. LCH performance is consistently good for those CYP requiring urgent assessment and intervention.

An early concern discussed at ICE was the risk to the sustainability of the cluster TaMHS offer where increasingly the funding for this offer in the majority came from school/cluster budgets. An offer from CCGs to co-commission with clusters to enhance the TaMHS offer has been made and all 25 clusters have accepted. This will support the sustainability of the early intervention element of the Leeds offer, encourage whole system engagement and the measurement of impact of the redesign proposals across the whole system.

**Recommendations of the whole system review**

The recommendations will ensure best value of the money that is invested in emotional wellbeing and mental health services; however, it is worth noting that the need for these services will remain greater than the service offer. The national estimate is that only one in four children and young people who need a service receive one.



The recommendations from the review are listed below. These have been mapped against the original issues highlighted at ICE that led to the review, what young people, parents and carers have told us, the clinical and economic evidence, findings from local data, and what professionals told us (see appendix 1).

1. The development of a Primary Prevention public health programme supported by each Children's Centre and school having an EMH champion/contact who has undertaken additional training

2. A clear local offer developed for CYP as primary audience but will have value as a reference for parents and local professionals

3. Development of the MindMate website and of the digital solutions to promote the local offer, promote self-care/resilience and delivery as part of intervention

4. A Single Point of Access (SPA) for referrals into the whole system with proactive communication and support whilst waiting to CYP/Parents

5. Specialist CAMHS – redesigned to have a named professional aligned to each school cluster and embedded within targeted services (for vulnerable groups) – to provide expertise, consultation, supervision and co-working where appropriate

6. To focus on ensuring vulnerable children and young people receive the support and services they need

7. To focus attention on strengthening transition arrangements

8. CYP IAPT principles to inform the quality framework for all commissioning

9. Whole system commissioning framework with clear roles and responsibilities for all partners: Increased development of co-commissioning arrangements between clusters and partners and between NHSE and CCGs

10. Develop and agree a single identifier for children and young people across all the city's services to enable the integration of data

11. HNA refreshed once new national prevalence survey published (2016/17)



**Next Steps**

The whole system review has set out a clear programme of work to ensure a whole system coordinated and clear offer. Once delivered this will improve value for money, quality of support and knowledge of delivery and outcomes. There needs to be recognition that whilst enhancing capacity this will not meet all the CYP emotional and mental health need.

A series of workstreams have been set up to meet each of the recommendations. Some work has been prioritised for delivery by September (A clear local offer, The Single Point of Access, the development of the MindMate.org.uk website). The work to achieve these three priorities is well underway.

A Programme Board has been established to oversee the work of the workstreams and will continue to report to ICE and other senior boards including CTFB and the HWBB.

**Scrutiny Inquiry Review**

The Scrutiny review also made a series of recommendations which are in line with the recommendations of the whole system review. The table below shows how the implementation programme relating to the whole system review can be mapped across to address the recommendations of the Scrutiny Inquiry.

| **Recommendations** | **Update** |
|---|---|
| Recommendation 1<br>(a) In order to minimise any potential duplication, at the beginning of each municipal year, all commissioners across Leeds' health and social care economy identify and report to the appropriate Scrutiny Board any specific service areas currently under review and/or planned to be under review in the immediate future.<br><br>(b) Throughout each municipal year, commissioners across Leeds' health and social care economy ensure the appropriate Scrutiny Board is undated regarding the progress of any current service reviews and appraised of any in-year changes to future areas of review. | The intention to review CYP EMH services had been included as commissioning intentions for 14/15 and was included on the tracker of service reviews/developments complied for the Scrutiny HSDG. It will useful to ensure this is the appropriate mechanism to keep the Scrutiny Board informed of service reviews and developments. |
| Recommendation 2<br>That, as part of the system redesign, commissioners ensure:<br><br>(a) Any gaps in current provision across TaMHS services and CAMHS are eradicated and that the whole system approach delivers seamless services to meet the emotional wellbeing and mental health needs for children and young people across Leeds.<br><br>(b) Appropriate 'check-in' arrangements are in place for those children and young people in receipt of a referral who are yet to have their first consultation. | (a) The co-commissioning between CCGs and school clusters will enhance capacity and the development of the Single Point of Access (SPA) will ensure that young people are able to be seen by the relevant service as quickly as possible. The work to develop primary prevention and self-care approaches will also support a reduction in demand and need for services. However, it is recognised that even with this more whole system approach, there will still be children and young people who would benefit from a service who are not able to access one. Significant further investment is needed to be able to eradicate |

| | |
|---|---|
| | the gaps in the service provisions. It is anticipated that there will be some additional funding available to bid for as part of the national 'Future in Mind' implementation. Partners in Leeds will work together to draw down this funding.<br><br>(b) A process to support young people, and their families, while they are waiting is part of the planned process for the SPA. In addition there is the CQUIN embedded in the contract with LCH to reduce waiting times and support CYP and families while they wait. |
| Recommendation 3<br>By October 2015, through the Integrated Commissioning Executive, commissioners provide a report on a cluster-by-cluster basis that sets out the level of TaMHS services commissioned across the City; with services mapped against the level of existing demand and expected prevalence. | Work on a clear local offer is being developed and will include cluster level detail. This will be available by the September SPA go live date.<br><br>The SPA process will allow us to record children and young people using a unique identifier for the first time ever across the whole system of providers and this will allow us to collect information not only about the demand for services but may also identify areas of need where no services presently exist. The SPA will commence in September, as will the enhanced cluster offer. It is suggested that an interim report is developed following 6 months of the new system being in place (mid-March 2016. |
| Recommendation 4<br>That as part of the whole system approach and redesign, commissioners ensure greater use of on-line support, telecare and, in appropriate circumstances, social media in the provision of emotional wellbeing and mental health services and support for children and young people in Leeds. | Digital development is already identified as a workstream for implementation and is supported by a steering group bringing together a number of digital innovations across the City. A digital solution is part of the SPA process for both self-help and further support whilst waiting. The MindMate.org.uk website went live on the 23rd June. The content and design of the website has been led by young people from the beginning. |

| | |
|---|---|
| Recommendation 5<br>(a) By July 2015, the Integrated Commissioning Executive reconsiders its proposal to review transitional arrangements between children's and adult's mental health services and sets out in clearer terms its proposed timescales and suggested arrangements for involving young people in the review.<br><br>(b) That the Integrated Commissioning Executive reports the outcome of (a) above to the appropriate Scrutiny Board. | Transition arrangements are being co-ordinated under a workstream chaired jointly by adult mental health and children mental health commissioners. The timescales for the work are in the process of being agreed. As with all workstreams the involvement of young people and their families will be integral to the process of development.<br>The overall programme plan will be monitored by the programme board. We can ensure that feedback from this is reported to ICE and in time to Scrutiny. |
| Recommendation 6<br>(a) By July 2015, the Integrated Commissioning Executive reviews its agreed recommendations and identifies a clear timeframe for implementation, alongside the associated performance measures that can be used to help demonstrate future progress and improvements.<br><br>(b) By September 2015, the Integrated Commissioning Executive reports the outcome of the review referred to in (a) above to the appropriate Scrutiny Board, including the baseline position of any identified performance measures. | A programme board has been established to drive forward the delivery of the 11 recommendations of the whole system review, which will report directly to ICE.<br><br>A programme plan is in development that identifies key work-streams, lead officers and key outputs for the 11 recommendations. The overall programme plan will be monitored by the programme board. We can ensure that feedback from this is reported to ICE and in time to Scrutiny. |
| Recommendation 7<br>That as part of the whole system approach and redesign, commissioners ensure the continuation of the drop-in facilities and support available to children and young people through 'the Market Place'. | CCGs continue to commission The Market Place and recognise the importance of having a city centre resource. |
| Recommendation 8<br>(a) That by January 2016, the Integrated Commissioning Executive reviews and reports on the operation of the proposed single point for GP referrals, considering progress against the intended | The SPA is planned for a go live date in September 2015. It will be available to a range of referrers, including paediatricians and school nurses, as well as GPs. Effective data sets are part of the planning |

| | |
|---|---|
| outcomes and associated performance improvement measures.<br><br>(b) That the review identified in (a) be considered on a whole system and a school cluster level, in order to help identify any systemic and/or local issues where further improvements may be necessary. | process for the SPA. As referenced earlier it is suggested that the first interim report of the impact of changes in the system is in March 2016, so there is meaningful data.<br><br>Clusters based emotional wellbeing services are an integral part of this process with work underway to develop one data tracking system across the city. |
| Recommendation 9<br>That as part of its work schedule for 2015/16, the appropriate Scrutiny Board:<br>(a) Continues to monitor the outcome of Care Quality Commission inspections and the associated improvement plans developed by NHS Trusts in Leeds.<br><br>(b) Specifically considers and reports on any matter that might suggest an underlying system-wide issue, including those areas identified in this report.<br><br>(c) Considers and reports on the adequacy of the quality assurance processes across Leeds' Clinical Commissioning Groups and other service commissioners, where appropriate. | |

This page is intentionally left blank

**Appendix 1: Report on the Whole System Emotional Wellbeing and Mental Health review**

***1. The development of a clear primary prevention programme for emotional wellbeing, (emotional literacy and the development of resilience in CYP). To support this public health programme each school and Children's Centre to have an EMH champion.***

| | |
|---|---|
| Recommendation | A clear primary prevention programme for emotional wellbeing. Each school and Children's Centre to have an EMH champion having undertaken additional training |
| Evidence base and economic case | There is significant evidence that early intervention can reduce the risk of later disorder and therefore improve outcomes and save money[1]<br>Having an identified champion in children centres, and schools /clusters allows training to be targeted and also offers a point of contact for distribution of communication, policies and resources to support such settings. It is envisioned that this role will also offer some advice and guidance to other professionals |
| The issue | Lack of a coherent prevention plan (primary prevention; development of emotional literacy of workforce and pupils and emotional resilience of pupils) |
| This is the evidence of extent of this as an issue (local Data) | Rejection rates for services are high implying that people are being referred where their need does not meet the thresholds for services |
| This is supported by CYP and parents who say | ○ More education about EMH in schools (reduce stigma and improve emotional literacy of pupils and staff)<br>○ The priority is to intervene early (quote from young person presenting to Scrutiny Board)<br>○ Train the parents in resilience so they can give better support at home, could include CBT and mindfulness<br>○ Don't use the word 'mental' when describing services<br>○ Develop a course about mental distress for parents and carers<br>○ Encourage social action projects where young people spread positive messages.<br>Provide parents and carers with self-management strategies so they can help their child too |
| This is supported by professionals who say | GPs and LMC concerned about those who cannot access TaMHS |
| This is what we've done to date | Perinatal mental health priority in maternity strategy/and children and families portfolio of MH Framework<br>Best Start Plan (co-commissioning of Infant Mental Health Service)<br>Healthy Schools team have undertaken work to develop emotional literacy<br>CCG co-commissioning of TaMHS (Early Intervention) |
| Next steps | Public Health to lead development of a primary prevention programme to promote emotional literacy and emotional resilience (this has been identified as a priority area by PH colleagues)<br>Early Intervention/prevention programmes informed by evidence base<br>Children Centres to increase access to evidence based parenting programmes<br>Named champions identified, role defined and workforce plan to support created |

[1]Fonagy, P, Cottrell, D, Phillips, J, Bevington, D, Glaser, D, and Allison, E. (2014). *What works for whom? A critical review of treatments for children and adolescents* (2nd Ed.). New York, NY: Guildford Press.

### *2. Clear local offer developed for CYP and Parents*

| | |
|---|---|
| Recommendation | Clear local offer developed for CYP and parents but also useful reference for local professionals |
| Evidence base and economic case | A clear local offer that is clearly signposted will help CYP and their parents ensure that they are entering the right part of the service. This will also support referring professionals to understand the comprehensiveness of the total local offer and allow them to provide informed advice of the service to be received. This will be supported by the information available on the MindMate web site |
| The issue | Complexity of commissioning and provision – lack of join up/understanding |
| This is the evidence of extent of this as an issue (local Data) | GP referral rejection rates are high (at 40.25 % for all 3 CCGs) and GPs report that they refer to CAMHS because they are unaware of the full range of other services available, or if they are accessible to them. TaMHS evaluation shows that some young people access TaMHS who could meet the threshold for other services such as CAMHS. Children who are looked after are often referred to TSWS even though their need could be met by a targeted level service such as TaMHS |
| This is supported by CYP and parents who say | They struggle to navigate the local system<br>They want personalised and flexible services<br>○ Services need to also understand parents/carers needs<br>They want a non-judgemental attitude and inviting environment |
| This is supported by professionals who say | They are not sure where to refer and can't keep a track of all the services on offer (or their changing criteria) |
| This is what we've done to date | Reviewed current service offers, working with commissioners and providers to understand current activity, criteria and experience |
| Next steps | Establish a clear local offer, alongside the development of the SPA and service redesign; communicate to all key stakeholders; use MindMate to set out for CYP and parents and carers |

### *3. MindMate website and development of digital solutions*

| | |
|---|---|
| Recommendation | To maximise the opportunity the MindMate website offers, i.e. to publish the local offer and the development of the digital solutions to promote self-care/resilience and delivery as part of intervention (to link to appropriate websites i.e. LCC, Mental Health All age portal) |
| Evidence base and economic case | Young people use digital sources for their information (Taskforce, 2015). The MindMate web site will offer one source of up to date and relevant information on mental health, self-care and also the services available in Leeds. There is significant research and development underway in the opportunities digital technology can offer; this extends beyond information giving to delivery of services |
| The issue | Improve access, self-help and efficiency |
| This is the evidence of extent of this as an issue (local Data) | To date services in Leeds have made little use of digital interventions either to offer support to young people who are waiting, or for those who are in a service |
| This is supported by CYP and parents who say | Most look up advice on line and find this useful<br>○ Use different interventions including web technologies |
| This is supported by professionals who say | They don't know where to send people, or what to offer to young people while they are waiting for a service |
| This is what we've done to date | We have commissioned the MindMate website |

| | |
|---|---|
| | We have commissioned a digital innovation lab<br>We have commissioned YoungMinds to ensure these are coproduced with CYP<br>Part of the CQUIN with CAMHS for 2015/16 is to co-produce with young people means of support (which may include digital resources) for the young people and their family while they are waiting for an appointment |
| Next steps | Progress website and digital innovation lab developments and project plans |

***4. Single Point of Access***

| | |
|---|---|
| Recommendation | A Single Point of Access (SPA) for referrals into the system – with proactive communication to CYP and parents and carers to support whilst waiting |
| Evidence base and economic case | A SPA would provide one point in the city for GP referrals (supported by a team from key providers) to ensure that professionals, children, young people and families access the right service. Where there is a choice of service that could meet the need, young people and families will be provided with clear information on waits and the type of therapy available. This will reduce duplication and "hands offs" across the system and shorten overall waits<br>It is anticipated that this approach will be recommended by the national taskforce (Taskforce, 2015) |
| The issue | Confusion of what services are available and how to access/refer |
| This is the evidence of extent of this as an issue (local Data) | Waits are long to access some CAMHS and TSWT services and then there are further waits for those requiring more specialist assessment i.e. ADHD/Autism, or specific interventions.<br>Rejection rates for CAMHS stand at 31% for the overall service from all referrers and 40.25% for GP referrals. In the TSWS it has been calculated that a third of casework referrals don't end up in a social work attended consultation |
| This is supported by CYP and parents who say | Parents don't know how to navigate the local system and feel desperate and frustrated<br>○ Ensure schools really embed mental health and work much more closely with CAMHS<br>There needs to be early contact with emotional wellbeing and mental health services: this is any intervention, whether it is in school or through a voluntary sector. Getting it right to begin with and then build on the partnership with parents' support to help the child<br>While waiting for services YP report that their condition worsened and in some cases they have attempted suicide |
| This is supported by professionals who say | They are frustrated by CAMHS referrals being rejected and don't know what service to recommend to young people and their families |
| This is what we've done to date | Improved waits to CAMHS through a waiting list initiative including access to consultation clinic and also ADHD assessment. Approved a waiting initiative to address ASD assessments within 2015/16. Tested the idea of a SPA with many stakeholders who recognise the opportunities and value of this approach<br>Co-commissioned with clusters to extend the TaMHS offer and ensure that in the future there is universal access to the service for GPs, and for children who attend private schools |
| Next steps | Progress at pace: a programme to develop and implement a SPA has agreement from key service clinicians – sign up is required from all commissioning/ provider partners. There are significant opportunities to integrate this with the Children Services 4th Floor team |

