



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

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Meeting to be held in Civic Hall, Leeds, LS1 1UR on  
Tuesday, 22nd December, 2015 at 1.30 pm

*(A pre-meeting will take place for ALL Members of the Board at 1.00 p.m.)*

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### 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;

#### **Co-opted Member (Non-voting)**

Dr J Beal - Healthwatch Leeds  
Mr R Taylor - Healthwatch Leeds

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

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

# A G E N D A

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

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<p><b>LATE ITEMS</b></p> <p>To identify items which have been admitted to the agenda by the Chair for consideration.</p> <p>(The special circumstances shall be specified in the minutes.)</p>	
4			<p><b>DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS</b></p> <p>To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.</p>	
5			<p><b>APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES</b></p> <p>To receive any apologies for absence and notification of substitutes.</p>	
6			<p><b>MINUTES - 24 NOVEMBER 2015</b></p> <p>To confirm as a correct record, the minutes of the meeting held on 24 November 2015.</p>	1 - 10
7			<p><b>MINUTES OF EXECUTIVE BOARD - 18 NOVEMBER 2015</b></p> <p>To receive for information purposes the minutes of the Executive Board meeting held on 18 November 2015.</p>	11 - 28
8			<p><b>CHAIR'S UPDATE</b></p> <p>To receive an update from the Chair on scrutiny activity, not specifically included on this agenda, since the previous Board meeting.</p>	29 - 30

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9			<p><b>SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2014/15 AND BUSINESS PLAN 2015/16</b></p> <p>To consider a report from the Head of Scrutiny and Member Development introducing the Safeguarding Adults Board Annual Report 2014/15 and Business Plan 2015/16 presented to the Executive Board on 18 November 2015.</p>	31 - 74
10			<p><b>CARE QUALITY COMMISSION INSPECTION OUTCOMES</b></p> <p>To consider a report from the Head of Scrutiny and Member Development presenting a summary of Care Quality Commission (CQC) inspection outcomes relation to Health and Social Care organisations within the Leeds boundary.</p>	75 - 76
11			<p><b>INITIAL BUDGET PROPOSALS FOR 2016/17</b></p> <p>To consider a report from the Head of Scrutiny and Member Development introducing the initial budget proposals for 2016/17.</p>	77 - 132
12			<p><b>THIRD SECTOR INVOLVEMENT IN THE PROVISION OF HEALTH AND SOCIAL CARE SERVICE IN LEEDS</b></p> <p>To consider a report from the Head of Scrutiny and Member Development introducing a range of information regarding the involvement of the Third Sector in the provision of Health and Social Care Services across Leeds.</p>	133 - 154
13			<p><b>CO-COMMISSIONING OF PRIMARY CARE IN LEEDS</b></p> <p>To consider a report from the Head of Scrutiny and Member Development introducing an update from Leeds' Clinical Commissioning Groups regarding proposed co-commissioning arrangements for Primary Care from April 2016.</p>	155 - 164

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14			<p><b>WORK SCHEDULE (DECEMBER)</b></p> <p>To consider a report from the Head of Scrutiny and Member Development introducing the Scrutiny Board's outline work schedule for the remainder of the current municipal year (2015/16).</p>	165 - 170
15			<p><b>DATE AND TIME OF NEXT MEETING</b></p> <p>Tuesday, 26 January 2016 at 1:30pm (with a pre-meeting for all members of the Scrutiny Board at 1:00pm).</p> <p><b>THIRD PARTY RECORDING</b></p> <p>Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts on the front of this agenda.</p> <p>Use of Recordings by Third Parties – code of practice</p> <ul style="list-style-type: none"> <li>a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title.</li> <li>b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.</li> </ul>	

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

TUESDAY, 24TH NOVEMBER, 2015

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

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

**Co-opted Member:** Dr J Beal (HealthWatch Leeds)

### 55 Late Items

The following late information was submitted to the Board:

- Agenda item 9 – Care Quality Commission Inspection Outcomes – Updated appendix 1 (minute no. 62 refers)
- Agenda item 11 – The Adult Social Care Residential and Nursing Framework Contract (minute no. 64 refers)

The above information was not available at the time of agenda despatch but was subsequently made available on the Council's website.

### 56 Declaration of Disclosable Pecuniary Interests

There were no disclosable pecuniary interests declared to the meeting, however Councillor G Hussain drew the Board's attention to the fact that two close family members were employees within the local NHS.

### 57 Apologies for Absence and Notification of Substitutes

Apologies for absence were submitted by Councillors Christine Macniven, Sandy Lay and Co-opted Member, Mr Richard Taylor (HealthWatch Leeds).

### 58 Minutes - 20 October 2015

**RESOLVED** – That the minutes of the meeting held on 20 October 2015 be approved as a correct record.

### 59 Matters arising from the minutes

#### Minute no. 43 – Chair's Update

In relation to proposed changes to and/or mergers of local GP practices, the Chair reported that a response had been received from the local CCG advising that individual GP practices were responsible for determining the level of consultation undertaken with patient groups.