***5. Redesign of Specialist CAMHS***

| | |
|---|---|
| Recommendation | Specialist CAMHS – redesigned to have a named professional aligned to each school cluster and embedded in targeted services for vulnerable groups i.e. YOT, TSWT, TMktP – to provide swift access to expertise, consultation, supervision and co-working where appropriate |
| Evidence base and economic case | Evidence where TaMHS is provided by CAMHS in schools that a higher level of support is given in schools and that the transition into the CAMHS service (whilst good across all TaMHS services) is more joined up<br>Local experience that this model maximises capacity and capability of universal and targeted services (i.e. Infant Mental Health Service, TSWT, YOS)<br>Maximises capacity and capability of universal and early intervention services (more cost effective) |
| The issue | Lack of a citywide consistent, evidence based service joined up offer; gap between TaMHS and CAMHS |
| This is the evidence of extent of this as an issue (local Data) | GP referral rejection rates are high (at 40.25 % for all 3 CCGs) and this has been supported by GPs who have said that they refer to CAMHS because they are unaware of the full range of other services available. The TaMHS evaluation of the pilots indicates that some young people are attending TaMHS who meet the threshold for other services such as CAMHS. For children who are Looked After they are often referred to TSWS even though the need could be best met by a TaMHS service and potentially be less stigmatising |
| This is supported by CYP and parents who say | ○ Ensure schools really embed mental health and work much more closely with CAMHS<br>Early contact with CAMHS: this is any intervention, whether in school or through voluntary sector Getting it right to begin with and then build on the partnership with parents' support to help the child<br>There is poor communication between GP, schools and CAMHS<br>Services need to be working together |
| This is supported by professionals who say | That they know some CYP fall through the gap between TaMHS and specialist services |
| This is what we've done to date | Co-commissioned with clusters to extend the TaMHS offer and ensure that there is greater access to the service for GPs<br>There are already good local examples of this commissioning model of embedding expertise locally (i.e. TSWT, IMHS, YOS)<br>Co-commissioned the SILC TaMHS offer as a pilot (specialist CAMHS in SILCs for children with more complex needs) |
| Next steps | To develop the detail of the service model |

***6. To ensure there is a focus vulnerable children and young people receive the support and services they need***

| | |
|---|---|
| Recommendation | To ensure that vulnerable CYP (identified as children in the care system and care leavers, children with complex needs and disability, children in the youth justice system and CYP belonging to vulnerable BME groups) have access to necessary support |
| Evidence base and economic case | A consultation and mental health liaison model is recognised as best practice (Taskforce, 2015). This is where consultation and liaison teams advise staff dealing with those with highly complex needs, which include mental health difficulties (such as those who are looked after, have been adopted, those with sexually harmful behaviour and those in youth justice system). With fast track to specialist mental health services where needed and proactive follow up of those that do not attend appointments. |
| The issue | There is a fragmented system with multiple commissioners. The system not is not always joined up, resulting in some young people caught between service offers |
| This is the evidence of extent of this as an issue (local Data) | Many services in Leeds are offering support but there are long waits, different referral criteria and gaps between services. There is evidence of some young people falling between the gaps in services or deteriorating whilst waiting |
| This is supported by CYP and | More targeted consultation needed to hear from CYP in vulnerable groups |

| | |
|---|---|
| parents who say | Poor communication between GP, schools and CAMHS<br>Better communication between inpatient services and community services<br>Services need to be working together |
| This is supported by professionals who say | That they know some CYP fall through the gap between targeted and specialist services |
| This is what we've done to date | Co-commissioned with clusters to extend the TaMHS offer and ensure that there is greater access to the service from GPs<br>CAMHS psychologists embedded in TSWT<br>Co-commissioned with SILCs TaMHS in SILC offer for children with complex need<br>Commissioned specific service for care leavers from the Market Place |
| Next steps | Redesign of specialist CAMHS service offer as described earlier. Review of existing pathways and offers for vulnerable CYP (involving health, education, social care, youth justice and targeted service leaders) and ensure follow best practice and integrated with wider children service offer |

***7. Strengthen transition arrangements***

| | |
|---|---|
| Recommendation | Strengthen transition arrangements |
| Evidence base and economic case | Transition between children and adult services is known to be poor and this links to poor outcomes and lack of engagement with adult services and a "lost tribe"[2]. "You're Welcome standards" have recognised the needs of children with emotional issues specifically[3] and the recent model service specification[4] sets minimum standard for good transition |
| The issue | Concern about transitions |
| This is the evidence of extent of this as an issue (local Data) | Adult services offer a different model to that available in services for children and young people and not all young people transfer to a service from CAMHS and TSWS. There is good practice locally but this needs to be strengthened. A team of two people support transition (from 17.5 years upward) from CAMHS and the inpatient team to adult mental health services. For adult IAPT services 1082 young people aged 17 – 25 entered treatment in 2013/14. This is an increase of 34% in the numbers entering treatment since the previous year. Leeds Survivor Led Crisis Service (DIAL house) report that their biggest cohort of people attending for support is in the 16 – 25 year old age bracket. TSWS offer support for young people who are care leavers up until the age of 25 |
| This is supported by CYP and parents who say | Parents and young people want to be involved in decisions<br>○ Transition should be well planned and happen smoothly<br>Better informed around transition, when and how<br>At 17 young people have reported that their interaction with the GP changes in terms of GPs saying there is no point referring and offering of anti-depressants |
| This is supported by professionals who say | They "hold onto children" when they know that there are no adult services<br>"Cliff Edge"<br>What about those not in CAMHS at age 17? |

[2] Lost in Transition?, McDonagh, 2006 available at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1382525/
[3] You're Welcome quality standards available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216350/dh_127632.pdf

[4] Model Specification for Child and Adolescent Mental Health Services: Targeted and Specialist levels (Tiers 2/3)" (NHSE December 2014)

| | |
|---|---|
| | What about vulnerable groups i.e., care leavers?<br>When the CAMHS transition workers are not involved in a young person's move to adult services the experience is less satisfactory |
| This is what we've done to date | A protocol has been developed between LCH and LYPFT in order to provide a universal standard for aiding the transition between CAMHS and AMHS. This has been modified following feedback from Young Minds and qualitative interviews undertaken by the Transition Team<br>CCG commissioners of CYP and Adult emotional wellbeing and mental health services have prioritised this as an areas to improve during 2015/16<br>Initial scoping of the current offer is underway |
| Next steps | Review and strengthen existing arrangements and work to personalise and strengthen the transfer between CYP services and adult services<br>Be informed by recent NHSE publications<br>Consider commissioning some YP services up to 25 |

***8. CYP IAPT principles to be adopted across the city as the quality framework***

| | |
|---|---|
| Recommendation | CYP IAPT principles to be the quality framework for the cities providers: These are:<br>1. Use of best evidence based interventions; 2. CYP participation in service delivery/development; 3. Session by session monitoring; 4. Goal based outcomes |
| Evidence base and economic case | CYP IAPT has been nationally evaluated and endorsed. The quality framework offers a structure to ensure that good quality provision is supported, CYP participation is integral and measurement of impact is consistent |
| The issue | No explicit quality framework consistently used across the system |
| This is the evidence of extent of this as an issue (local Data) | There is variable adoption of NICE guidance; there is variable participation of CYP in service development; not all services define goals with CYP, or measure the impact of the service/intervention from CYP feedback<br>The service review has shown that services offer different length waits, different times in service and different discharge routes. Some of this is based on need and the service type but comparison between services is hard |
| This is supported by CYP and parents who say | They want services that are personalised and flexible<br>○ Services need to also understand parents/carers needs<br>Services need to deliver a non-judgemental attitude and inviting environment |
| This is supported by professionals who say | They are not assured of the consistency or quality of services |
| This is what we've done to date | Undertaken a baseline assessment of providers' compliance with relevant NICE guidance. Initiated a waiting list initiative. Co-commissioned with clusters to extend the TaMHS offer and ensure that there is greater access to the service for GPs; the co-commissioning relationship will assist in the development of shared quality standards and measures |
| Next steps | Integrate the CYP IAPT principles into the commissioning framework and work with commissioners to embed in service specifications, contracts and performance monitoring. Establish a whole system monitoring methodology |

***9. Whole system commissioning framework***

| | |
|---|---|
| Recommendation | Whole system commissioning framework with clear roles and responsibilities for all partners[5]. To detail co-commissioning arrangements |

| | |
|---|---|
| | between clusters and CCGs; NHSE and CCGs with robust evaluation of impact across the system |
| Evidence base and economic case | We will be able to make better use of the Leeds £, ensure early intervention, better join up the system and set clear lines of accountability |
| The issue | There is a fragmented system with multiple commissioners and a lack of clear lines of accountability. On the ground the system is not always joined up, with some young people lost or shunted between services |
| This is the evidence of extent of this as an issue (local Data) | There are many services in Leeds offering support but there are long waits for some, different referral criteria and gaps between services. There is evidence of some young people falling between the gaps in services, or deteriorating whilst waiting |
| This is supported by CYP and parents who say | There is poor communication between GP, schools and CAMHS<br>There needs to be better communication between inpatient services and community services.<br>Services need to be working together |
| This is supported by professionals who say | That they know some CYP fall through the gap between TaMHS and specialist CAMHS services; they are confused about what is available |
| This is what we've done to date | Developed these recommendations to act as an initial framework for the whole system commissioning strategy; CCGs are co-commissioning with clusters to extend the TaMHS offer and ensure that there is greater access to the service for GPs, and for children who attend private schools |
| Next steps | A Programme Board needs to be established to oversee; a clear lead commissioner should be agreed for the city. There should be an exploration of aligning/pooling budgets |

***10. Establish system of tracking whole system (integrated data report), to include one unique identifier***

| | |
|---|---|
| Recommendation | Develop and agree one identifier for young people across all the city's services to record data; establish a system of tracking the whole system to understand demand and capacity and impact of system changes |
| Evidence base and economic case | There is no one identifier for all children and young people, meaning we are not able to track each person through the system. Data on activity, waits and outcomes varies from service to service |
| The issue | Lack of data to track use, need and impact of services (robust data is essential for effective commissioning) |
| This is the evidence of extent of this as an issue (local Data) | There is no one identifier for all children and young people, meaning we are not able to track each person through the system. Data on activity, waits and outcomes varies from service to service |
| This is supported by CYP and parents who say | They want services to communicate better |
| This is supported by professionals who say | They want to know where the young person they have referred is in the system<br>An absence of this compromises effective commissioning of a whole system approach |
| This is what we've done to date | The different data sources and systems has been mapped as part of the review |
| Next steps | To agree and use one identifier e.g. NHS number<br>To develop integrated tracking system to enable measurement of impact of investment i.e., into TaMHS and TaMHS SILCs and redesign |

[5] NHSE; CCGs; LA; Education Clusters; LA Public Health – for the prevention agenda

***11. Refresh HNA***

| | |
|---|---|
| Recommendation | HNA refreshed once new national prevalence survey published (2016/17) |
| Evidence base and economic case | Understanding the prevalence for Leeds of mental health issues for children and young people will enable us to more effectively match the services commissioned with the level and area of need. It will also support providers to offer a service delivery model that meets the expected needs of the population |
| The issue | Services are commissioned based on historical need supplemented and enhanced by local data (last national prevalence data was 2004) |
| This is the evidence of extent of this as an issue (local Data) | Similar to the national picture. CMO has recommended the need for a national prevalence survey |
| This is supported by CYP and parents who say | N/A |
| This is supported by professionals who say | Data is critical to effective commissioning |
| This is what we've done to date | A refreshed HNA with available local data |
| Next steps | Review and refresh the HNA following publication of the national prevalence survey – expected in 2016/17 |

This page is intentionally left blank

Report author: Steven Courtney
Tel: 247 4707

**Report of Head of Scrutiny and Member Development**

**Report to Scrutiny Board (Adult Social Services, Public Health, NHS)**

**Date: 28 July 2015**

**Subject: Maternity Strategy for Leeds (2015–2020)**

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

## 1 Purpose of this report

1.1 The purpose of this report is to introduce the Maternity Strategy for Leeds (2015–2020) for consideration.

## 2 Summary of main issues

2.1 In January 2015, the previous Scrutiny Board – Scrutiny Board (Health and Wellbeing and Adult Social Care) – considered an update on the development of a Maternity Services Strategy for Leeds, including details of Leeds' Maternity Health Needs Assessment and resolved:

(a) To note the report and the information presented and discussed at the meeting.
(b) To consider the draft details of the strategy at the February meeting of the Scrutiny Board.

2.2 At that meeting, the Commissioning Lead for Children and Maternity Services provided the context, including national and local developments, for developing a 5-year Maternity Strategy for Leeds, including:

- The NHS Mandate around Choice, Personalisation and mental Health Needs.
- The Wave report around impacts on brain development.
- Leeds Maternal Health Needs Assessment (and health inequalities)
- Service user pre-consultation feedback.
- The Commissioning Case for Change.

2.3 It was confirmed that the 5-year strategy would inform future commissioning plans and decisions around maternity services.

2.4 The previous Scrutiny Board also discussed some of the next steps in the development of the strategy, including discussions with service providers, Children's Trust Board and Leeds' Health and Wellbeing Board.

2.5 Due to commissioner workforce capacity issues, it was not possible to present the draft details of the strategy to the February 2015 meeting of the previous Scrutiny Board and this meeting provides the first opportunity for the Board to consider the 5-year strategy, which was formally launched on 30 June 2015.

2.6 Attached at Appendix 1 is the Maternity Strategy for Leeds (2015 – 2020), alongside an introductory briefing note from commissioners.

2.7 Attached at Appendix 2, for consideration, is a statement from the Director of Public Health at Leeds City Council.

2.8 Appropriate representatives have been invited to attend the meeting to help the Scrutiny Board consider the Maternity Strategy for Leeds (2015 – 2020).

## 3. Recommendations

3.1 That the Scrutiny Board considers this report and attachments, and determines any future scrutiny actions or activity.

## 4. Background papers[1]

4.1 None used.

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

**Maternity Strategy 2015-2020: Briefing for Scrutiny to accompany hard copies of the strategy (July 2015)**

Author Dr Jane Mischenko

## 1.0 Introduction and Background

This is a five-year maternity strategy that sets out the vision and ambition in the city for high quality, safe and personalised maternity services. The delivery of this strategy is integral to the delivery of the Best Start Plan, a key priority in both the Children and Young People's Plan and the Leeds Joint Health and Wellbeing Strategy.

The development of the strategy, commenced in September 2014; it is strongly informed by a robust maternity health needs assessment (Erskine, 2014) that has previously been discussed at Scrutiny, as well as local and national policy, clinical evidence and importantly the input of women and families of Leeds. There have been direct face-to-face conversations with women at events and workshops and a survey where more than 800 responses were received. The approach to the strategy development and engagement was discussed in detail at Scrutiny in January of this year.

Membership of the strategy development steering group included lead clinicians (obstetrics, midwifery, Director of Nursing, and GP), the lay chair of the Maternity Services Liaison Committee (MSLC), statutory and third sector partners, university representation, public health and commissioners.

## 2.0 Strategy Overview

There are 9 key priorities within the strategy:

1. **Personalised Care**

   *All women will receive care that is personal to their needs, where professionals work with them to plan and deliver care throughout pregnancy, birth and after the baby is born.*

2. **Integrated Care**

   *We will ensure that every woman feels that each stage of her care is coordinated, consistent and delivered in an integrated way.*

   *This priority includes a commitment to delivering continuity of care; models of care, such as case-loading, will be reviewed to develop this

3. **Access**

   *Services will be easy to access to help women have their first midwife appointment early in pregnancy and to continue to receive all the care and support that they need throughout their pregnancy.*

4. **Emotional Health**

   *We will support the emotional and mental wellbeing of women who are pregnant and ensure that those who experience any emotional problems during and after their pregnancy are well supported and offered the best care.*

   *Perinatal mental health is a priority for 2015/16

5. **Preparation for Parenthood**

   *We will support all parents to have a healthy pregnancy and to feel well prepared and confident for the birth and subsequent care of their baby.*

6. **Choice**

   *Women and their partners will have all the information that they need to make informed choices about their pregnancy and care.*

   *Digital technologies will be explored to support this
   *There is an ambition to develop a Midwifery Led Unit

7. **Targeted Support**

   *We will ensure that those families who need it, receive targeted support during their pregnancy and after the baby is born.*

   *Priority for 2015/16 is women with learning disabilities/difficulties

8. **Quality & Safety**

   *We will strive to ensure that all women receive high quality, safe and responsive maternity care throughout their pregnancy, birth and post-natal care.*

9. **Staffing**

   *We will work in partnership to provide well-prepared, trained and confident staff in all our services to meet the needs of women and families.*

## 3.0 Governance and Next Steps

A programme board has been established to oversee the deliver of the strategy and will have its first meeting in August; this reports through to the CCG Boards and LTHT Board. A programme plan to underpin the strategy is in development and will be signed off by the programme board.

The strategy is going to the Health and Wellbeing Board in September.

Key working groups will be established during August/September, such as,

- The perinatal mental health task group (to be co-chaired by the lead commissioner for children and maternity services and the strategic lead commissioner for adult mental health services)
- A pathway group to develop early identification and support for women with learning disabilities
- An ensuring personalised care task group
- And a group to ensure the local offer and choice available for women and families is clearly set out and communicated

In addition there is an exciting development for Leeds to become part of a national pilot of the Best Beginnings Baby Buddy app.