Representatives from the CCG were in attendance and provided a brief summary of work undertaken, particularly in terms of communication and engagement.

The Chair advised that the above issues would be considered as part of the Board's next working group session.

In relation to Windmill Health Centre, the Chair advised that he had requested a meeting to seek a progress update and the outcome was to be reported back to the Board.

#### **Minute no. 44 – Request for Scrutiny – Tobacco Investments**

The Chair advised that he had referred some of the issues associated with the request for scrutiny to the West Yorkshire Joint Health Overview and Scrutiny Committee and the Scrutiny Board (Strategy and Resources).

#### **60 Minutes of Executive Board**

**RESOLVED** – That the minutes of the Executive Board meeting held on 21 October 2015, be noted.

#### **61 Chair's Update**

The Chair provided a verbal update on some of the scrutiny activity since the October Board meeting.

The following updates were provided:

- **HealthWatch Leeds** – The Board was advised that there had been productive discussions with HealthWatch Leeds regarding joint visits. Further details to be provided in due course.
- **Richmond Medical Practice** – There were concerns regarding the level of patients still registered at the practice. NHS England had given notice that the practice would close and requested that patients registered at an alternative GP practice. NHS England would then allocate patients to an alternative practice where they had not registered themselves. NHS England had agreed to provide a weekly update to the Scrutiny Board and Ward Members were being kept informed.
- **NHS England / CCG Co-commissioning** – The Chair reported on recent information from NHS England / CCGs regarding the future arrangements for commissioning Primary Care. The Chair suggested that the Board give this matter more formal consideration, including governance issues and managing conflicts of interests, at its December meeting.



- **Leeds and York Partnership Foundation Trust** – The Chair reported on the recent announcement that the Chief Executive, Chris Bulter had resigned and was due to leave the organisation in December 2015. On behalf of the Board, the Chair thanked Chris for his hard work and positive contribution.

**RESOLVED** – That the Chair’s update be noted.

## **62 Care Quality Commission Inspection Outcomes**

The Head of Scrutiny and Member Development submitted a report which presented a summary of Care Quality Commission (CQC) inspection reports relating to Health and Social Care organisations within the Leeds boundary.

The following information was appended to the report:

- A summary of recent CQC Inspection Reports (an updated summary was presented at the meeting (minute 55 refers).
- Adult Commissioning Briefing Note in relation to Adult Social Care Monitoring, 11 November 2015
- CQC ‘Building on strong foundations – Shaping the future of health and care quality regulation’, October 2015
- CQC consultation: Regulatory Fees – Have Your Say (November 2015).

The following representatives were in attendance:

- Councillor Lisa Mulherin, Executive Member (Health, Wellbeing and Adults)
- Cath Roff, Director of Adult Social Services
- Mick Ward, Head of Commissioning, Adult Social Services
- Mark Phillott, Head of Contracts, Business Development and Markets Management, Adult Social Services.

The Head of Contracts, Business Development and Markets Management presented a brief outline of the Adult Social Services briefing note in relation to monitoring service quality and quality assurance.

The key areas of discussion were:

- Timescales for improvement and concern that approximately 50% of providers failed to improve following re-inspection.
- Clarification regarding improvement work as part of monitoring and CQC reporting arrangements.
- Concern about high levels of agency staff employed by some providers. The Board was advised that levels of agency staff were monitored by CQC and Leeds City Council (LCC).
- Recognising the work undertaken by Adult Social Services, but concern that more than 50% of providers had received a rating of ‘inadequate’ or ‘requires improvement’.

- Identifying trends and the development of training across the independent sector.
- Concern about the proposed increases in registration fees outlined in the CQC consultation document.
- Concern regarding the apparent disparity between the proposed regulatory fees for NHS hospital trust and independent hospitals.
- Confirmation that the Adult Social Care directorate and Executive Member (Health, Wellbeing and Adults) were in the process of submitting its response to the CQC consultation in relation to Regulatory Fees. It was suggested that the Scrutiny Board presented its response to the consultation document to the December Board meeting when representatives from CQC were expected to attend.

## **RESOLVED –**

- (a) That the contents of the report and appendices be noted
- (b) That the Scrutiny Board presents its response to the consultation document at the December Board meeting.

(Councillor S Varley joined the meeting at 2.30pm during the consideration of this item.)

## **63 Charging for Non-Residential Adult Social Care Services**

The Director of Adult Social Services submitted a report which outlined the main aspects of the consultation underway on charging for non-residential Adult Social Care services and which invited the Board to provide comments as part of the consultation process.

The following information was appended to the report:

- Standard rates for Adult Social Care Services
- Financial Assessment Methodology
- Consultation proposals – Changes to the Financial Assessment Methodology.

The following were in attendance:

- Councillor Lisa Mulherin, Executive Board Member (Health, Wellbeing and Adults)
- Cath Roff, Director of Adult Social Services
- Mick Ward, Head of Commissioning, Adult Social Services
- Ann Hill, Head of Finance, Adult Social Services.