There is a national maternity review underway, chaired by Baroness Cumberlege; this will report later this year. The national review is looking at choice, culture and accountability, incentives and levers and models of care. The programme board will review and consider the report once published.

This page is intentionally left blank

NHS maternity A4 LS Complete.qxp 25/06/2015 14:02 Page 1

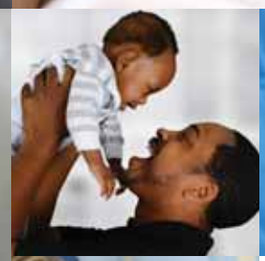
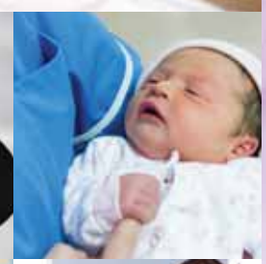










# Maternity Strategy for Leeds 2015-2020

we are child friendly Leeds


GREGGS

NHS maternity A4 LS Complete.qxp 25/06/2015 14:02 Page 3



# Introduction

**There are over 10,000 babies born in Leeds every year. Making the most of every child's potential is an important goal in Leeds - it's a commitment made by the Leeds Health and Wellbeing Board. This means giving all children the 'Best Possible Start in Life', focusing on the earliest period in a child's life, from before conception to age two. Babies who have the best possible start in life will be more likely to benefit from successful futures. We know that a healthy mum is the first step in giving any baby a healthy and 'good' start in life. Developing this strategy is an important part of reaching the goal.**

This Maternity Strategy sets out our nine priorities for what we need to do over the next five years (2015 - 2020), to provide safe, high quality maternity care, which meets the needs of all families in the city. It brings together the commitment of all partners to develop maternity care to support the city's 'Best Start Plan'[2], which sets out how services in Leeds can support children and parents from conception. We will ensure that services do what we know works to give women the safest pregnancy and best birth experience that they can have.

## The Nine Priorities

- Personalised Care
- Emotional Health
- Targeted Support
- Integrated Care
- Preparation for Parenthood
- Quality & Safety
- Access
- Choice
- Staffing

> ***Our vision for Leeds is to be the UK's best city by 2030. An essential part of this ambition is being the best city for children and young people to grow up in***[1]

### What will the strategy do?

This strategy expresses the commitment by a number of organisations to the continued improvement of maternity services.

It makes economic sense to invest in high quality clinical care and to ensure that children get the best start in life; this strategy will help us to keep this focus in times of financial challenge for the public sector. The strategy will help us all to keep our commitment, be consistent and focus on what we have agreed needs to be done.

**The NHS set out national priorities for maternity care in its mandate[3] for 2015 - 2016, to:**

- Improve women and families' experience of maternity services
- Improve safety of maternity services

**A recently announced national review[4] of Maternity Services is taking place, to set the future shape of modern, high quality and sustainable maternity services. It will take a particular look at:**

- The UK and international evidence for safe and efficient models of maternity care, including Midwife Led Units;
- Ensuring the NHS supports and enables women to make safe and appropriate choices for maternity care and;
- Supporting NHS staff to provide responsive care.

This strategy and our priorities will be reviewed once this national work is complete.

[1] *http://www.leeds.gov.uk/c/Pages/childFriendlyCity/About-child-friendly-Leeds.aspx*
[2] *http://democracy.leeds.gov.uk/documents/s126845/10%202%20Best%20Start%20Plan%20long%20version%20FINAL%20VERSION%20for%20HWB%20Board%204%202%202015.pdf*
[3] *'The Mandate' April 2015, DoH*
[4] *https://www.england.nhs.uk/2015/03/03/maternity-care/*

NHS maternity A4 LS Complete.qxp 25/06/2015 14:02 Page 4

# Developing the strategy

The strategy has been developed by Leeds South and East Clinical Commissioning Group (CCG) on behalf of the three CCGs in Leeds. A Maternity Strategy Group, which included senior representatives from the Leeds CCGs, Leeds Teaching Hospitals Trust (LTHT), Leeds City Council (LCC), Leeds Community Healthcare NHS Trust (LCHT), the Maternity Services Liaison Committee (MSLC), the University of Leeds and other partners in the city, has led the development of this strategy, working together with all of the organisations and professional groups that are involved in the delivery of pregnancy and early postnatal services across the city. You can see a full list of these organisations at the end of this document.

We have taken careful account of the latest and best evidence of what works in the development of our strategy. There is a wealth of evidence about what is needed to give babies and families the best start in life and about what support parents need to help them in facing the joys and challenges as they start out with their new baby. There are, of course, national standards that determine the quality of the clinical services needed to support excellent maternity care. In addition scientific research shows that a baby's brain develops fastest during pregnancy and in the first 2 years of life. A baby's experiences during this time affect this and positive development during pregnancy is critical. This might be affected by such things as: mothers getting a well balanced diet and being a healthy weight; not smoking or using other drugs or alcohol; feeling that they have relationships that are supportive; not experiencing excessive or prolonged stress or anxiety; and being as healthy as possible. Age, such as being at least 20 years old, and outside factors such as housing, living in difficult circumstances and difficulties with money can also have an impact, by increasing the stress that women experience.

We know a lot about what is happening in the city at the moment. 'What we know now' (p.3), has helped us to see what the important things are that we need to do, to make improvements.

Hearing what people thought about existing services has been a crucial part of pulling together the strategy. We wanted to know what women who lived in the city thought about the care that they received and what they would want care in the future to look like to ensure they or other women have the best experience possible. Since 2014, the strategy group has undertaken work to consult with a large number of women about their maternity experiences[1]. Over eight hundred parents completed a questionnaire and women who had used services were involved in the original start of this work and in two workshops which explored in more detail what they wanted in certain aspects of their care. The Maternity Services Liaison Committee (MSLC), which is a group that brings service users together with maternity providers and commissioners, is involved in every aspect of this work. We will continue to involve women and their partners in all aspects of the more detailed work that will follow the publication of this strategy, including at a strategy launch and planning event.

[1] *http://www.leedssouthandeastccg.nhs.uk/my-nhs-my-voice/Maternity/LSE%20Maternity%20Survey%20Dec%202014%20report%20final.pdf*

## So what did women tell us?

*Women have told us that they have a high level of satisfaction with the maternity care they have received in Leeds, but have also told us a lot about what would make it better and what they would like to receive in the future; this has played a major part in developing this strategy.*

NHS maternity A4 LS Complete.qxp 25/06/2015 14:02 Page 5

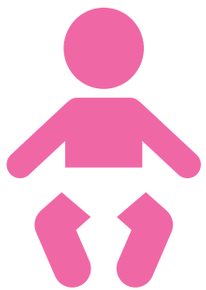
# What we know now...

**Leeds 'Maternity Health Needs Assessment[1] provides us with a detailed analysis of the needs of women in Leeds in relation to maternity services. This has helped us to see what needs to change to improve services in Leeds.**

**800,000**

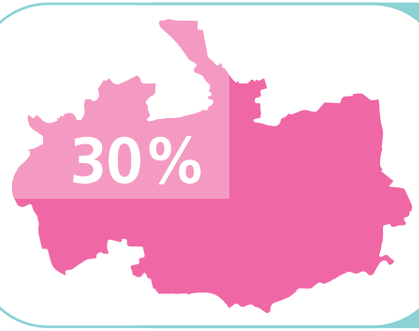
**In 2014 there were 783,698 people living in Leeds, however this is set to increase to over 800,000 in the next few years. It is a diverse city and the 2011 census showed that 18.9% of people were from black or minority ethnic (BME) communities.**

**The number of babies born in the city has seen a big rise over the last decade, however this is now leveling off and the prediction is that by 2021 there will be around 10,500 births.**



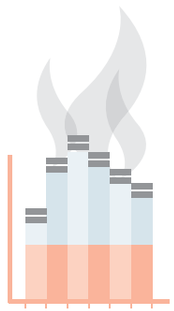
**Perinatal mortality measures the number of babies who are stillborn and babies who die in the first 7 days after birth. Between 2004 and 2012 the rate reduced significantly across Leeds, however, the rate in deprived areas of the city was strikingly higher than for that of the Leeds average or in non-deprived areas.**

NHS maternity A4 LS Complete.qxp 25/06/2015 14:02 Page 6




Around 30% of births take place to women who live in areas of the city that are considered to be amongst the 10% most deprived areas nationally, this is around 3,000 births a year. We know that people living in more deprived areas are more likely to have worse health than people living in non deprived areas.

In Leeds the rate of babies born with a low birth weight (LBW) was 7.4% compared with 7.3% for England & Wales, however in deprived areas of Leeds this rate was 9.3% and in non-deprived areas it was 6.5%. Smoking and poor nutrition in pregnancy are associated with LBW.

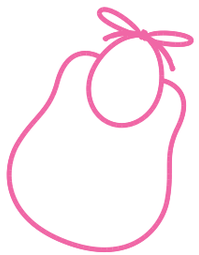


In Leeds, the highest rates of smoking throughout pregnancy are found in the poorest communities and amongst women who are under 19 years old.

There are twice as many women with a high Body Mass Index (BMI) in deprived areas of Leeds compared to those living in non-deprived areas.

NHS maternity A4 LS Complete.qxp 25/06/2015 14:02 Page 7

Despite the excellent work of local services, women from some BME communities in the city continue to have poorer birth outcomes and report less satisfaction with maternity services than White groups, in particular women with African, Asian, and Mixed White & Black African or Caribbean ethnicity.



We estimate that around 42 women with a learning disability may have given birth in the city during 2012, however we do not currently effectively identify and support these women and so are not confident in this estimate.

There are estimated to be around 500 people from Gypsy, Traveller and Roma communities in Leeds. These communities can find it hard to access health care and there are concerns that this could affect the health and wellbeing of pregnant women and infants from these communities.

There were 748 births to young women under 19 years old and 166 to women under 18 years old during 2012. Although the number of young parents has fallen a lot over recent years, this rate of 20 births per 1,000 under 18 year olds is higher than the England & Wales rate of 14.3.

There has been a slight increase in the number of women aged over 30 giving birth and more women aged over 40 have given birth in recent years. Increase in age can carry higher risks of complication in pregnancy and birth.

Using national figures we estimate that around:

- 1,533 women will experience some form of pregnancy related mental illness
- 315 will experience pregnancy related Obsessive Compulsive Disorder
- 20 will experience more serious mental illness after the birth of their baby.

Using national research, we estimate that around 470 women in the city will be misusing alcohol and or illegal drugs during pregnancy.

Around 20% of women tell us that they have or are experiencing domestic violence during their pregnancy.

NHS maternity A4 LS Complete.qxp 25/06/2015 14:02 Page 9

**There is a lot of evidence that breastfeeding provides protection to both babies and mothers health. Age, ethnicity and income level affect breastfeeding and breastfeeding is generally lower in deprived areas. In 2014 around 70% of women in the city started breastfeeding and around 50% of them were still breastfeeding, at least partially, by the time the baby was 6-8 weeks old. There is a however a big difference in rates between ethnic groups and across the geography of the city. Asian and African women are more likely to start and continue breastfeeding, while white British women are least likely to do so.**

[1] *A copy of the full Leeds' Maternity Health Needs Assessment can be accessed at http://democracy.leeds.gov.uk/documents/s126495/Leeds%20Maternity%20Health%20Needs%20Assessment%20exec%20summary.pdf*

NHS maternity A4 LS Complete.qxp 25/06/2015 14:02 Page 10

# What is already happening in Leeds

## We know that many areas of maternity care in Leeds work well already and that many changes are already under way that will help improve services:

- Leeds City Council (LCC), Health Services, Education and third sector organisations are committed to working together to improve the start for every child in the city. All partners have worked hard over recent years to improve children's services in Leeds. The recent Ofsted judgement that Leeds Children's services are 'Good' is a testament to this.
- Leeds Teaching Hospitals NHS Trust (LTHT) provides a full range of Maternity Services, including specialist support where that is needed. The service was rated as 'Good' by the Care Quality Commission (CQC) in 2014, and compares well with other maternity providers in the region on clinical care. The Trust is committed to continuing improvement to achieve the best outcomes for families.
- Leeds Teaching Hospitals NHS Trust maternity services have been working hard to reduce the number of babies who are stillborn, this means that around 40 less babies were stillborn last year than three years earlier.
- The Maternity Services Liaison Committee have supported parents to work with midwives to improve the support offered to families who have lost a baby at or around birth, this includes specialist midwives, training and dedicated rooms in the hospital.
- LCHT provides Health Visiting Services that has also recently (April 2015) received a 'Good' rating from the CQC.
- LTHT, Leeds Community Healthcare NHS Trust (LCHT) and Leeds University have achieved full accreditation under the Unicef Baby Friendly initiative, for encouraging and supporting breastfeeding and ensuring all staff are fully prepared for this role.
- Over the last few years, the numbers of Midwives and Health Visitors in the city have increased significantly.
- Family Nurse Partnership provides intense support for young parents in the city.
- LCC has maintained its commitment to Children's Centres as a focus for support services for families with young children. Through these, services work together to provide information, education and support, to help parents prepare for the challenges of a new baby and family life. Different levels of support are in place to help to meet varying needs, and all staff are trained together to ensure consistency.
- LTHT working closely with the MSLC have developed a dedicated Home Birth Team for women wanting to have their baby at home.
- The HAAMLA[1] service provides essential support for pregnant women and their families from minority ethnic communities, including asylum seekers and refugees.
- An Infant Mental Health Team works to support the development of secure attachment between parents and their babies. The team delivers training to maternity and early years professionals and children's services staff to ensure they can promote attachment and identify issues early. The team also provides therapeutic intervention when this is needed.
- Leeds is a demonstration site for the newly developed free phone app from Best Beginnings – 'Baby Buddy' for parents and parents to be.

[1] *http://www.leedsth.nhs.uk/a-z-of-services/leeds-perinatal-centre/what-we-do/haamla-service/*

NHS maternity A4 LS Complete.qxp 25/06/2015 14:02 Page 11

# The Strategy
# Our five year priorities

NHS maternity A4 LS Complete.qxp 25/06/2015 14:02 Page 12

# Priority One: Personalised Care

**All women will receive care that is personal to their needs, where professionals work with them to plan and deliver care throughout pregnancy, birth and after the baby is born.**

**We know that where the staff delivering maternity care are positive, supportive, non judgemental and encouraging, this helps parents to have confidence in and engage with these staff. This will help parents to make the best use of all of the services on offer and ensure that they get the support and care that they need for as healthy a pregnancy and baby as possible.**

- Women and their partners will feel listened to, valued and respected; they will feel that professionals work with them throughout their maternity care
- The important role that a women's partner plays in her pregnancy and in caring for their baby will be recognised and respected
- Women will have have regular contact with their named midwife and confidence that he/she understands their personal circumstances and receive a level of sensitive support that helps them to get any extra help they need
- Maternity professionals and workers will recognise and respect the individual needs and wishes of women and their families, which includes consideration of ethnic and cultural factors
- Women and their partners will have their wishes listened to sensitively and will be treated with respect and dignity at all times
- Professionals and workers will follow a woman's individual pregnancy and birth plan at all times and fully involve the woman and her partner in decisions and changes that may be necessary to this plan, if circumstances change
- Communication and information will be appropriate, relevant, clear, consistent, easy to understand and be in a format that is useful to the women receiving it, including being available in different languages and to meet particular needs

## How we will know it's different?

Parents will report higher levels of satisfaction with the care they get during pregnancy, during the birth and in the period immediately after birth:

- The Friends and Family Test results will indicate increased satisfaction across the maternity pathway
- Leeds responses to the national maternity Picker survey will indicate increased satisfaction in responses relating to personalisation [B15 - B17; C11 - C19; D3 – D6; E6; F8 –F10]


***Women should be at the heart of all policies, decisions, practice, recognising that they know what is right for them and their baby***

*Leeds Woman*

NHS maternity A4 LS Complete.qxp 25/06/2015 14:02 Page 14

# Priority Two: Integrated Care

**We will ensure that every woman feels that each stage of her care is coordinated, consistent and delivered in an integrated way.**

**The best maternity care is delivered seamlessly as a joint, integrated system, in partnership with other health professionals such as GPs, other specialist health services (where needed) and services such as Children's Centres, where parents and families can access a wider range of support and those provided by the third sector*. This is particularly important for women or families with complex physical, emotional or social needs.**

- Women will know who their named midwife is, have regular contact with him or her and feel confident that she/he is coordinating all their care and support, throughout pregnancy and after the baby is born
- Women will have one to one care during their labour and birth
- Different models or pathways of care that may be required to meet specific needs or medical conditions, will be developed, ensuring that the relationship and continuity between these and core maternity services are clear and maintained
- We will investigate the feasibility of 'caseload' midwifery for some groups of women
- Communication will be coordinated across primary (GPs) and secondary care (hospital) and with other relevant agencies and workers involved in a woman's care. Women will feel confident in all aspects of their care and won't have to repeat information to different professionals
- When specialist care is needed, for women with existing medical conditions, for example, the named midwife will coordinate the overall care plan and work with members of the specialist team, who also be consistent and known to the woman
- When women move between different stages of their care (for instance: pregnancy to labour and birth, postnatal hospital care to home) communication will be timely, accurate and complete
- Maternity services will work closely together with other agencies and professionals, in particular appropriate third sector providers of services and local Children's Centres (Early Start Teams) and primary care, who will know all families in their area. This will ensure seamless support for women and families and that there are no barriers or gaps in service
- The IT infrastructure will be developed to support this joint working and continuity of care for women

> ***The midwife needs to be known not just named***
>
> *Leeds Woman*

NHS maternity A4 LS Complete.qxp 25/06/2015 14:02 Page 15

Page 83

> *Clear advice and having the same midwife makes it easier – you can ask questions and not repeat yourself*
>
> *Leeds Woman*

## How we will know it's different?

There will be greater coordination of care and integration of services for pregnancy and following birth:

- Women and their partners will experience coordinated care. This will be monitored through the national maternity Picker survey [responses B9 – B10)
- Women and their partners will report that they know who their named midwife is, know how to contact him/her, have regular contact with them and have received coordinated care. They will report that the maternity service worked seamlessly with primary care, the Early Start service and Children Centres [local survey]

** The 'third sector is defined as non-profit-making organizations or associations, including charities, voluntary and community groups, cooperatives, etc.*

NHS maternity A4 LS Complete.qxp 25/06/2015 14:02 Page 16

# Priority Three: Access

**Services will be easy to access to help women have their first midwife appointment early in pregnancy and to continue to receive all the care and support that they need throughout their pregnancy.**

**We know that the right support and care as soon as possible and throughout pregnancy can overcome the effects of any problems. Women engaged with maternity services as early as possible in their pregnancy can have timely assessment of their physical, emotional and social needs, to identify any issues or problems that they may need additional support with; they can receive information about how to have as healthy a pregnancy as possible. Early access ensures that any existing health problems are taken into account in planning their pregnancy care and also ensures that women are able to receive appropriate pregnancy screening support and services. Existing physical health problems, such as diabetes, could affect pregnancy if they are not managed carefully; extra care during pregnancy is essential for the health of the mother and baby.**

- Most women will engage with antenatal services soon after they discover that they are pregnant; a campaign will be held to promote the importance of early access to all women and their partners and early appointments will be available
- Antenatal care will take place in locations and at times that help women and their partners to attend appointments, helping to ensure that they can access all the support they may need throughout their pregnancy and that no important milestone appointments are missed
- The named midwife will work with and ensure that close communication is maintained with GPs, to ensure there are no gaps in care
- Midwives will feel confident, fully prepared and have the time to be able to undertake a holistic assessment of a women's needs at the 'booking' visit and at subsequent contacts. This will include a physical, emotional and social assessment

> ***'It would be great to have somewhere in the community for antenatal care'***
>
> *Leeds Woman*

NHS maternity A4 LS Complete.qxp 25/06/2015 14:02 Page 17

Page 85

- Women who have previously experienced difficulties in pregnancy will be identified early so that appropriate support is in place from the start of their pregnancy
- All women will understand how to access support at times outside regular appointments
- We will develop greater integration of maternity services, delivering as much as possible via local Children's Centres
- Women who have any communication difficulties, including requiring interpreter services, will have appropriate support to ensure that they have the information and understanding that they need
- Further opportunities offered by digital media are being developed, building on our participation in the 'Baby Buddy'[8] phone app, as well as looking at how we can make better use of social media and telemedicine to support women and their partners

### How we will know it's different?

Systems will be in place to support pregnant women to access antenatal care, ideally by 10 weeks 0 days and that pregnant women can have regular check-ups from their midwife or doctor throughout their pregnancy (antenatal care). This may include being contacted by their midwife or doctor if they miss a check-up[9]:

- Increase in the number of women who have seen their midwife by 10 weeks 0 days [monitored via the Leeds Maternity Clinical Dashboard]
- Increase in the number of women being scanned by 12 weeks of pregnancy [monitored via the Leeds Maternity Clinical Dashboard]
- Satisfaction in response to relevant national maternity Picker survey [B2, B3, B14, C1, F1, F2, F15]

> ***It's really important you don't feel like you're bothering a midwife when you want to access their advice***
>
> *Leeds Woman*

[8] *http://www.bestbeginnings.org.uk/babybuddy*

[9] *http://www.nice.org.uk/guidance/qs22/chapter/quality-statement-1-services-access-to-antenatal-care*

NHS maternity A4 LS Complete.qxp 25/06/2015 14:02 Page 18

# Priority Four: Emotional Health

**We will support the emotional and mental wellbeing of women who are pregnant and ensure that those who experience any emotional problems during and after their pregnancy are well supported and offered the best care.**

**Parents who have or develop any mental health problems during pregnancy are particularly vulnerable and it is vital that they are identified as quickly as possible to give them whatever kind of support they need, to help them to overcome these problems. The right help and support as quickly as possible can help this.**

Page 86

> ***"The mental health of both parents is one issue that is core to the emotional development of the baby. The stress of childbirth can be a trigger for mental illness… A parent suffering from a mental health disorder or difficulty can profoundly impact the parent-infant relationship and, as a result, the child's own emotional development and wellbeing"***[10]

**Many women report a low mood, anxiety and stress when they are pregnant or after giving birth. Studies have shown that as many as 1 in 3 women may experience tearfulness; low mood or anxiety and one in ten experience mental ill health. Stigma or fear of judgement or intervention can interfere in a woman's willingness to share these feelings. Emotional health problems can be associated with other issues including domestic violence and abuse. Early recognition, responsiveness and sensitivity of staff is essential to ensure an open dialogue. Support and intervention can prevent many of the negative effects on families.**

- All staff working with pregnant women will receive evidence based training and feel confident and competent in the early identification and management of mental health and any contributing problems in pregnancy and immediately after. They will recognise the importance of quick intervention, advice and support on the emotional aspects of parenthood, as a preventative action
- Specialist mental health support to give maternity staff advice and supervision will be available to strengthen their confidence and practice
- Training will include understanding the support needs of families who are bereaved as a result of stillbirth, or death of a very young baby. Specialist support will be available for these women
- Women's mental health and associated social needs will be assessed early on and throughout pregnancy. The named midwife will be confident in identifying and providing support to women who experience lower level mental health problems or stress, alongside members of the Early Start Teams, as appropriate.

NHS maternity A4 LS Complete.qxp 25/06/2015 14:02 Page 19

Page 87

Where needed, the pregnancy plan will include a 'wellbeing plan'

- Maternity and Early Start Teams will work together with primary care and specialist teams to ensure seamless assessment, support and care for women with mental health problems and their families, during and after pregnancy, at universal, targeted and specialist levels, as appropriate to their needs

- Maternity pathways will be developed to include a range of providers which offer support to women who have been identified as having emotional health needs, or who are or have experienced domestic violence or abuse and require more support than can be provided by the midwife. Clear referral guidelines will be in place

- Specialist support will continue to be provided for women who have a history of mental illness or who develop more severe mental health problems during and after pregnancy

> ***My midwife really supported me***
>
> *Leeds Woman*

> ***The care I received from the maternity ward was fantastic. I gave birth alone and the two midwives that helped and supported me were exceptional with the care and kindness. I can't fault the care I was given***
>
> *Leeds Woman*

### How we will know it's different?

Women who experience emotional and mental health problems during pregnancy will be identified early and given the support they need:

- Evidence of satisfaction in responsiveness to emotional wellbeing in national maternity Picker survey [B13, C13, D5, F12, F17, F18]

- Increased evidence of women accessing emotional support and mental health services [baseline information and means of collecting to be developed in 2015/16]

[10] *Building Great Britons' 2015, all parliamentary Group for Conception to Age 2 – The first 1001 days*

NHS maternity A4 LS Complete.qxp 25/06/2015 14:02 Page 20

# Priority Five: Preparation for Parenthood

**We will support all parents to have a healthy pregnancy and to feel well prepared and confident for the birth and subsequent care of their baby.**

**The way that parents feel and the support that they get to prepare for labour and the arrival of their baby can help them to better understand their baby's needs and ensure that they provide the best environment and support for their baby to develop. We know that this help during pregnancy will have a very big impact on the health and wellbeing of babies and very young children and that this will have a positive effect on the rest of their lives. This benefit will not only be felt by the individual, but will also save a lot on future spending on public service for the rest of that person's life and ultimately on future generations. There is evidence that antenatal education improves outcomes for mums and babies and a range of programmes of antenatal education is needed to meet the needs of different families, cultures and communities.**



The role of fathers or other partners has often been marginalised, Fathers have an important role to play in the early days of a child's life and for the baby, a secure attachment to their father or significant other carers, is just as important as to the mother[12].

> ***"Before and after birth, we will support parents and babies to create the conditions where stress is reduced, positive bonds and attachments can form and language and communication skills develop"[11]***

- Evidence based parent education programmes will be available across the city and at times that make it easier for parents to access. The uptake of universal

NHS maternity A4 LS Complete.qxp 25/06/2015 14:02 Page 21

'Preparation for Birth and Beyond'[13] antenatal education programmes will increase. Most parents, including partners, will access this or a similar antenatal education programme. 'Baby Steps'[14] antenatal parent support will be tailored to the needs of parents with more complex or specific needs.

- Women and their partners will feel supported, well prepared and more confident for when the baby is born; when things become difficult they will know where to go to for support
- Parent feedback will be incorporated into the on-going design of all antenatal parent education programmes and information
- Women will receive specific support as needed, to help them to be as healthy as possible during pregnancy. This will include:
    - Identifying women who have higher carbon monoxide (CO) levels and support for them or their families to quit smoking
    - Support for women to manage their weight and ensure a healthy diet
    - Information and support for women to not to drink alcohol during their pregnancy
    - Specific pathways of support and care for women who are misusing substances
    - Appropriate support for women who have or are experiencing domestic violence or abuse
- Women will receive information during pregnancy to encourage them to breastfeed. Those who choose to breastfeed will be given sensitive support straight after the baby is born to begin to breastfeed their baby. They will know where to go for support and will receive accurate and consistent advice whenever it is needed in the first few weeks, including when they go home, to help them to maintain breastfeeding. Women who choose not to, or who are unable to breastfeed, will be supported so that they feel confident in all aspects of feeding their baby. Supporting women to establish positive feeding practice will help bonding and attachment with their baby.
    - We will ensue that information promoting awareness of keeping babies safe, such as safe sleeping is clear and available to parents

> ***There is much contradiction of advice regarding feeding, eg topping up feed when baby was hungry and no breast milk***
>
> *Leeds Woman*

> ***Every time I had trouble, [staff] assisted and showed me different techniques of feeding***
>
> *Leeds Woman*

**How we will know it's different?**

- More mothers and partners will attend Preparation for Birth and Beyond [Best Start Plan dashboard]
- More mothers and partners will be supported through Baby Steps [Best Start Plan dashboard]
- A higher number of women will begin breastfeeding [Maternity clinical dashboard]
- A higher number will be breastfeeding until the baby is 6 weeks old [Early Start dashboard]
- A lower number of women will be smoking at delivery [Maternity clinical dashboard]

[11] *Refreshed Children & Young People's Plan' 2015, Leeds Children's Trust*
[12] *'Conception to age 2 – the age of opportunity' 2013, Wave Trust*
[13] *'Preparation for Birth and Beyond' 2011, DoH*
[14] *'Baby Steps' Perinatal Parent Support Programme, NSPCC*

NHS maternity A4 LS Complete.qxp 25/06/2015 14:02 Page 22

# Priority Six: Choice

**Women and their partners will have all the information that they need to make informed choices about their pregnancy and care.**

**It is important that women and their partners are given all the information about what choices they have and support that they need, to make an informed choice about the birth (for instance: at home, midwifery led care or hospital care, how active they want to be and what type of pain control they might want), to ensure the best experience and outcome for them and their baby. The experience a women has during the birth of her baby and the way in which a mother and baby attach and bond are really important to the way that the baby's brain will develop over the first few weeks of life and can have a significant influence on a child's emotional and physical development and how he or she is able to learn later on.**

- Women and their partners will have all the information that they need as early as possible and throughout their pregnancy, to develop their pregnancy and birth plan in an informed way.
- Women and their partners will understand all the choices that are available to them, including where they can receive antenatal care and where they can give birth
- Women will feel involved and empowered in their choices and all staff will respect these choices, providing clear and personalised information
- Services and staff will be flexible to enable women to make informed choices and respect their wishes. Women will be supported to have as positive a birth experience as possible, regardless of the type of birth
- Choice will include home birth, midwifery led care, water birth and delivery suite. We intend to explore the development of a distinct Midwifery Led Unit in the city, however sufficient midwifery led care and home from home environments will be provided in the meantime
- We will work together to understand the best arrangement for maternity services in Leeds, to ensure quality, safety and make the best use of our resources for the benefit of parents

> *'There should be a separate midwife unit accessible for women in Leeds'*
>
> *Leeds Woman*

NHS maternity A4 LS Complete.qxp 25/06/2015 14:02 Page 23




The outcome of the national review of maternity care will be considered in the context of this priority when published.

**How we will know it's different?**

Parents report higher levels of satisfaction with the information and choice they have during pregnancy, during the birth and in the period immediately after birth. There is enough capacity and choice of environments for women to have home, midwife led or obstetric led care:

- National maternity Picker survey responses positively indicate women in Leeds receive support for choice [B4, B6, B7, C4-6]

> ***Maternity care should be provided in the comfort of a woman's own home***
>
> *Leeds Woman*

> ***Options and choices should be made clearer and women given more time to understand and consider them***
>
> *Leeds Woman*

- More women in 'normal' labour are able to access their first choice of delivery option including hospital [monitoring mechanism to be developed in 2015/16]
- There is an increase in the number of women receiving midwifery led care and homebirth [monitored via the maternity clinical dashboard]

NHS maternity A4 LS Complete.qxp 25/06/2015 14:02 Page 24

# Priority Seven: Targeted Support

**We will ensure that those families who need it, receive targeted support during their pregnancy and after the baby is born.**

**Health services sometimes find it harder to identify and reach families in some communities or with specific needs and these families are therefore less likely to be able to get maternity care early in pregnancy and receive the information, advice and support to help them to have a healthy pregnancy. They can be at higher risk of poorer outcomes for both mother and baby. Antenatal education will often be harder for them to access and not meet their needs.**

- We will use Public Health information and needs analysis to understand how we can develop targeted services to help reach the individuals or groups, who have in the past found it difficult to access care. This will narrow the gap in outcomes between these groups and the general population
- Planning will include:
    - The development of specific pathways of care for their pregnancy, birth and post natal support, which will be additional to the core maternity care being offered
    - Systems to ensure early identification of women and families requiring targeted or specialist support
    - Specialist midwifery practitioners or teams, which may include other workers, will be developed as appropriate
    - Specialist midwives may act as the named midwife for women on the pathway, or may advise and support their existing named midwife (whichever is most appropriate)
    - We will explore how third sector organisations can provide extra support to particular families or groups of parents
    - Where additional services or agencies are involved in the pathway, care will be provided in a seamless way, to ensure continuity of care is maintained
    - All midwifery and maternity staff will be trained in helping to identify and support women who have additional needs and will be clear about how to refer these women into the specialist pathway

> ***'I wasn't always able to understand what the midwife meant when she was talking about my care – I am an asylum seeker and had no interpreter for my pregnancy'***
>
> *Leeds Woman*



- Our first task for 2015/16 is the development of specific support for women with Learning Disabilities. A key priority is the identification of and support for the women early in their pregnancy and holistic case management of their health and social care needs

- We will identify further priorities, for the remaining period of the strategy, by drawing from the maternity health needs assessment and by consulting with local professionals, partners and the Maternity Service Liaison Committee.