The key areas of discussion were:

- An acknowledgement of the severe financial pressures facing the service.
- Clarification regarding the likely impact of the proposals, particularly for individuals required to pay an extra £50 or more per week for services.

The Board was advised that the impact was also dependent on whether a cap for services was applied (currently £250).

- A comparison of charges applied by other West Yorkshire Councils, North Yorkshire County Council and City of York Council. The Board was advised that two Councils had retained a cap for services (reported to be £380 and £420).
- The level of additional income the proposals were likely to generate and the availability of a hardship fund.
- Whether there was any cumulative impact on those most likely to be affected by the proposals.
- Joint working with the independent sector to improve signposting to access services.
- Confirmation that 550 consultation responses had been received to date. The main concerns related to affordability and respondents being unclear about the likely impact of the proposals.

The Chair summarised the discussion and queried the timescales for decision-making and suggested the Board might give further consideration to the proposals following analysis of the consultation response and prior to the Executive Board's decision.

#### **RESOLVED –**

- (a) That the Board notes the consultation underway on charging for non-residential Adult Social Care services
- (b) That a draft response to the consultation on charging for Non-Residential Adult Social Care Services be submitted to the Board's next working group meeting.

#### **64 The Adult Social Care Residential and Nursing Framework Contract**

The Head of Contracts and Business Development submitted a report which outlined the history of the Adult Social Care Residential and Nursing Framework Contract, how it was operating and proposals for the next phase of the commissioning process.

The following information was appended to the report:

- Service Specification – Quality Standards Framework
- Schedule of Fees 2014.

The following were in attendance:

- Councillor Lisa Mulherin, Executive Member (Health, Wellbeing and Adults)
- Cath Roff, Director of Adult Social Services
- Mick Ward, Head of Commissioning, Adult Social Services
- Mark Phillott, Head of Contracts, Business Development and Markets Management, Adult Social Services.

The Board briefly discussed the importance of monitoring providers to ensure they were financially robust. The Board also considered the sanctions that could be applied.

**RESOLVED** – That the contents of the report and appendices be noted.

## **65 Public Health 2015/16 Budget - Update**

The Head of Scrutiny and Member Development submitted a report which presented an update regarding the Public Health budget for 2015/16.

The following information was appended to the report:

- Department of Health 'Local authority public health grant allocations 2015/16 – Government response to public consultation on in-year savings and Equality and health inequalities analysis', November 2015.

The following were in attendance:

- Councillor Lisa Mulherin, Executive Board Member (Health, Wellbeing and Adults)
- Ian Cameron, Director of Public Health
- Doug Meeson, Chief Officer (Finance Services), Financial Management.

The key areas of discussion were:

- An update on Public Health savings, particularly the cessation of planned activities, raising awareness campaigns and partnership opportunities. The Board was advised that commissioned activity was unaffected and job losses were not anticipated at present.
- Concern that following public consultation and despite the level of opposition to the original proposals, there had been no change to the original proposals. The Board was reminded that LCC opposed the savings proposed and favoured option A, to 'take a larger sum from local authorities above target'.
- The degree to which alternative options had been considered in order to make the required level of 'in-year' savings for 2015/16, including the use of Council Reserves and/or generating savings in other areas of Council expenditure.
- The need to balance resources across all Council directorates and service areas.

**RESOLVED** – That the contents of the report and appendices be noted.

## **66 Primary Care**

The Head of Scrutiny and Member Development submitted a report which presented information in relation to the development of general practice (GP services) in Leeds.

Draft minutes to be approved at the meeting  
to be held on Tuesday, 22nd December, 2015

The following information was appended to the report:

- Report of Clinical Commissioning Group (CCG) in relation to the development of Primary Care Services (General Practice), 24 November 2015
- Details of all practices extended opening arrangements
- Prime Minister's Challenge Fund: Improving Access to General Practice, First Evaluation Report, October 2015
- NHS Leeds West CCG – Enhancing Primary Care Access Scheme – Assurance Monitoring and Evaluation Update, July 2015.

The following were in attendance:

- Kathryn Hilliam, Head of Co-Commissioning, NHS England (North), Yorkshire and Humber sub-region
- Gina Davy, Deputy Director of Commissioning, (Primary Care and Business Development), NHS Leeds North CCG
- Matt Ward, Chief Operating Officer, NHS Leeds South and East CCG
- Kirsty Turner, Associate Director of Primary Care, Leeds West CCG
- Dr Nicola Hambridge, Vice Chair of Leeds Local Medical Committee.

The Board was advised that a Pharmacy Workshop was scheduled to take place on 1 December 2015. Further details were to be forwarded to Board Members.

The key areas of discussion were:

- Context around the NHS 5-Year Forward View.
- The pressures and challenges associated with providing 7 day access to primary care (GP) service, including whether there was sufficient demand beyond 6-days.
- The most significant pressure / challenge related to workforce recruitment and retention.
- Developing work with partners and local practices around integration and making the most of collective resources.
- The need to change the current service model for GP and potentially consider the funding model.
- An increased use of technology and access to online services.
- An update on the clinical pharmacist scheme, which enabled GPs to focus on more complex patient needs.
- Concern about the longer-term sustainability of some proposals contained in the NHS Five Year Forward Plan.
- Concern about patients unable to access non-urgent appointments.
- Examples of practices working in partnership to deliver better outcomes for patients.
- Concern about an insufficient number of healthcare professionals, particularly in parts of South and East Leeds.
- The impact of new housing developments in terms of accessing a GP.

- The need to tackle missed appointments.
- The importance of patient engagement and involvement, including the role of patient reference groups and development of the Patient Leader Programme.

The Chair summarised the discussion and was encouraged by the level on on-going and innovative work. The Chair also confirmed there would be further discussion at the working group meeting in December and it would then be necessary to take stock of the discussions to date and any areas for recommendations.

**RESOLVED** – That the contents of the report and appendices be noted.

(Councillor G Hussain left the meeting at 4.45pm during the consideration of this item.)

## **67 Cancer Waiting Times**

The Head of Scrutiny and Member Development submitted a report which introduced a joint report from Leeds' Clinical Commissioning Groups and Leeds Teaching Hospitals NHS Trust in relation to Cancer Waiting Times and associated levels of performance against national targets.

The following information was appended to the report:

- Cancer performance data: Performance data for each of the Leeds CCGs against the National Waiting Times Standards, across all providers, and Leeds Teaching Hospitals NHS Trust (LTHT) performance across all commissioners.

The following were in attendance:

- Sue Robins, Director of Commissioning, Strategy and Performance, NHS Leeds West Clinical Commissioning Group (CCG) – representing all Leeds' CCGs
- Angie Craig, Head of Performance, Leeds Teaching Hospitals NHS Trust.

The key areas of discussion were:

- Raising awareness and developing patient understanding of symptoms.
- Challenges associated with the 2 week wait from GP referral and the 62-day treatment target – particularly in relation to referrals from outside the Leeds area.
- The importance to consider and track outcomes alongside timed targets.
- Confirmation that a review of outcomes was reported by Cancer Strategy Board.

**RESOLVED –**

- (a) That the Board notes the current situation regarding cancer performance and monitoring and the progress made to deliver better outcomes and shorter wait times for both Leeds patients and other patients treated at Leeds Teaching Hospitals NHS Trust.
- (b) That a further report on cancer outcomes be presented to a future meeting.
- (c) That the report presented be submitted to the West Yorkshire Joint Health Overview and Scrutiny Committee for further consideration.

**68 Work Schedule - November 2015**

The Head of Scrutiny and Member Development submitted a report which invited Members to consider the Board's work schedule for the 2015/16 municipal year.

Members were advised that a working group was taking place (2nd week in December) to consider progress in relation to Integrated Health and Social Care Teams.

A Pharmacy workshop session was taking place in December – details regarding this to be forwarded to Board Members.

**RESOLVED –** That, subject to any on-going scheduling decisions, the Board's work schedule be approved.

**69 Date and Time of Next Meeting**

Following a short discussion, members agreed to start future meetings 30 minutes earlier than currently scheduled (i.e. 1:30pm rather than 2:00pm). As such, the next meeting would be:

Tuesday, 22 December 2015 at 1.30pm (pre-meeting for all Board Members at 1.00pm)

(The meeting concluded at 5.15pm)

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## EXECUTIVE BOARD

WEDNESDAY, 18TH NOVEMBER, 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

**76 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. 81 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 appendix 1 as exempt outweighs the public interest in disclosing the information.
- (b) Appendix 4 to the report entitled, 'Design and Cost Report for the Acquisition of Tribeca House, Deacon House and Unit 2 Killingbeck Court for Council Accommodation', referred to in Minute No. 87 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 within the appendix relates to the financial or business affairs of a particular of a particular person and the Council.

This information is not publicly available from the statutory registers of information kept in respect of certain companies and charities. It is considered that since this information relates to a financial offer that the Council has submitted to purchase the property in a one to one negotiation it is not in the public interest to disclose this information at this point in time. Also it is considered that the release of such information would or would be likely to prejudice the Council's commercial interests in relation to other similar transactions in that prospective purchasers of other similar properties would have access to information about the nature and level of consideration which may

Draft minutes to be approved at the meeting  
to be held on Wednesday, 16th December, 2015

prove acceptable to the Council. It is considered that whilst there may be a public interest in disclosure, much of this information will be publicly available from the Land Registry following completion of this transaction and consequently the public interest in maintaining the exemption outweighs the public interest in disclosing this information at this point in time.

**77 Late Items**

There were no late items as such, however, prior to the meeting, Board Members were provided with correspondence for their consideration which had been received from interested parties in respect of agenda item 7 entitled, 'South Bank Regeneration' (Minute No. 81 refers).