**How we will know it's different?**

Those women and families with additional needs will be recognised and receive the extra support that they need during and after pregnancy:

- There will be more women recognised as having learning disability receiving support during their pregnancy and after the birth of their baby [clear pathway, numbers identified and receiving additional support – new data collection to be developed in 2015/16]

- Evidence that young (teenage parents) receive additional support through the specialist teenage midwifery team and/or the Family Nurse Partnership service [new data collection to be developed in 2015/16]

NHS maternity A4 LS Complete.qxp 25/06/2015 14:02 Page 26

# Priority Eight: Quality and Safety

**We will strive to ensure that all women receive high quality, safe and responsive maternity care throughout their pregnancy, birth and post natal care.**

**To achieve the best outcomes, all services must be delivered to meet established clinical standards, to ensure that babies and women have safe and effective care in all settings and throughout all pathways of care. The aim of all births is a health mum and healthy baby. Good and complete reporting and regular audit helps to ensure these standards are maintained, including meeting the additional needs of increasing numbers of women with complex pregnancies.**

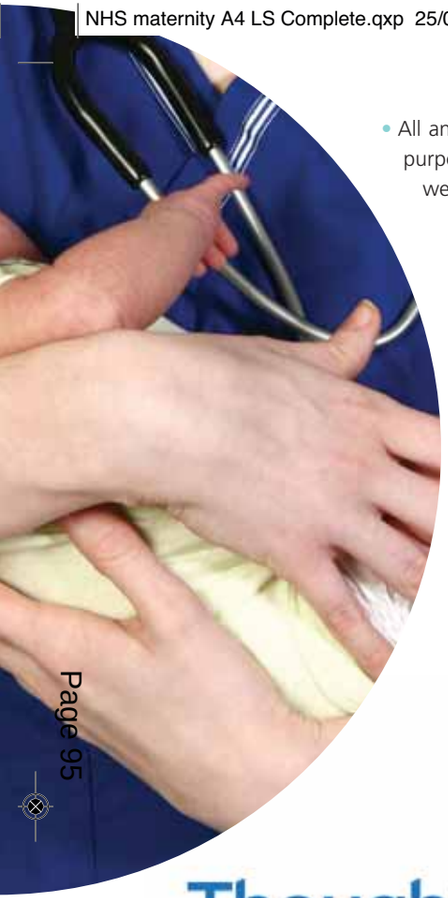
- All birth environments will share a philosophy of promoting 'normal birth', while ensuring that women are able to deliver their baby with an appropriate level of care and intervention to achieve the best outcomes

> ***Hospitals should be clean and bright and feel like you are at home***
>
> *Leeds Woman*

> ***Getting the best care during pregnancy, labour, childbirth and the postnatal period can be linked to short and long term health and social benefits to mothers, children, families and communities***[15]

- There will be enough dedicated maternity capacity in the city to meet the needs of the growing number of births over the next five years, including ensuring the provision of options of birth environment and dedicated hospital support services
- All women will receive safe, responsive evidence based services and care, whatever their choice of birth environment, time or day of the week
- Care delivery will be based upon models of clinical excellence, the latest research evidence of best practice and innovation: There will be a system of complete reporting, continual audit, review and update
- There will be a culture of learning from comments, complaints and incidents*

NHS maternity A4 LS Complete.qxp 25/06/2015 14:02 Page 27



Page 95

- All antenatal and birth environments, facilities and equipment will be fit for purpose and meet all best practice standards, they will also be a warm and welcoming space
- The place where women give birth and the hospital setting for those needing to stay in hospital, will be of a high quality and standard and as homely as possible; this will help women and their partners to feel relaxed and comfortable
- Information technology will support seamless effective care in all environments and through antenatal, labour and birth and postnatal care
- Safeguarding policies and processes are in place and maternity services will work jointly with other agencies to promote the safety of children and vulnerable adults


> ***Women should feel like they are in good, safe hands***
>
> *Leeds Woman*

**How we will know it's different?**

The delivery of maternity services will meet all national and professional standards and be assessed as high quality:

- Maternity clinical dashboard [monthly report]
- Yorkshire & Humber Strategic Clinical Network maternity dashboard [benchmarking data]
- National maternity statistics [benchmarking data]
- National maternity Picker survey responses to cleanliness of environment are positive [D7, D8]

> ***The room was beautiful and the midwives were amazing, I was 16 hours in labour and it was also back to back but I loved every minute of my labour***
>
> *Leeds Woman*

*[15] Better Births' Campaign http://www.rcmnormalbirth.org.uk*

**To include 'near misses', serious incidents and 'never events' http://www.england.nhs.uk/ourwork/patientsafety/never-events/*

NHS maternity A4 LS Complete.qxp 25/06/2015 14:02 Page 28

# Priority Nine: Staffing

**We will work in partnership to provide well-prepared, trained and confident staff in all our services to meet the needs of women and families.**

**The numbers, skills, quality and consistency of training, level of skill and behaviours of all staff involved in the delivery of maternity care, is clearly important in ensuring that all staff provide responsive, personal care of the highest clinical standards. Good links with universities will ensure that maternity staff are well prepared for current practice.**

- Maternity staff will demonstrate behaviours that ensure families are at the centre of care and treated with compassion, sensitivity and kindness
- Staffing levels and midwifery caseload sizes will meet national standards for safety and effective care and support good working relationships with women and families[17]

Page 96

*"It is well evidenced that staff who are engaged, empowered to carry out their role, well trained, well led and supported are more likely to deliver outstanding care, leading to a positive impact on patient outcomes and an improvement in financial efficiency"*[16]

NHS maternity A4 LS Complete.qxp 25/06/2015 14:02 Page 29




- All staff will have continued professional development to ensure that they continue to deliver the best evidenced based care
- Where relevant, staff will be trained together as multi agency teams, to support mutual respect, joint working and ensure consistency across services. They will be competent in the assessment of risk and resilience and understand the importance of infant mental health and attachment in supporting effective parenting and successful families
- Strong leadership and management will support effective practice and empowered, motivated practitioners; there will be effective supervision and reflective practice throughout services to promote the highest standards and accountability
- All staff will be trained in safeguarding and the promotion of welfare of children and vulnerable adults; they will be able to identify risks and take appropriate action
- We will work with training providers and universities to ensure the training of future workforce supports our ambitions for the services

### How we will know it's different?

There will be a well-prepared, motivated and enthusiastic workforce, working together to deliver effective maternity care:

- A workforce development programme reflecting the priorities within this strategy
- LSA supervisory ratios will be met [maternity clinical dashboard measure]
- Statutory and mandatory training requirements will be met by all maternity professionals [LTHT Contract Quality sub group]
- Staff will feel supported to enable them to deliver the best care [maternity staff survey results and LSA audits and CQC inspections]

[16] *LTHT Five Year Strategy 'The Leeds Way': http://www.leedsth.nhs.uk/fileadmin/Documents/About_us/Trust_Documents/Documents/Five_Year_Strategy_document.pdf*

[17] *https://www.nice.org.uk/guidance/gid-safemidwiferystaffingformaternitysettings/resources/safe-midwife-staffing-in-maternity-settings*

NHS maternity A4 LS Complete.qxp 25/06/2015 14:02 Page 30

# Making the strategy happen

**A Maternity Programme Board will oversee the development of detailed plans to take forward our priorities over the next five years.**

In doing this we will take account of related work across partners and agencies involved in the support and care of pregnant women and families in Leeds.

We will develop further the measures for each priority to capture progress and the improvements in outcomes we want to achieve.

These will be used to measure and report our progress.

We will report on our progress and outcomes to the Leeds Health & Wellbeing Board, to the Leeds South and East, Leeds North and Leeds West CCG Boards and to the Maternity Services Liaison Committee, which includes women who have experience of maternity care in the city, to ensure that they continue to guide our work.

## Additional links for further information and background documents

Leeds Teaching Hospitals NHS Trust, Maternity Services: **http://www.leedsth.nhs.uk/a-z-of-services/leeds-perinatal-centre/**

Leeds Community Healthcare NHS Trust: **http://www.leedscommunityhealthcare.nhs.uk/our_services_az/early_start_service_health_visiting/**

Leeds City Council Family Information Services: **http://www.familyinformationleeds.co.uk**

Third sector in Leeds: **https://doinggoodleeds.org.uk**

Yorkshire & Humber Strategic Clinical Network (Maternity): **http://www.yhscn.nhs.uk/children-maternity/maternity-network.php**

National Institute for Care and Health Excellence: **https://www.nice.org.uk/guidancemenu/service-delivery--organisation-and-staffing/maternity-services**

NHS

**NHS Leeds South and East Clinical Commissioning Group**
**NHS Leeds West Clinical Commissioning Group**
**NHS Leeds North Clinical Commissioning Group**
**Leeds Teaching Hospitals NHS Trust**
**Leeds Community Healthcare NHS Trust**

We are child friendly Leeds

MSLC

UNIVERSITY OF LEEDS

Leeds CITY COUNCIL

NHS maternity A4 LS Complete.qxp 25/06/2015 14:02 Page 32



# Maternity Strategy for Leeds 2015-2020

If you have any queries, please contact:

**Leeds South and East**
**Clinical Commissioning Group**

3200 Century Way
Thorpe Park
Leeds
LS15 8ZB

**Telephone:** 0113 843 1600
**Email:** leedssouthandeastccg@nhs.net
**Website:** www.leedssouthandeastccg.nhs.uk

Please contact us if you would like this document in an alternative format.

# STATEMENT FROM THE DIRECTOR OF PUBLIC HEALTH

**How will the Leeds Maternity Strategy 2015-2020 address needs identified in the Maternity Health Needs Assessment 2014?**

In late 2014, LCC Public Health published a Maternity Health Needs Assessment (HNA) which provided an in depth analysis of the local health needs that place demand on maternity services. The HNA had been requested by the CCGs in order to inform the development of a new maternity strategy. It provides a basis for determining priorities for service development and is a resource for commissioners, providers and partners.

The HNA identifies a range of key issues:

- A growing population and rising birth rate, with an increasing ethnic mix across the population. Hence the importance of providing culturally sensitive services with reliable interpreting services.
- A high proportion of births in deprived parts of the city (30%), with evidence of a persistent gap in outcomes, indicating the importance of co-ordinated efforts to address the underlying risk factors such as smoking, poor nutrition and maternal obesity, breastfeeding initiation and maintenance.
- Several key groups of women who experience poorer outcomes are identified in the report, and specific gaps around the recognition of these women and the provision of support are discussed. These groups include:
    - Women from certain ethnic backgrounds including: African and Asian women; women with mixed White, Black African and Black Caribbean ethnicity, and Gypsies and Travellers.
    - Women with learning disability.
    - Women with mild/moderate perinatal mental illness.
    - Women who use substances and drink alcohol.
    - Young parents.
    - Women experiencing domestic violence.

The Maternity Strategy for Leeds 2015-2020 has been developed by a partnership group which includes representatives from Leeds City Council Public Health. Its priorities have been shaped by the Health Needs Assessment, alongside best evidence of what works, a range of policy and guidance, and extensive consultation with parents and women who have used services (‘co-production’).

The 9 priorities of the Maternity Strategy take a cross-cutting approach which will address the key issues contained in the Maternity HNA. The first three priorities (Personalised Care, Integrated Care and Access) provide a flexible and individualised approach that will ensure that services are accessible and sensitive to women from different ethnic backgrounds and women with the full range of specific needs listed above. The issue of mental health has been highlighted specifically within the Strategy, and this recognises the importance of quick identification and

support for women with mild and moderate mental health problems in order to promote good attachment, bonding and early parenting. This aligns closely with the Leeds Best Start Plan.

Similarly, Priority 5 Preparation for Parenthood is an essential aspect to address risk factors such as smoking, nutrition and breastfeeding, as well as supporting the relationship between new parents and their baby and early parenting skills (in support of the Best Start Plan).

Priority 7 Targeted Support will bring a focus around particular population groups identified in the HNA such as women with learning disability and teenage parents.

In conclusion, from a Public Health perspective, the priorities outlined in the Maternity Strategy for Leeds 2015-2020 are well aligned with the recommendations of the Maternity Health Needs Assessment and should effectively address the key issues identified by the HNA. There is good partnership work in place across the NHS (commissioners and providers), the Council (Public Health and Children's Services) and the VCSF sector, co-ordinated through the Maternity Strategy Group, to take these priorities forward.

**Sharon Yellin, Consultant in Public Health**
**9 July 2015**

Report author: Steph Jorysz
Tel: 3952871

**Report of Director of Public Health**

**Report to Scrutiny Committee (Health and Wellbeing)**

**Date: 28th July 2015**

**Subject: Leeds Children and Young People Oral Health Promotion Draft Plan 2015-2019**

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

## Summary of main issues

1. The Leeds Children and Young People Oral Health Promotion Plan (Appendix A: Plan on a Page) outlines a preventative programme from 0-19 which aims to ensure that every child in the city has good oral health. Parents, carers, children and young people will have access to effective oral health support and advice through a well-informed public health promoting workforce. Targeted interventions will support families with children and young people at risk of oral health inequalities.

## Recommendations

2. Scrutiny Board is asked to consider the content of the work to date and make suggestions regarding future actions.

3. Scrutiny Board is asked to consider the content of the plan and note the process of discussion and engagement that has taken place.

.

.

## 1. Purpose of this report

1.1 The purpose of this report is to outline the Children and Young People Oral Health Promotion Plan. The report describes why and how it has been developed and the next stages of the plan's development.

This report describes:

- The importance of good oral health in children and young people.
- Leeds children and young people's oral health.
- The views of parents, carers and young people about their oral health
- The evidence base to improve oral health.
- The development of the Leeds Children and Young People Oral Health Promotion Plan and next stages.

## 2. Background information

2.1 In April 2013, Local Authorities became responsible for oral health improvement through their new public health function. Public Health England provides national support to oral public health agendas and NHS England commissions NHS dental services.

2.2 A number of national policies have contributed to the development of oral health promotion over the past decade. 'Choosing Better Oral Health – an Oral health Plan for England' (Department of Health, 2005) discusses the impact of poor dental and oral health on the population and demonstrates why there is a strong link between poor oral health and people living in areas of social deprivation. 'Delivering Better Oral Health: An evidence-based toolkit for prevention' (Dept of Health, 2014) outlines evidence-based guidance for oral health promotion for clinicians and the wider workforce who can be oral health promoters.

2.3 Guidance for Local Authorities and oral health improvement work has been issued by NICE and PHE: 'Oral Health: Local Authority oral health improvement strategies' (NICE, 2014) and 'Local Authorities improving oral health: commissioning better oral health for children and young people. An evidence informed toolkit for Local Authorities' (PHE, 2014).

2.4 This national policy and guidance is included in the Leeds Children and Young People's Oral Health Promotion Needs Assessment (OHP HNA) which was completed by Public Health in October 2014. The key findings and recommendation from the OHP HNA are discussed in this report.

2.5 Leeds Health and Wellbeing Board has identified the Best Start in life as one of four top commitments. Improving children's oral health makes a contribution to enabling children to have the best start in life.

2.6 The Children and Young People Oral Health Promotion strategy group has been established since Nov 2014. The group's remit is to develop the CYP Oral Health Promotion Plan and a detailed implementation plan for the city and to monitor its progress.

## 3. Main issues

Oral Health and General Health

3.1. Oral health is integral to general health; it is essential to general health and quality of life. Oral health is more than having 'good teeth'. It influences how children grow, enjoy life, look, speak, taste food and socialize. Good oral health in childhood can prevent tooth decay, tooth loss, tooth erosion and gum disease, oral infection and sores. Good oral health is maintained by good oral hygiene and maintaining a healthy and varied diet low in sugars and acids.

3.2. Dental caries, also known as tooth decay, is the most prevalent oral disease. Dental caries is caused by a complex interaction of tooth susceptibility, nutrition (sugars present in foods and drinks) and the oral environment.

3.3 Dental caries causes children and young people pain and it affects how they can speak, chew nutritional food, and socialise normally. Dental caries cause children and young people to be absent from school due to the pain they are experiencing. Dental caries in children's primary teeth affect the health of their permanent teeth.

The oral health of children and young people in Leeds

3.4 Public health undertook a citywide Oral Health Promotion Health Needs Assessment (October, 2014) to understand the oral health of Leeds children and young people and the trends in dental caries. This work was supported by a steering group which included Public Health England, Leeds Community Dental Service and Leeds Oral Health Promotion team.

3.5 The most reliable data came from the National Dental Epidemiological Surveys (led by Public Health England, commissioned by Local authorities). The national surveys examine five year old and twelve year old teeth every four to five years. The survey reports contain data for all local authorities in England which means that comparison can be made with core cities and statistical neighbours. The main index used to measure the extent and prevalence of tooth decay is dmft/DMFT (lower case for primary teeth, upper case for permanent teeth). Dmft is the number of decayed, missing teeth due to decay and filled teeth. The data quoted in this report is from the most recent national surveys published. For five year olds this was 2011/12 and for twelve year olds this was 2007/8.

3.6 The overall trend for oral health of children and young people in the UK is a slowly improving one. Leeds children and young people mirror this slowly improving trend too.

3.7 However, the oral health of children and young people in Leeds is worse than the average for England. The prevalence of dmft in five year children in Leeds is 33.7% and the average dmft for England is 27.9%. The prevalence of DMFT in twelve year old children is 45.8% compared to the average DMFT in England of 33.4%.

3.8 The severity of dental decay is the average number of decayed, missing or filled teeth in all children surveyed. In Leeds the severity of decay was 1.19 for a five year old child. In England the average was 0.94. In Leeds the severity of decay was 1.08

for a twelve year old child compared to the average for England of 0.74. The oral health of children and young people in Leeds is similar to core cities and statistical neighbours.

3.9 There are significant inequalities in the distribution of tooth decay in children and young people in Leeds. The surveys measure the average dmft for children who do experience tooth decay. This shows that a five year old in Leeds with decay experience on average has 3.54 teeth with decay. Children at age five have approximately 20 teeth. This means that one fifth of the teeth experience decay. For England the average decay experience for a five year old is 3.38 teeth with decay.