**78 Declaration of Disclosable Pecuniary Interests**

There were no Disclosable Pecuniary Interests declared at the meeting, however:

- In relation to the agenda item entitled, 'Capital Programme Quarter 2 Update 2015-19', Councillor Yeadon drew the Board's attention to her position on the Leeds Grand Theatre and Opera House Board of Management (Minute No. 82 refers); and
- In relation to the agenda item entitled, 'Learning Disability Day Service Modernisation', Councillor Golton drew the Board's attention to his position as Board Member of Aspire Community Benefit Society Limited (Minute No. 90 refers).

**79 Minutes**

**RESOLVED** - That the minutes of the previous meeting held on 21<sup>st</sup> October 2015 be approved as a correct record.

**ENVIRONMENTAL PROTECTION AND COMMUNITY SAFETY**

**80 Recycling Strategy Review**

Further to Minute No. 144, 14<sup>th</sup> December 2011, the Director of Environment and Housing submitted a report providing an update on the Council's recycling strategy and which sought approval to revise the Council's household waste recycling targets in the light of current financial pressures and market related factors, and to bring them in line with current EU and national targets. In addition, the report also set out a strategy for ensuring a continued improvement in recycling performance through maximising existing services and infrastructure and also by increasing resident participation.

Members discussed the Council's current policy by which approximately 80% of households received the alternate weekly recycling collection service and the criteria used to identify which areas received this service. The Board also considered how the proposed revisions to the recycling targets compared to the performance of other Core Cities, together with the EU and national target.

Discussion was also had on the innovative approaches currently being taken to improve recycling rates, and what further initiatives could be potentially

developed, especially in those areas which currently did not receive alternate weekly collections, and it was requested that a further report on such matters be submitted to a future Executive Board.

**RESOLVED –**

- (a) That the contents of the submitted report and the current context in relation to recycling performance, be noted;
- (b) That a revised target to recycle 50% of household waste by 2020 be approved, with the longer-term target to exceed 60% remaining unchanged;
- (c) That the medium-term strategy, as outlined in section 3.2 of the submitted report be approved, which will focus upon maximising existing capacity and infrastructure, and be supported by an effective programme of communications, engagement, enforcement and service improvement, but with the acknowledgement that there will be a requirement for residents to participate fully if the revised target is to be achieved;
- (d) That approval be given to the expansion of recycling collections provision on an 'opt in' basis (in accordance with the Ash Road, Headingley pilot as outlined in 3.2.21 of the submitted report) in areas of the city where there is persistently poor recycling participation;
- (e) That approval be given to the removal of excess bins from the kerbside where households have more than the number for which they are eligible, as set out within the policy agreed by Executive Board in January 2014;
- (f) That a further report be submitted to a future Executive Board which provides information on the innovative approaches and bespoke solutions which have been and could potentially be undertaken across the city, with the aim of further improving recycling rates in Leeds.

(Under the provisions of Council Procedure Rule 16.5, Councillor S Golton required it to be recorded that he abstained from voting on the matters referred to within this minute)

**ECONOMY AND CULTURE**

**81 South Bank Regeneration**

Further to Minute No. 19, 15<sup>th</sup> July 2015, the Director of City Development submitted a report which sought the Council's support for a major inward investment opportunity for the city. Specifically, this was to support Burberry's initial proposals to relocate their UK manufacturing operations to Leeds South Bank. In addition, the report also set out the policy principles by which the Council would work with Burberry in order to secure the restoration and long term sustainable use of Temple Works as part of further plans for future phases of development.

Prior to the meeting, Board Members had been provided with correspondence which had been received from interested parties regarding the submitted report. In considering this, Members were notified of a specific proposal within the correspondence which related to the suggested expansion of the Holbeck Urban Village Supplementary Planning Document (SPD).

The Board welcomed the investment into the South Bank by Burberry and highlighted the significance of the company's proposals, both in economic terms and with regard to the regeneration opportunities it presented.

With regard to consultation, it was highlighted that all relevant parties would be consulted as part of the proposed development of a Planning Guidance document in respect of the Temple Works area.

Responding to specific enquiries, assurances were provided that appropriate housing provision in the South Bank area still remained a priority, whilst the Board was also informed of the actions being taken to work with Burberry and Leeds City Region (LCR) partners in order to support those businesses and organisations within the LCR affected by the proposals.

In conclusion, it was requested that the Board continue to be updated on the development of the matters arising within the submitted report.

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** – That the following be agreed:-

- (a) The Council's support for Burberry's proposals to relocate a significant part of its UK manufacturing operations to Leeds South Bank, as detailed within the submitted report;
- (b) The Council's support for Burberry's initial proposals to restore Temple Works and land neighbouring Temple Works as part of future phases of development;
- (c) The policy principles, as set out in section 5 of the submitted report, and the commercial terms, as detailed within exempt appendix 1, as a basis by which the Council will seek to help to secure the delivery of this inward investment opportunity, and produce legal documents for agreement with Burberry;
- (d) That the Director of City Development, in accordance with resolutions a), b) and c) above:
  - a. produces and negotiates legal agreements with Burberry for the disposal of Council assets at Bath Road, Sweet Street

and Leodis Court, and where necessary develops a vacant possession strategy for these assets.