3.10 Twelve year olds who experience tooth decay in Leeds have on average 2.4 teeth affected. The average for twelve year olds in England is 2.2. Twelve year old children have permanent (adult) teeth. It is concerning that by age twelve, three of the permanent teeth are experiencing decay.

3.11 Inequalities in the distribution of tooth decay in children and young people is strongly associated with deprivation nationally and internationally. The association between inequalities in tooth decay and social deprivation is due to a complex interaction of factors such as poverty, access to services and environmental influences. This strong association between tooth decay and social deprivation is evident in Leeds. The four wards with the highest mean dmft all have indices of multiple deprivation rankings in the top 20% of the city. The four wards are Gipton and Harehills, Beeston and Holbeck, Middleton Park and Armley.

3.12 Nationally the links between dental caries in children and ethnicity are not straightforward and not as strongly associated as the links between social deprivation and dental caries. Studies suggest children of Black, Minority and Ethnic groups are at higher risk of dental caries if their parents are new to the UK; speak limited English; are part of a large family; do not use health services.

3.13 Children who are 'looked after' by the Local Authority may be at higher risk of oral health inequalities than their peers due to previous neglect of their oral health. There is no national or local data about the levels of dmft in children who are looked after by the Local Authority.

3.14 Data will become available about the oral health of children with additional needs when the results of the National Dental Survey for children attending special schools (2013-14) are published. Children with long term health conditions can be at risk of dental disease due to sugar loaded medicines, diet and abnormalities linked to the condition. Children with learning and developmental difficulties often need additional support to maintain effective oral hygiene.

<u>Engagement with parents, carers, children and young people</u>

3.15 It is important to understand how Leeds' children and young people, parents and carers experience their oral health and to learn about what contributes to healthy and unhealthy habits. There are two reports which provide this insight. These are the reports of the 'Growing up in Leeds Survey' 2012/13 and the 'Leeds Oral Health Promotion Children and Young People engagement report 2015'.

3.16 Every year Leeds children provide information about their health through the 'My Health, My School' survey (previously called 'Growing Up in Leeds'). Aspects of this extensive survey that are most relevant to oral health are information about dental attendance, tooth brushing habits and aspects of dietary intake.

3.17 It is recommended that children and young people attend the dentist twice per year. Oral health promotion advice, a dental examination and required treatment is provided at these appointments. Primary and secondary school children reported that on average:

- 56% attended a dentist twice per year
- 10.5% attended only if there was something wrong with their teeth
- 2.75% never visited the dentist.
- Fewer children who are eligible for free school meals (an indicator of poverty) attended the dentist twice a year (42%). 19% attended only if there was something wrong and a higher proportion never visited the dentist.

3.18 Toothbrushing with fluoride toothpaste twice a day for two minutes is the most effective activity children and young people can undertake to protect their teeth. Primary and secondary school children reported that on average:

- 73.5% of children and young people brush their teeth twice per day.
- 21% brushed their teeth once per day
- 4% did not regularly brush their teeth

3.19 Nutrition affects the teeth in all stages of their development. Dental caries disease occurs due to a complex interaction between sugars, dietary carbohydrate and bacteria in the mouth. The sugars that are particularly harmful to teeth are often called 'free sugars'. Free sugars refer to all sugars added to foods by a manufacturer, a cook or a consumer. Most free sugars are contained in processed and manufactured foods and drinks. Epidemiological studies show that people who eat a balanced diet with a variety of foods and low sugar generally have low caries experience. Dental erosion is another oral disease which children and young people experience. Erosion occurs when the tooth surfaces are etched away by acids. Sugar and acids in soft drinks (fizzy drinks, milkshakes, sweetened juices, smoothies and cordials) are a cause of tooth decay and erosion. The dietary sections of the 'Growing up in Leeds' survey showed that:

- 26% of primary school children eat five or more portions of fruit and vegetables per day.
- 13% of secondary school children eat five or more portions of fruit and vegetables per day.
- 56% of primary school aged children drink 2-3 sweetened drinks per day
- 74% of secondary school aged children drink 2-4 sweetened drinks per day

3.20 Leeds Oral Health Promotion Children and Young People Engagement Report describes engagement undertaken by Public Health and supported by a steering group including Public Health England, Leeds Community Dental Service, Leeds Oral Health Promotion team. The engagement included parents, carers, children and young people. It took place in a variety of settings with different styles to ensure voices from different parts of the diverse city of Leeds were heard. Engagement was undertaken at Parklands Children's Centre, Asha Community Centre, The Cupboard project, Leeds Youth Council, Leeds Community Dental service and a focus group of parents with children with additional needs. The key themes from the engagement were:

(i) There are barriers in attending the dentist. These include waiting list, travelling times and distances to a dentist; no language interpreting services in dental practices. If children and young people were fearful of attending, it was not helped by not consistently seeing the same dentist.

(ii) Parents and carers showed they did not know the main oral hygiene messages. They did not know how to find the key messages. Parents said they need regular reminders about how to look after their children's teeth especially when the children were younger.

(iii) Parents said they found it difficult to brush their child's teeth and they needed support to learn how to do this.

(iv) Parents felt that sweetened drinks and foods were so available that a 'whole community approach' was needed to limit children and young people's intake. Parents need support to encourage healthy eating behaviours.

(v) Young people said they relied on their parents and carers for oral health messages and did not directly receive messages about oral health from other sources. They said they wanted practical demonstrations about how to brush and floss effectively.

(vi) Young people said eating sweet snacks was the easiest way of getting a snack when they were hungry.

<u>What should we be doing? Using the evidence base</u>

3.21 The Leeds Children and Young People Oral Health Promotion Health Needs Assessment (2014) reviewed the research base and national policy and guidance to assess the most effective ways to improve the oral health of children and young people. The evidence base is extensive and is summarised in these six themes.

3.21.1 Increase fluoride exposure

Fluoride disrupts the process of tooth decay by changing the structure of developing enamel, making it more resistant to acid attack. These structural changes occur if a child's teeth are exposed to fluoride during the period when enamel develops (mainly up to seven years of age). Fluoride reduces the ability of plaque bacteria to produce acid, which is the cause of tooth decay. Fluoride decreases caries

risk but it does not always balance out the dietary factors involved in caries formation. Teeth can be exposed to fluoride through:

(i) Toothbrushing with a fluoride toothpaste twice a day for two minutes. Regular toothbrushing removes the plaque on the teeth and the fluoride in the toothpaste serves to prevent, control and stop the development of caries. Parents should supervise their child brushing their teeth until they are seven years of age.

(ii) Supervised toothbrushing schemes are highly recommended. A supervised scheme is where a nursery or primary school agrees to supervise the toothbrushing of the children one time during the school day. In Leeds there are schemes in targeted areas and 13 children's centres take part and 8 primary schools.

(iii) Free distribution of toothbrush and paste has shown to increase toothbrushing and reduce dental caries. In Leeds 'Brushing for Life' is a health visitor led programme distributing toothpaste, brush and an educational leaflet and professional advice. This is a universal intervention delivered at the Health Visiting 7-9 month contact.

(iv) Fluoride varnish is a varnish that dental practices can apply. It is a clear and taste free varnish. It is recommended that all 3-16 year olds should have fluoride varnish applied twice yearly by their dentist. It is a cost effective way to prevent caries in children and young people. The proportion of Leeds children attending a dentist in 2013/14 who received fluoride varnish was 33.6%. Fluoride varnish community programmes could be delivered in venues other than dentists, for example schools. Currently there are no community fluoride varnish programmes in Leeds.

(v) Water fluoridation. Currently Leeds does not have public water fluoridation.

3.21.2 Promote a healthy diet

Oral health depends on a child and young person having a good nutritional diet. Every child and young person needs to:

(i) Eat a minimum of five portions of fruit and vegetables per day.

(ii) Reduce intake of foods and drinks high in sugar and acid. Sugary foods are best eaten at meal times. Food and drinks with added sugars should be limited to a maximum of four times a day.

(iii) Consume sugary foods only at mealtimes.

(iv) Use sugar-free medications.

Two Leeds public health strategies and implementation plans support oral health improvement because of the common risk factors between oral health and the importance of healthy diets for all children and young people. 'Leeds Childhood Obesity Prevention and Weight Management' strategy is a citywide strategy to support children and young people to achieve a healthy weight. It has resulted in interventions to increase healthy diet and reduce the consumption of sugary foods and drinks. 'Leeds Breastfeeding Strategy - Food for Life' aims to increase breastfeeding rates. Breastfeeding provides excellent conditions for the primary teeth to develop.

Examples of interventions which support healthy diet and oral health improvement are campaigns such as the 'Five a day' campaign and the 'Change for Life' campaign. Examples of locality work in disadvantaged areas which increase fruit and vegetable consumption is The Food Dudes Programme and the Ministry of Food Cooking skills intervention. Food Dudes works with 12 primary schools across West and North West Leeds. Early results from the programme show increases in fruit and vegetables. Community Health Development contracts in disadvantaged areas funding by Public Health provide other food related activity including food introduction sessions, shopping and budgeting advice and cooking skills which also contribute to increasing fruit and vegetable consumption in families.

3.21.3 Children and families workforce to be an oral health promoting workforce.

Oral health is an important part of general health and is the responsibility of a wide range of the workforce working with children, young people and families. This workforce includes children's centres, health visitors, school nurses, schools and specialist children's health and social services. There are four key ways to ensure oral health has a priority within these services:

(i) Ensure the workforce is trained to promote oral health. The workforce should be trained to give the correct information and to support behaviour change in children and families. An Oral Health Promotion team is commissioned to promote oral heath to the wider children's workforce and provide training.

(ii) Include information and advice on oral health in local services' health and wellbeing policies

(iii) Ensure service specifications include a requirement to promote oral health.

(iv) Create environments that promote oral health. This includes encouraging and supporting breastfeeding; making plain drinking water freely available; offering a choice of food, drinks and snacks that support good oral health and a healthier diet; display information about local dental services. Many settings have improved their healthy environment eg. many schools have healthy lunchbox policies and a ready supply of fresh drinking water.

3.21.4 Improve dental attendance.

It is recommended that a child visits the dentist after the eruption of the first tooth. From then on the child should attend the dentist twice a year. Attending the dentist sets up a lifetime of oral care habits as the dentist provides preventative advice and interventions and the child is acclimatised to the dental surgery. Key ways to promote dental attendance are:

(i) Promote dental attendance to pregnant women and all parents. Parents who attend the dentist are more likely to bring their child to a dentist.

(ii) Ensure all parents and carers know how to access a local dentist and know that it is free for children and young people.

3.21.5 Reduce dental injuries

A high proportion of dental injuries occur during leisure activities at home, in playgrounds and in schools and nurseries. Teenagers are mostly injured during sporting activities, traffic accidents and in violent incidents. Dental injuries are difficult to prevent because they are accidents. However there are key ways to support their reduction:

(i) Provide effective parenting support and advice to all parents of younger children. Parenting advice and support is provided through health visiting services to all families. Children's centres provide parenting support.

(ii) Promote the use of gum shields in high risk sports.

(iii) Promote the use of cycle helmets.

(iv) Give key messages about how to care for a tooth if it is knocked out prematurely during an accident.

3.21.6 Reduce use of tobacco and alcohol products.

Tobacco use whether it is smoked, chewed, sucked or inhaled significantly increases the risk of developing oral cancer, periodontal (gum) disease and tooth decay. By the age of 15 more than a quarter of boys smoke and a third of girls in England smoke. In England the highest proportion of self-reported chewing of tobacco is in the Bangladeshi community. Water pipe smoking is an emerging risky health behaviour amongst young people of all ethnicities but particularly amongst South Asian communities.

Leeds tobacco control action plan oversees the continuing development of initiatives to reduce tobacco use in the city.

Alcohol is a causal factor of oral cancer. It also increases the risk of accidents which can cause dental trauma. Many popular alcoholic drinks contain a lot of sugar which is as harmful to teeth as sugars in foods.

Currently in Leeds there is a citywide action plan to reduce the impact of alcohol and drug misuse among children, young people and families.

The development of the Leeds children and young people oral health promotion plan

3.22 The evidence from the Children and Young People Oral Health Promotion Health Needs Assessment is clear that to improve oral health a co-ordinated programme of partnership work needs to be developed throughout many sectors. To develop a Plan for this programme of work, stakeholders were invited to be part of an Oral Health Promotion strategy group. The terms of reference for this group state that: stakeholders will support the development of the citywide Plan; and will take responsibility to drive forward the subsequent implementation plan and evaluate it annually.

3.23 The strategy group involves specialist services and the wider children and families public health promoting workforce. Strategy group members are representatives from:

- Public Health England
- Leeds Dental Network
- Leeds Dental Institute
- Leeds Community Dental Service
- Leeds Oral Health Promotion team
- Public Health, Leeds City Council
- Children's Centres, Leeds City Council
- Health and Well-being Service, Leeds City Council
- School Nursing Service, Leeds Community Healthcare Trust
- Health Visiting Service, Leeds Community Healthcare Trust
- Children Looked After and Safeguarding, Leeds Community Healthcare Trust
- Third sector in Leeds

3.24 The Draft Leeds Children and Young People Oral Health Promotion Plan is a five year plan that has been developed through the Oral Health Promotion strategy group. The draft Oral Health Promotion Plan was produced in March 2015 and went out to wide consultation April- June 2015. Amendments have been made to the plan following this consultation.

3.25 The overall outcomes of the CYP Oral Health Promotion Plan are:

- Children and young people, parents and carers are supported to care for oral health through the promotion of oral health messages and environments that are healthy to children's teeth
- Children and young people's intake of sugar is reduced
- Every child's teeth are exposed to adequate amounts of fluoride.
- Children and young people access preventative services from their dentist.

3.26 The headline indicators for the plan are: the mean number of teeth with dental caries; and the restoration rates and extraction rates in children and young people

The next stages for the Plan

3.27 The draft plan will be considered by Health Scrutiny in July 2015, and will go to Health and Wellbeing Board ion 30th September 2015 for ratification.

3.28 An implementation plan is currently being developed. It will a two year implementation plan initially. A workshop to develop the two year implementation plan took place on 19th June. Initial actions from the workshop suggest that the focus over the next year will be to:

- Promote LeedsSmiles website resource to parents, carers and the workforce.
- Promote toothbrushing schemes in more nurseries and schools
- Increase the participation of parents in the toothbrushing schemes.
- Develop oral health promoting policies in key services who deliver to children and young people.
- Explore where service specifications can be changed to ensure oral health is a priority.

Measuring the progress of the plan

3.29 A dashboard of indicators will be developed which will be reviewed on an annual basis.

## 4. Corporate Considerations

### 4.1 Consultation and Engagement

The work cited in this report references a range of consultation and engagement undertaken by services with children, young people and their families. Both NHS and Council services have structures and mechanisms in place for ongoing engagement.

### 4.2 Equality and Diversity / Cohesion and Integration

The paper refers to key issues around inequalities, and describes a proportionate universal approach to delivery of services in order to target increasing resource on those with greatest need. An equality impact assessment has been undertaken and demonstrated that the needs assessment and Plan have appropriately taken inequalities into consideration

### 4.3 Council policies and the Best Council Plan

Issues covered relate to key priorities in the Health and Wellbeing Strategy. CYP oral health is an aspect of Best Start which is a top commitment of the Health and Wellbeing Strategy, and is closely aligned to the Children and Young People's Plan outcome that 'children and young people enjoy healthy lifestyles.'

### 4.4 Resources and value for money

The evidence based recommendations for actions to improve oral health are contained in National Institute for Health and Care Excellence (NICE) guidelines. The guidelines take account of cost effectiveness and value for money.

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

None

### 4.6 Risk Management

None

## 5. Conclusions

5.1 Leeds Children and young people have worse oral health than their peers in England and this is an unacceptable inequality that requires action across the city. Within Leeds there are oral health inequalities which require targeted interventions. The evidence base shows there are cost effective interventions to improve oral health. The Children and Young People Oral Health Promotion Plan will provide structure to a programme of work across multiple agencies and sectors. Engagement in the Plan by a wide cross section of shows a commitment to make oral health improvement of children and young people a priority.

## 6. Recommendations

6.1 Scrutiny Board is asked to consider the content of the work to date and make suggestions regarding future actions.

6.2 Scrutiny Board is asked to consider the content of the plan and note the process of discussion and engagement that has taken place.

## 7. Background documents[1]

Growing up in Leeds. Trend data 2009-13. Leeds city council (www.schoolwellbeing.co.uk)

Leeds Children and Young People Oral Health Promotion Health Needs Assessment 2014. Public Health, Leeds City Council (www.observatory.leeds.gov.uk)

Leeds Health and Wellbeing Strategy, Leeds City Council.

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

**APPENDIX A**

**Draft Leeds Children and Young People Oral Health Promotion Plan 2015-2019**

**Outcome:** All children and young people have good oral health

**Vision**: Every child in Leeds and their parents and carers have access to effective oral health support and advice through a well-informed workforce delivering evidence based advice and interventions. Targeted interventions support parents and carers and children and young people to reduce oral health inequalities.