- b. produces and negotiates a grant agreement with Burberry setting out the terms by which the Council will provide a restoration grant to help to restore Temple Works.
  - c. produces and negotiates a grant agreement to a cap of £750,000 for the provision of new public open space at the front of Temple Works and allocates £560,000 of moneys held in the Holbeck Urban Village Public Realm fund for this provision.
  - d. commences close working with city region partners on how to mitigate any potential adverse implications, and develops proposals to maximise the economic and employment benefits across the city region.
  - e. submits a report to Executive Board by June 2016 providing an update on progress and seeking approval to enter into legal agreements once negotiated and finalised, and, if required, approval to make a Compulsory Purchase Order to ensure that the land assembly required to deliver Burberry's scheme can be fulfilled.
- (e) That the Chief Planning Officer prepares a bespoke and updated Planning Guidance document for Temple Works and surrounding sites to guide the development proposals in this area and for this to be submitted to Executive Board by March 2016 as a basis for public consultation.
- (f) That the Council's land at Bath Road, Leodis Court and Sweet Street be appropriated for the purposes of the Town and Country Planning Act 1990, as to facilitate Burberry's proposals and the proper planning of the area.

## **82 Capital Programme Quarter 2 Update 2015-19**

The Deputy Chief Executive submitted a report providing an update on the Council's Capital Programme position as at period 6, the end of September 2015. The report included appendices on the Capital Programme funding statement at period 6, an Annual Programmes statement, a Major Programmes and other schemes statement, together with the latest Capital Receipts Incentive Scheme injection. In addition, the report also included an analysis of the impact any changes in capital resources may have on the cost of borrowing within the revenue budget as a key control of capital investment, and sought some specific approvals in relation to funding injections.

Responding to a specific enquiry, it was confirmed that the capital expenditure proposals detailed within the Future for Social and Emotional Mental Health (SEMH) Education Provision report, which was found elsewhere on the

Board's agenda, were not included within the submitted report. However, if such proposals were approved by the Board, it was noted that such matters would be included within a future report.

#### **RESOLVED –**

- (a) That the latest position, as at period 6 on the General Fund and HRA capital programmes, be noted;
- (b) That the net increase in the General Fund and Housing Revenue Account (HRA) Capital Programme 2015-2019 of £63.1m since Quarter 1 be noted, and that it also be noted that the majority of these injections £40.15m relate to the inclusion of annual programmes in 2018-19, as shown in Appendix B to the submitted report;
- (c) That it be noted that the borrowing required to fund the Capital Programme in 2015-16 has reduced by a further £3.3m since the Quarter 1 update. That it also be noted that the Capital Programme remains affordable within the approved debt budget for 2015-16, and that further work is underway through regular capital programme reviews to ensure that future debt costs are maintained within the overall Medium Term Financial strategy;
- (d) That the following injections into the capital programme be approved:-
  - (i) £40.15m, to reflect the roll forward of annual programmes into 2018-19, as set out in Appendix B to the submitted report;
  - (ii) £1.5m for works to adopt 32 highways not included within the Little London Beeston Hill and Holbeck PFI scheme;
  - (iii) £500.0k for bridges structures to address priority works within the 2016-17 programme;
  - (iv) £221.0k for a contribution towards proposed disabled access works to the Grand Theatre in 2015-16;
  - (v) £207.2k in relation to Capital Receipts to be utilised by Ward Councillors under the Capital Receipts Incentive Scheme (CRIS), as detailed at Appendix D to the submitted report.
- (e) That it be noted that the above resolutions to inject funding will be implemented by the Chief Officer (Financial Services).

#### **RESOURCES AND STRATEGY**

##### **83 Open Data: Realising the Potential of an untapped resource**

The Deputy Chief Executive submitted a report which provided information on the drivers for publishing Council, non-personally sensitive data and recommended a particular strategic and policy approach which would facilitate the publication of such data. In addition, the report also provided an update on the progress and achievements made in this area to date.

Members welcomed the submitted report and highlighted the cutting edge work that was being undertaken in this field across the city's public and private sectors. The Board noted the high profile recognition which Leeds had

received as a result of such work and highlighted the need for the significant progress made in this area to continue and be built upon.

Responding to an enquiry, the Board was provided with an update on the work of the Open Data Academy.

**RESOLVED –**

- (a) That approval be given to the Council adopting an ‘open by default’ approach towards proactively publishing all of its non-personal datasets;
- (b) That the ‘Leeds: The Data City’ manifesto, as detailed at Appendix 1 to the submitted report, be endorsed as the direction of travel for the Council and one which will be promoted across the city;
- (c) That approval be given to the setting of targets for all services to publish open data on Leeds Data Mill;
- (d) That support be given to the Council working across all sectors in order to get them to open their data for the benefit of the city as a whole.

**84 Financial Health Monitoring 2015/16 - Month 6**

The Deputy Chief Executive submitted a report on the Council’s projected financial health after six months of the 2015/16 financial year.