**Headline Indicators**: Mean number of teeth with dental caries and restoration rates in five and twelve year olds; extraction rates.

| Objectives | Priorities | Indicators |
|---|---|---|
| **1. Children and young people (CYP), parents and carers are supported to care for oral health.** | 1. Support the children and young people's health promoting workforce to work effectively with parents and CYP to improve oral health behaviours<br>2. Provide a range of opportunities when parents and CYP will be informed about how to care for oral health<br>3. Support childcare settings and schools to provide environments that promote good oral health<br>4. Include oral health in the delivery of public health programmes and services for CYP and parents. | 1. Number of staff in the wider children and young people's workforce attending evidence based oral health promotion training.<br>2. Number of 'Brushing for Life' packs distributed.<br>3. Number of children receiving a Health Visitor 7-9 month and 2 year check. |
| **2. Children and young people's intake of sugar is reduced.** | 5. Promote awareness of the impact of sugary drinks, snacks and medicines on oral health.<br>6. Support the work of the 'Childhood Obesity Management Board' to promote healthy eating. | 4. Breastfeeding initiation and maintenance.<br>5. Obesity levels in Reception and Year 6.<br>6. Number of CYP who report lower intakes of sugar loaded drinks and snacks**.** |
| **3. Every child's teeth are exposed to adequate amounts of fluoride.** | 7. Promote toothbrushing schemes in nursery and primary schools to target inequalities.<br>8. Support the delivery of high quality oral health promotion in schools.<br>9. Increase the uptake of fluoride varnish application.<br>10. Raise the general awareness of water fluoridation. | 7. Percentage of CYP receiving fluoride varnish application.<br>8. Percentage of CYP reporting good toothbrushing habits.<br>9. Number of schools and number of children taking part in toothbrushing schemes. |
| **4. Children and young people access preventative services from their dentist.** | 11. Raise awareness about the importance of dental attendance.<br>12. Support the delivery of preventative care by dental practices. | 10. Percentage of CYP attending a dentist.<br>11. Percentage of CYP who report attending a dentist annually. |

This page is intentionally left blank

Report author: Shona McFarlane and Paul Morrin

Tel: 0113 37 83935 / 220 8516

**Report of Director of Adult Social Services and Chief Executive Officer Leeds Community Healthcare NHS Trust**

**Report to Scrutiny Board (Adult Social Service, Public Health, NHS)**

**Date: 28 July 2015**

**Subject: Integrated Health and Social Care Teams**

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

**Summary of main issues**

1. Considerable work has been undertaken over the last 3 years to develop the vision and model for integrating or joining up our services across Leeds to improve access and outcomes for people. This report summarises work to date.

2. Ongoing work has moved into the implementation phase, building on what has worked well to date, testing out further concepts and trying out further options on the ground.

3. There is further 'must do' work to support integrated working including having estates solutions in place for all teams and development of shared performance measures. There is also the opportunity to build on the foundation that integrated teams provides to embrace partnership working on a much broader level within local communities picking up on the wider determinants of health and wellbeing.

4. The significance of key enablers namely; ongoing organisational development, IMT(Information Management & Technology), workforce supply and skill, estates, contracting and finance cannot be underestimated in securing the desired outcomes from this work.

**Recommendations**

The Board is asked to note the update on progress and next steps as outlined.

## 1 Purpose of this report

**1.1** This report updates Scrutiny Board on the progress to date in developing integrated health and social care teams. It provides background to the teams including detail of where and when they were established, what it was hoped the integrated teams would achieve and details of how they operate. It also details the outcome measures developed to capture what good would look like and describes outstanding work remaining.

## 2 Background information

**2.1** The 2012 Health and Social Care Act set out obligations for health and social care to work together to improve service quality and service user experience. This is of particular importance for individuals with complex needs whose experience of the system is of multiple handoffs between services and unnecessary duplication.

**2.2** Considerable work has been undertaken over the last 3 years to develop the vision and model for integrating or joining up our services across Leeds to improve access and outcomes for people. The City has developed a neighbourhood model with services organised at a local community level. Ongoing work has moved into the implementation phase, building on what has worked well to date, testing out further concepts and trying out further options on the ground.

**2.3** A proposal was brought to scrutiny committee in February 2012 to establish integrated health and social care teams across the City by March 2013. The proposal was to bring social workers, district nurses and community matrons together in 12 teams which between them provided citywide coverage. The first three teams were established by March 2012 and by end of December 2012 each of the twelve neighbourhoods had a team in place.

**2.4** *"I think common sense would tell you that when we all work more closely together, patients benefit: increased quality, less duplication and a much better, well-rounded service,"* Community Matron.

**2.5** The teams were part of a three-pronged approach which included risk profiling - understanding the needs of the population, identifying those who are at risk of needing hospital or long term care in the future and targeting more intensive support at an earlier stage for those who need it; and supported self-management - staff, people who use services, their families/carers and community organisations working in an equal partnership to make sure people have the right tools and information to better manage their condition and live as independently as possible.

**2.6** The role of the teams was to provide joined up care and support close to home to citizens of Leeds[1] with a mix of health and social care needs, preventing unnecessary admittance to hospital, facilitating timely and safe discharge for those that need to go into hospital and to deliver co-ordinated care.

**2.7** *"It's so useful being able to take advantage of the nurses' knowledge about the person you're supporting. It means we don't need to ask the person as many questions – so they don't feel they're being asked the same things over and over by different staff."* Social worker.

[1] Who are also registered with a Leeds GP.

**2.8** From 2013 each team was given the freedom to try out new ways of working together and then share good practice across the City, rather than a prescriptive direction on new ways of working. This produced mixed results with staff groups unsure of the boundaries and limitations within which they were operating and with operational pressures and established systems and processes limiting creativity. However, there were a number of positive initiatives that were developed by teams and some areas of concern that were common to all. This resulted in an extensive piece of consultation work with all stakeholders to develop a common target model for community integration.

**2.9** A series of outcomes were developed – working collaboratively with staff and people who used health and social care services – capturing what would be different for service users, for staff and for the system when we had developed the integrated service.

**2.10** The Outcomes framework (below) was agreed by Health and Social Care Transformation Board in February 2013.

| | **Better** | **Simpler** | **Better value** |
|---|---|---|---|
| **Service user and carer** | I have choice and control over the services I get.<br>Services see and treat me as an individual.<br>I feel there is time for staff to listen to me. | Teams share information (with my consent), so I don't have to tell my story to too many different people.<br>I know who go to if I need to discuss my support.<br>I am seen in hospital swiftly if that's the best place for me. | Formal services help me to make good use of everyday, community services and support.<br>I can get the support I need to manage my own condition. |
| **Staff** | Service users receive a more holistic response because we're integrated.<br>Integration enables us to use planning and meeting time more effectively.<br>We are able to take a more preventative approach to support. | I can spend more time with users and carers because we're integrated.<br>I am clear about my role and responsibilities and how they fit with other roles in the whole system. | There is less duplication because we're integrated.<br>Processes (assessment, recording and review) are streamlined and transparent.<br>We have clear ways of sharing learning and best practice between teams. |
| **System** | Integrated teams have led to improved health and well-being.<br>Information flow between teams and to and from the wider system (Third sector) is better. | Integrated teams have led to shorter times from referral to response.<br>There is a shared care plan across all relevant partners. | Integrated teams have helped people stay at home (and not go into hospital or care homes).<br>There is flexibility in roles (for simple tasks) within neighbourhood teams and the wider system. |

**2.11** The emerging teams were starting to produce improved outcomes for the people of Leeds. Each team could give examples of how being located together, having more opportunity to talk to colleagues and work closely together meant that people were receiving services in a more timely manner and these were more joined up. There are examples across the City from each team of how being in an integrated team has helped to achieve each of the outcomes described in 2.10.

**2.12** *"I have been working with the Pudsey team and have found that the team has evolved over the time I have been attending and is delivering results" Geriatrician.*

**2.13** At the same time a number of issues had arisen that needed to be addressed. It was clear that to maximise the benefit of neighbourhood working a greater breadth of professionals needed to be part of the team. Operating to different boundaries and working with different populations was also limiting effective partnership development.

**2.14** *"I think enhancing the teams with staff from ICT(Intermediate Care Teams) and JCM(Joint Care Management Teams) will make them more useful" "I feel the next step should be more engagement with GP colleagues"* Geriatricians.

**2.15** The model was reviewed in 2014 and agreement reached that the teams would work with GP practice populations rather than to strict geographical boundaries, with a thirteenth neighbourhood created. This would mean that for the first time adult social care, GPs and community healthcare staff would be supporting the same people at a local level and would be better positioned to build strong working relationships across organisations. The decision on which GPs aligned with each neighbourhood took into account natural communities across Leeds as it was recognised as equally important that the teams fostered relationships with local voluntary and community groups.

**2.16** Teams were strengthened with the inclusion of staff from intermediate care services, adult domiciliary physiotherapy and by a realignment of social work and reablement services into thirteen neighbourhoods with the support of three area based initial response teams. A number of posts which were developed to trial the approach, using short term funding to establish benefits to the system – interface geriatricians, carers support workers provided through Carers Leeds and mental health workers from Leeds and York Partnership NHS Foundation Trust – have also enhanced the work of the teams.

**2.17** Post-election the Secretary of State has signalled his intention/commitment to the further development of community based care through:

- Shifting the focus away from hospital settings
- Improving access to primary care
- Further development of true integration

**2.18** All of the above are seen as crucial to ongoing sustainability for the NHS and public sector.

## 3 Main issues

### 3.1 <u>Outcomes</u>

3.1.1 There have been a number of key achievements in establishing the integrated health and social care teams:

3.1.2 **Improved understanding of one another's roles, leading in turn to more appropriate and timely referrals between services.** This has been achieved through shadowing opportunities, co-working cases and bringing together different professional perspectives in multi-disciplinary case meetings. A positive new development is the opening of reablement pathways so that health colleagues within the team can refer people directly into the service to avoid hospital admission or support discharge rather than needing to refer via a colleague from social care.

3.1.3 **Improved relationships with community and voluntary sector groups and services and raised awareness of the Leeds Directory.** Map of Medicine, used by GPs to navigate a range of services for patients, now links to Leeds Directory giving GPs a wealth of information on community services. The Directory has been promoted heavily within the teams and neighbourhood searches have been added to the Directory to support use of the tool.

3.1.4 **Teams have established links with local neighbourhood networks and have carried out specific pieces of work with community and voluntary groups including social prescribing initiatives.** Teams invite attendance at multi-disciplinary meetings from voluntary sector organisations as appropriate. Specific schemes have linked voluntary sector workers with the teams. Carers Leeds employ Carers Support Workers and Alzheimers Society are in the process of recruiting Memory Support Workers.

3.1.5 **Examples of how more co-ordinated work between professionals as a result of improved relationships and co-location has resulted in improved outcomes for the people we are supporting.** Some of these are captured as case studies at www.leeds.gov.uk/transform.

3.1.6 *"My community matron has been working closely with adult social care to put a system in place that means I can have some independence and control back in my life."* Service User.

3.1.7 **Regular multi-disciplinary meetings happening weekly at a local level providing a co-ordinated means of considering individual needs holistically and benefitting from a range of professional perspectives.** Monthly Multi-disciplinary team meetings have been held since teams were first established in 2012. In May 2014 weekly case management meetings were added in. In the twelve months following over 2000 people benefitted from this approach. Some people received additional input from the team as a result of this approach. However, better use of neighbourhood networks and other local authority commissioned third sector services has meant many did not need additional statutory services. Having different perspectives on a case led to increased community input or practical support around equipment. Each neighbourhood produces a case study quarterly capturing good practice.

3.1.8 Multi-disciplinary Team Meetings have "*invariably improved standards of care and in a few cases have staved off unnecessary admissions."* Geriatrician.

3.1.9 **Shared leadership and statutory and mandatory training programmes developed.** Making effective use of training resources, ensuring consistency in standards and providing staff with further opportunity to develop a shared culture which benefits from a range of perspectives.

3.1.10 **Development of a shared 'front door' at Westgate to support integrated working at a local level.** Still under development but providing a single way in to community services for other professionals, improving speed of access to services rather than navigating a number of different routes in. One of the strengths of this model is having a single number when a rapid response is required to avoid hospital admission. Early indications are that this is having a positive impact on demand reduction and accuracy of response.

3.1.11 **Rollout of Leeds Care Record allowing staff within the team access to information from partners on the people they are supporting.** Staff within different health and social care provision use different recording systems and patient records. Leeds Care Record takes information from each system in real time and allows professionals involved in an individual's care to see who else is involved and what input has been provided. This saves time in knowing who you need to talk to and also reduces risk in deciding whether someone can be safely supported at home. There has been a project rolling the record out across the teams and all will have access by September. Initial feedback is extremely positive.

3.1.12 **Peer review project to capture the impact of integrated teams for people using services.** This is discussed in further detail in section 4.

### 3.2 Challenges and Key Risks

3.2.1 Whilst the foundation of integrated working has been established and benefits of this work are starting to be realised there is still work to be done to fully realise the benefits. This includes completing structural change, sharing and embedding consistent good practice but also building on this foundation with new ways of working.

### 3.3 Performance.

3.3.2 Implementing a joint performance management framework: There are no performance measures in place that teams work to as an integrated team. Both organisations continue to capture performance measures specific to their internal requirements. Work was undertaken by commissioners to identify activity measures that may indicate success as per the outcomes framework and this has been pulled into a dashboard but further work is needed to develop a coherent set of performance measures that integrated teams collectively own.

3.3.3 Whilst some practice is consistent across all integrated teams there are a number of initiatives that have been tried in one or two neighbourhoods that now need to be evaluated and rolled out across the City.

3.3.4 **Estates.** Structural changes have been necessary to establish the teams and further work is necessary in this area to maximise the benefits for the City. Identifying suitable estates to bring staff together has been, and continues to be an issue. It is essential for team building that members of the team can come together in their neighbourhood but there are insufficient buildings with capacity to house the team in some areas. There have also been difficulties in scoping the requirements for the teams, particularly through the initial stages, however, 50% of the teams nowhave a base that accommodates the whole team.

3.3.5 Estates has been a particular challenge as we have tried to bring together corporate asset management strategies across and within two organisations and identify a solution for one service area when asset management colleagues need to balance the needs of a multitude of service areas. Estates solutions and efficiencies are also dependent upon the teams adopting a similar model of 'New Ways of Working' (NWOW) as that currently adopted within the Council for City Centre staff. It is recognised that this represents a further significant change for the teams to absorb at this time. Notwithstanding these difficult issues the Programme continues to work with partners from asset management to address them.

3.3.6 Different IT systems and infrastructure meant investment was needed in bases to enable health and social care staff to work from the same place. Interdependent work within LCH (Leeds Community Healthcare) to move staff to mobile technology is in the process of being delivered and there is additional pressure on bases until staff have the tools to work in more flexible ways. Work is being progressed by both organisations to try to establish shared bases in all thirteen localities and to equip staff with technology to be able to work more flexibly.

3.3.7 **Climate of Change.** LCH has been balancing the developing partnership with Adult Social Care with a major internal restructure of services. This restructure is still in the process of being implemented and staff are trying to establish their identity within the teams and develop new skills. New processes have been developed as part of this work and will be implemented over the coming year. This will support more integrated working but won't be fully realised until 2016.

3.3.8 Change has taken place in a climate when other large scale change was also being progressed. In addition one off development money led to a large number of short term projects being run concurrently. Many of these impacted on the same frontline staff as the development of integrated teams and this slowed the pace of progress.

3.3.9 **Scale of Change.** Both organisations needed to realign staff teams impacting 1200 staff. This involved significant engagement work with staff which took time. It also required additional work from teams to prepare for realignment, movement of cases across teams and changes to care records. This needed to be balanced with the priority of delivering essential frontline services. As there was no additional resource to support this activity pace of change was slow.

### 3.4 Future Actions and Plans.

3.4.1 The programme board have identified a number of actions in their work plan this year to progress the model:

3.4.2 Refine the vision and required outcomes based on current evidence and thinking.

3.4.3 Define and implement a clear performance management framework against which teams can be measured (singly by organisation and as a joint service).

3.4.4 Implement a clear and consistent model across Leeds, learning from the best, that defines 'what good looks like' in a neighbourhood team, that is also flexible enough to be responsive to local needs.

3.4.5 Ensure positive and proactive leadership at every level to achieve shared objectives.

3.4.6 Continued engagement with customers to ensure their needs are at the heart of everything the neighbourhood teams do.

3.4.7 Consideration of how to better engage with other partners – including GPs, mental health services, neighbourhood networks and other voluntary and community groups.

## 4 Corporate Considerations

### 4.1 Consultation and Engagement

4.1.1 Throughout 2012 and 2013 whilst the model was being shaped and developed a designated patient and public involvement lead was employed to ensure that people that use services were engaged in the development of the service model. This was achieved through attendance at workshops and events, through specific task and finish groups and through a reference group; together with use of existing forums across the City.

4.1.2 There has been media coverage of the developments, designated web pages showcasing examples of integration and several roadshows in shopping centres and within the foyer of St James Hospital aimed at raising public awareness of this work and gathering opinions.

4.1.3 During implementation we have been interviewing people that have used both health and social care services. A team of older people were recruited and trained as peer evaluators. They work with each neighbourhood in turn asking the team to identify people who have accessed both health and social care services in the last six months and would be happy to be interviewed. After all interviews for a neighbourhood have taken place the peer evaluators meet with the neighbourhood team and provide feedback which then feeds into the team's service improvement plan to positively impact on service development and delivery going forwards.

4.1.4 As mentioned above the development of the neighbourhood model impacts directly on approximately 1200 staff across Leeds City Council and Leeds Community Healthcare NHS trust. The approach of the programme has been led by operational services with support from project staff. A year long piece of work on future workforce planning involved hundreds of staff and service users and throughout the development there have been opportunities for staff and unions to engage in the work.

4.1.5 New concepts have been developed and tested by the groups of staff impacted by change before being rolled out across the City.

### 4.2 Equality and Diversity / Cohesion and Integration

4.2.1 When teams started working together it became evident that having some services working to practice populations and others working to geographical boundaries meant that there was an inequity in the service offered. For those people whose surgery fell within the right geographical boundary they could benefit from the full support of an integrated team but for those who sat in the

geographical boundary of another neighbourhood team there was no added benefit.

4.2.2 In making changes to boundaries and moving to practice populations thought was given to natural communities and, considering the wider determinants of good health, the need for integrated teams to work effectively with local communities. This resulted in some branch surgeries being supported by a different team to their main practice. For example North Leeds medical centre at Moortown corner has a branch surgery, Milan Street, in Chapeltown. Chapeltown has a much younger demographic and a different ethnic make-up to Moortown. It was agreed that this branch served a different community and they would benefit more by being supported from a neighbourhood that was actively working with the community. Chapeltown neighbourhood is part of the 'Better for Me' proactive care pilot targeting people in their 50s and 60s who have been newly diagnosed with long term conditions such as diabetes or heart disease and may need extra support to help them learn how best to manage their condition. It is appropriate that all members of this community are able to benefit from this initiative.

### 4.3 Council policies and the Best Council Plan

4.3.1 This development is about working more effectively in partnership with other organisations to improve outcomes for the citizens of Leeds.

4.3.2 Integration sits as one of the three strands of the Better Lives Programme – objective 4 on the 2015/16 objectives in the Best Council Plan.

### 4.4 Resources and value for money

4.4.1 There were no specific cashable savings targets assigned to this work. Leeds, in common with the rest of the country, is facing a rise in the number of older people combined with an increase in the number of people who live with multiple chronic health problems. This will increase the demand on services in the future. Development of the neighbourhood model, together with more proactive approaches to managing an individual's health are designed to slow the demand, reduce the use of acute (hospital) services and reduce use of unplanned care. The development of the ongoing performance management frameworks in support of the new model of services will enable the benefits of this work to the whole Health & Social Care system in Leeds to be both measured and monitored more effectively.

4.4.2 The significance of key enablers namely; ongoing organisational development, IMT, workforce supply and skill, estates, contracting and finance cannot be underestimated in securing the desired outcomes from this work.

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

4.5.1 There are no specific legal implications arising from this report.

4.5.2 As an information report to Scrutiny Board, this report is not eligible for call in.

### 4.6 Risk Management

4.6.1 There is a requirement from the Department of Health that local authorities can demonstrate integrated working with the NHS by 2018. This sits as a risk within the corporate risk register and progress on the integrated teams work is reported within this quarterly.

## 5 Conclusions

**5.1** Whilst teams were in place across the City at the end of 2012 integrated working has continued to develop over the subsequent two and a half years with a process of develop, test and embed applied in continuing to expand the scope of the teams.

**5.2** There are clear benefits emerging from the establishment of integrated health and social care teams. Partnership projects with community and voluntary groups and with other statutory partners highlights the potential to develop this model further to meet the health and wellbeing needs of the population with a focus on local communities.

**5.3** The programme has a number of objectives clearly identified for action in 15/16 to ensure that the neighbourhood model is consistently embedded and providing effective, responsive services.

## 6 Recommendations

**6.1** The Board is asked to note the update on progress and next steps as outlined with particular reference to the achievements to date, the identified actions required around estates and performance and the future plans.

## 7 Background documents[2]

**7.1** None

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

Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 247 4707

**Report of Head of Scrutiny and Member Development**

**Report to Scrutiny Board (Adult Social Services, Public Health, NHS)**

**Date: 28 July 2015**

**Subject: Public Health Budget Update**

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

## 1 Purpose of this report

1.1 The purpose of this report is to introduce an update from the Director of Public Health regarding the Public Health budget for 2015/16 (i.e. the current year).

## 2 Summary of main issues

2.1 At the Board's meeting on 23 June 2015, the Director of Public Health and Executive Member for Health, Wellbeing and Adults advised the Scrutiny Board of a recent Treasury announcement that would see Public Health funding reduced by approximately £200M across England for 2015/16 (the current year): Equating to around £3M for Leeds, which was likely to have a significant impact on the Council's 'prevention agenda'.

2.2 The Board was further advised that a Department of Health consultation was anticipated in the near future – likely to focus on how the decision could be implemented.

2.3 The Director of Public Health has been invited to provide an update to the Scrutiny Board (attached at Appendix 1) for consideration. Any further update on the current position will be provided at the meeting, as appropriate.

## 3. Recommendations

3.1 That the Scrutiny Board considers this report and attachments, and determines any future scrutiny actions or activity.

## 4. Background papers[1]

4.1 None used.

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

Appendix 1

# Briefing Note Cover Sheet

Leeds CITY COUNCIL

Report Author: Ian Cameron
Tel: 0113 395 2810

| | |
|---|---|
| **Report from:** | Director of Public Health |
| **Report to:** | Scrutiny Board (Adult Social Services, Public Health, NHS) |
| **Date:** | 28 July 2015 |
| **Subject of Briefing:** | Cuts in 2015/16 to the Public Health Grant |
| **Summary and Purpose:** | The paper provides an update on the intended national reduction of the Public Health grant. The consultation paper on how these cuts are to be imposed is still awaited. |
| **Report presented for:** | **Information** ☐<br>**Approval** ☐<br>**Discussion** ☒ |
| **Does the report contain confidential information?** | **Yes** ☐ **No** ☒ |

# Briefing Note:

## 1.0 Purpose

1.1 To update Scrutiny Board members on the intention by the Treasury to reduce the Public Health Grant by £200m across England in 2015/16.

## 2.0 Main Issues

2.1 The consultation paper by the Department of Health on how the cuts are to be implemented has still to be produced. This has been repeatedly stated as imminent and the consultation is expected to last a month. At this stage the £200m cut is a one off. The consultation may make clear whether this is a recurrent cut.

2.2 A key question expected is about how the £200m savings are to be divided between local authorities. One option is for there to be a straight percentage reduction and on this basis this would equate to around £3m for Leeds.

2.3 Another option is for the reduction to be based on how far a local authority is away from the Department of Health's "target" for funding. The Department of Health has previously acknowledged that because of historical different levels of investment by the NHS, local authorities received from the local PCT funding that may or may not match need. Leeds is still around £6.2m short of its target. In contrast Wakefield is 6% over target. For Leeds, a formula based on distance from target would mean a smaller reduction in funding. However, as we are already in July and there would need to be a formula worked out, the expectation is that the Department of Health will propose a straight percentage reduction.

2.4 From October 2015, funding for the 0-5's (i.e. the health visiting service and Family Nurse Partnerships) will transfer from NHS England to local authorities. Full year funding for Leeds will be around £9m. The funding cut proposed in 2015/16 will be on the public health budget prior to this transfer. Therefore the cuts will be imposed on a Public Health budget for Leeds of £40.5m.

2.5 Of this £40.5m budget over 85% is spend on commissioned services. This includes those commissioned directly (e.g. school nurses, smoking cessation services, sexual health services, drugs & alcohol services, weight management, NHS Healthchecks etc) with a range of providers including NHS providers, General practitioners, pharmacists and the third sector. Also included are those jointly commissioned with other Directorates in the Council e.g. Neighbourhood Networks with Adult Social Care, Bodyline with Leisure Services, Care & Repair with 'Environments & Housing. Finally, the Public Health grant is used to fund Council run services e.g. Children's Centres, Healthy Schools etc.

2.6 The remainder of the budget covers staff, pay and running costs, Leeds City Council overheads and programme budgets. The latter covers a range of activities including cancer awareness campaigns, breast feeding programmes, area health budgets etc.

2.7 All aspects of the budget are currently being reviewed for potential savings. In addition, consideration has been given to notice periods and options for contract variations.

2.8 The Public Health budget for 2015/16 had already been fully committed and agreed at Full Council. A number of contracts are activity based e.g. attendance at sexual health clinics, drug & alcohol treatment. These plus the national requirement to fund a new alcohol treatment meant there were pressures anyway on the 2015/16 budget.

2.9 If, as expected, there is a need to find £3m of savings in 2015/16, then difficult decisions will need to be made. Discussions continue with the Executive Member for Health, Wellbeing and Adults.

## 3.0 Corporate Considerations

3.1 Staff from Strategy & Resources are involved in the discussions. There is awareness of the potential implications for jointly commissioned and Council run services.

## 4.0 Conclusions

4.1 The consultation by the Department of Health on the implementation of the Public Health grant funding reduction is still awaited and there may be clarity on whether this becomes a recurrent reduction. Work is underway on the options for a £3m cut if, as expected, a straight percentage cut is imposed.

## 5.0 Recommendations

5.1 That the Scrutiny Board considers this update and determines any future Scrutiny actions or activity.

This page is intentionally left blank

Report author: Steven Courtney
Tel: 247 4707

**Report of Head of Scrutiny and Member Development**

**Report to Scrutiny Board (Adult Social Services, Public Health, NHS)**

**Date: 28 July 2015**

**Subject: Work Schedule (July)**

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

## 1 Purpose of this report

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

## 2 Summary of main issues

2.1 The Board's outline work schedule, which reflects discussions at the Board's meeting on 23 June 2015, is attached at Appendix 1. It is important to retain sufficient flexibility in the Board's work programme in order to react to any specific matters that may arise during the course of the year, therefore the work schedule may be subject to change throughout the municipal year and should be considered to be indicative rather than definitive.

2.2 In order to deliver the work schedule, it is likely that the Board will need to take a flexible approach and may need to undertake some activities outside the formal schedule of meetings. Adopting a flexible approach may also require additional formal meetings of the Scrutiny Board.

Working Groups

2.3 At its meeting in June 2015, the Scrutiny Board re-established the Health Service Developments Working Group, which will primarily be focused on considering proposed changes and development of local health services. As detailed at Appendix 1, it is also proposed to consider the following areas of scrutiny activity through this working group:

- Work around co-commissioning (including specialised commissioning); and,
- Any future proposals around the provision of Children's Epilepsy Surgery Services.

2.4 It is currently proposed to hold bi-monthly working group meetings, commencing in August 2015. Precise meeting dates are subject to confirmation. Any future update from the working group will be provided at the Scrutiny Board.

## 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 incorporated into the work schedule for the remainder of the current municipal year.
c) Prioritise any competing demands where necessary and agree the future work schedule for the Scrutiny Board.

## 4. Background papers[1]

4.1 None used.

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

**SCRUTINY BOARD**
**(ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)**

**APPENDIX 1**

## 2015/16 WORK SCHEDULE

| Title | July | Aug. | Sept. | Oct. | Nov. |
|---|---|---|---|---|---|
| **Integrated Health & Social Care Teams** | Briefing paper | Scope Inquiry | Terms of Reference | Visits | Visits |
| **Air Quality** | | Scope Inquiry | | Evidence session 1 | Evidence session 2 |
| **Primary Care** | | Scope Inquiry | Evidence session 1 | | Evidence session 2 |
| * Access to GPs/ dentists | | | | | |
| * Workforce planning | | | | | |
| * Future plans for primary care | | | | | |
| * Some aspects of health inequalities | | | | | |
| **Cancer Wait Times** | | | Scope Review | | Service commissioners & provider reports (inc. performance) |

**SCRUTINY BOARD**
**(ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)**

**APPENDIX 1**

## 2015/16 WORK SCHEDULE

| Title | July | Aug. | Sept. | Oct. | Nov. |
|---|---|---|---|---|---|
| **Involvement of 3rd Sector** | | | Scope Review | | |
| **Co-commissioning - specialised commissioning** | | Update to HSDWG | | Update to HSDWG | |
| **Integrated performance reports** | To be determined | | | | |
| **CQC Inspection outcome** | | | LCH - outcome<br>LYPFT - progress | | |
| **Care Act Implementation** | | | | Progress report from Dir ASC | |

**SCRUTINY BOARD**
**(ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)**

**APPENDIX 1**

## 2015/16 WORK SCHEDULE

| Title | July | Aug. | Sept. | Oct. | Nov. |
|---|---|---|---|---|---|
| **Adult Safeguarding - Annual Report** | To be determined | | | | |
| **Health Protection Board** | | | Report from DPH | | |
| **Director of Public Health - Annual Report** | | | Report from DPH | | |
| **Quality Accounts - monitoring / development** | | | | | Joint working group with HWL (proposed) |
| **CAMHS & TaMHS** | Inquiry response | | | Report on Recs: 3, 5 & 6 | |
| **Future provision of homecare** | | | | Progress report from Dir ASC | |

**SCRUTINY BOARD** **APPENDIX 1**
**(ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)**

## 2015/16 WORK SCHEDULE

| Title | July | Aug. | Sept. | Oct. | Nov. |
|---|---|---|---|---|---|
| **Children's Epilepsy** | | Update to HSDWG | | Update to HSDWG | |
| **Maternity Strategy** | CCG report | | | | |
| **Children's Oral Health Plan** | DPH report | | | | |
| **Budget performance/ proposals** | | | | | |
| **Public Health Budget Reduction** | DPH briefing | | | | |
| **Health Service Developments** | | W/G meeting | | W/G meeting | |

**SCRUTINY BOARD**
**(ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)**

**APPENDIX 1**

## 2015/16 WORK SCHEDULE

| Title | Dec. | Jan. | Feb. | March | April |
|---|---|---|---|---|---|
| **Integrated Health & Social Care Teams** | Evidence session | | | Scrutiny Board report / statement for agreement | |
| **Air Quality** | | | Scrutiny Board report / statement for agreement | | Scrutiny Board report / statement for agreement |
| **Primary Care** | | Evidence session 3 | | | Scrutiny Board report / statement |
| * Access to GPs/ dentists | | | | | for agreement |
| * Workforce planning | | | | | |
| * Future plans for primary care | | | | | |
| * Some aspects of health inequalities | | | | | |
| **Cancer Wait Times** | | Scrutiny Board report/ statement for agreement | | | |

**SCRUTINY BOARD**
**(ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)**

**APPENDIX 1**

## 2015/16 WORK SCHEDULE

| Title | Dec. | Jan. | Feb. | March | April |
|---|---|---|---|---|---|
| **Involvement of 3rd Sector** | Service commissioners & provider reports | | Scrutiny Board report / statement for agreement | | |
| **Co-commissioning - specialised commissioning** | Update to HSDWG | | Update to HSDWG | | Update to HSDWG |
| **Integrated performance reports** | To be determined | | | | |
| **CQC Inspection outcome** | LCH - progress | | | LCH & LYPFT - progress | |
| **Care Act Implementation** | | | | Progress report from Dir ASC | |

**SCRUTINY BOARD**
**(ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)**

**APPENDIX 1**

## 2015/16 WORK SCHEDULE

| Title | Dec. | Jan. | Feb. | March | April |
|---|---|---|---|---|---|
| **Adult Safeguarding - Annual Report** | To be determined | | | | |
| **Health Protection Board** | | | | | |
| **Director of Public Health - Annual Report** | | | | | |
| **Quality Accounts - monitoring / development** | | | | | Joint working group with HWL (proposed) |
| **CAMHS & TaMHS** | | Report on Rec. 8 | | | Progress report |
| **Future provision of homecare** | | | | Progress report from Dir ASC | |

**SCRUTINY BOARD** **APPENDIX 1**
**(ADULT SOCIAL SERVICES, PUBLIC HEALTH, NHS)**

## 2015/16 WORK SCHEDULE

| Title | Dec. | Jan. | Feb. | March | April |
|---|---|---|---|---|---|
| **Children's Epilepsy** | Update to HSDWG | | Update to HSDWG | | Update to HSDWG |
| **Maternity Strategy** | | | | | CCG progress report |
| **Children's Oral Health Plan** | | | | | DPH progress report |
| **Budget performance/ proposals** | Director Reports: ASC & PH | | | | |
| **Public Health Budget Reduction** | Future activity to be determined | | | | |
| **Health Service Developments** | W/G meeting | | W/G meeting | | W/G meeting |