With regard to Children’s Services and the issue of external placements, it was requested that further discussions be held with Group Leaders on this matter, in order to enable greater cross-party working.

Furthermore, the Board received an update on the current position regarding the in-year reduction in the 2015/16 Public Health grant funding.

**RESOLVED –** That the projected financial position of the Authority for 2015/16, be noted.

**85 Treasury Management Strategy Update 2015/16**

The Deputy Chief Executive submitted a report presenting a review and update of the Council’s Treasury Management Strategy for the period 2015/16.

**RESOLVED –**

- (a) That the update on the Council’s Treasury Management borrowing and investment strategy for 2015/16, be noted;
- (b) That the changes to investment criteria methodology, as outlined in paragraph 3.4 of the submitted report, be noted.

## **REGENERATION, TRANSPORT AND PLANNING**

### **86 Regeneration Progress in East Leeds**

The Director of City Development submitted a report which provided an overview of the Council's positive and proactive enabling activity to progress regeneration in the urban areas of East Leeds, which focussed upon the role of new housing developments in providing the investment required to deliver sustainable neighbourhood improvements. In addition, the report also set out the principles and primary proposals within the Neighbourhood Framework for Killingbeck and Seacroft and sought approval of this document. Furthermore, the report also invited the Board to note the intention to accept a Local Growth Fund loan from the West Yorkshire Combined Authority, to be injected into the Capital Programme in order to support the Brownfield Land Programme.

In considering this report, emphasis was placed upon the importance of the neighbourhood planning process being equally accessible to all communities, regardless of size and location.

In welcoming the contents of the submitted report, a Member highlighted the need for such matters to now be progressed as swiftly as possible.

#### **RESOLVED –**

- (a) That the progress made in bringing forward new housing development in East Leeds, be noted;
- (b) That it be noted that the Council has secured a Local Growth Fund loan to support the development of brownfield sites in East Leeds and also that the Deputy Chief Executive can approve that the Council enters into the loan agreement under existing delegations;
- (c) That the preparation of the Killingbeck and Seacroft Neighbourhood Framework be noted;
- (d) That the development principles and approach included within the framework, as summarised within paragraphs 3.23 - 3.40 of the submitted report, be agreed;
- (e) That approval be given for the Director of City Development to make future changes to the Framework in order to ensure consistency with the Site Allocations Plan upon its adoption.

### **87 Design and Cost Report for the Acquisition of Tribeca House, Deacon House and Unit 2 Killingbeck Court for Council Accommodation**

The Director of City Development submitted a report presenting the updated position on work to generate revenue savings from the Council's asset portfolio, through the Asset Review Programme which formed part of the Council's Asset Management Plan 2014-17. In addition, the report also sought approval to the acquisition of three properties to achieve revenue savings and



also to support the delivery of three key corporate programmes: Asset Review, Integrated Health & Social Care and Community Hubs.

Following the consideration of Appendix 4 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 contents of the submitted report, specifically the progress made to deliver revenue savings through asset rationalisation, be noted;
- (b) That the acquisition of Tribeca House, on the terms identified in exempt Appendix 4 to the submitted report, be approved;
- (c) That the acquisition of the long lease interest in Deacon House, on the terms identified in exempt Appendix 4 to the submitted report, be approved, which will provide the Council with the unencumbered freehold interest in the site;
- (d) That the acquisition of Unit 2, Killingbeck Court, on the terms identified in exempt Appendix 4 to the submitted report, be approved;
- (e) That the necessary authority be delegated to the Director of City Development to agree the final detailed terms for the acquisitions;
- (f) That the injection into the Capital Programme of the sums (as identified in exempt Appendix 4 to the submitted report), be approved and that authority also be given to spend the monies as required;
- (g) That the ring fencing of the capital receipt from the sale of the Seacroft Library site be approved in order to contribute towards the acquisition cost of Deacon House;
- (h) That it be noted that the Head of Asset Management is responsible for the implementation of the Asset Review Programme and the proposed acquisitions.

**HEALTH, WELLBEING AND ADULTS**

**88 White Paper Response - Cycling Facility Development in Leeds**

The Director of City Development submitted a report presenting the response to a White Paper Motion considered by Council on 8<sup>th</sup> July 2015 and which provided details on the progress made in respect of the development of cycling facilities in Leeds and the aim of encouraging more people to take up cycling, with reference to how the Council was working collaboratively with its partners in order to ensure that the successes of world class sporting events which had been held in the city continued to be built upon.

Responding to a Member's enquiries, the Board was advised of the criteria used to identify the 3 locations for the city's cycling hubs and also received an update on the factors which would need to be taken into consideration in respect of any proposals to develop an outdoor velodrome in the future. Furthermore, responding to a specific question regarding the route of the north-south cycle superhighway, officers undertook to provide the Member in question with details of the route, together with a further briefing, if required.

**RESOLVED –**

- (a) That the contents of the submitted report be noted;
- (b) That a report regarding the 'Cycling Starts Here' strategy be submitted to a future meeting of Executive Board.

**89 Developing the range of choices in the older people's housing market: Older People's Housing Prospectus**

Further to Minute No. 173, 18<sup>th</sup> March 2015, the Director of City Development and the Director of Adult Social Services submitted a joint report providing an approach towards older people's housing, which included a prospectus to be published and which encouraged a new supply of specialist accommodation.

A Member emphasised the need to ensure that the Council was robust in ensuring that the development of any sites declared surplus to requirements were utilised for older people's specialist accommodation. In response, Members were assured that any offers which were received for those sites detailed within the submitted report would be referred to Executive Board for determination.

The Board received further specific details regarding the Windlesford Green site and also, responding to an enquiry, Members noted the actions which would be taken to ensure that any proposals which were progressed would be consistent with the local community's requirements.

**RESOLVED –**

- (a) That the content of the Older People's Housing Prospectus, as attached at Appendices 1 and 2 to the submitted report be approved, and that following the graphic design process, the formal publication of the document in Autumn 2015 be supported;
- (b) That the sites listed at section 3.12 of the submitted report be declared surplus to Council requirements and that the identified sites be approved for the purposes of marketing for disposal, with a preference that such sites be developed for the purposes of older people's specialist accommodation;
- (c) That the necessary authority be delegated to the Director of City Development to identify further sites to support the delivery of older people's specialist accommodation provision;

- (d) That it be noted that any offers received for the sites listed at section 3.12 of the submitted report will be referred to Executive Board for consideration.

**90 Learning Disability Day Service Modernisation**

The Director of Adult Social Services submitted a report providing an update on the outcomes and achievements to date of the Learning Disability Day Service Modernisation Project and presenting information on how the final phase of the programme would be delivered. The report also sought authority to incur expenditure of £870.0k for the refurbishment of Potternewton Fulfilling Lives Centre, to be funded from within the current Capital Programme

Responding to an enquiry, the Board received further information on the process by which a property would be placed into void management, and if appropriate, how a property would then be put forward for disposal. Officers then undertook to provide the Member in question with a further briefing on such matters, if required.

**RESOLVED –**

- (a) That the achievements to date of the Learning Disability Day Service Modernisation Project be noted, which to date had positively transformed day opportunities for over 560 adults with learning disabilities in the city;
- (b) That the plan to complete the Learning Disability Day Service Modernisation Project in the East North East of the city, which is in accordance with the Better Lives Strategy, be noted. It also be noted that the plan will create three new bases at Wetherby, Cross Gates and Richmond Hill in addition to the refurbishment of Potternewton Fulfilling Lives Centre. In turn this will allow both Wetherby and Ramshead Wood day centre sites to be released by Adult Social Care and put into void management.
- (c) That as part of this plan, the proposal to refurbish the existing Potternewton Fulfilling Lives Centre be agreed and that authority be given to spend a total of £870.0k for this development, which has been identified and transferred from existing resources within the current Capital Programme.
- (d) That it be noted that it is intended for the scheme, as described in section 3.5 of the submitted report, will be started and completed between February and September 2016 and that the lead officer responsible for the implementation of such matters is the Director of Adult Social Services.

**91 Safeguarding Adults Board Annual Report 2014/15 and Business Plan 2015/16**

Further to Minute No. 60, 17<sup>th</sup> September 2014, the Director of Adult Social Services submitted a report introducing the eighth and last annual report of the previous Leeds Safeguarding Adults Board, prior to its re-constitution as a

statutory board under the Care Act 2014. In addition, the report provided an update on the work, going forward, of the new statutory Leeds Safeguarding Adults Board.

The Board welcomed Richard Jones, Independent Chair of the Leeds Safeguarding Adults Board, who was in attendance in order to introduce himself and set out his initial priorities for the role.

In terms of Executive Board receiving further, interim updates on the work of the Safeguarding Board, it was highlighted that further consideration would be given to this matter in order to ensure that this was done in the most effective way.

Responding to an enquiry, officers undertook to provide all Executive Members with the Local Government Association led Peer Review of Safeguarding Adults in Leeds.

In addition, Members also received assurances on the comprehensive and co-ordinated work which was ongoing to safeguard those vulnerable individuals travelling via private hire taxi vehicles, with reference being made to the ongoing involvement of the Safeguarding Boards in such initiatives.

It was also noted that an update report regarding the issue of safeguarding in taxi and private hire licensing was scheduled to be submitted to the next meeting of the Board.

In conclusion, it was noted that regular update meetings would be scheduled between the Safeguarding Board Chair and the Chief Executive, and it was also noted that meetings would be arranged between the Chair and individual Group Leaders.

**RESOLVED** – That the contents of the submitted report, together with the appended 2014/15 annual report be noted and that the work programme of the Leeds Safeguarding Adults Board for 2015/16 be endorsed.

## **CHILDREN AND FAMILIES**

- 92 Leeds Safeguarding Children Board (LCSB) Annual Report (2014/15) Evaluating the Effectiveness of Safeguarding Arrangements in Leeds** Further to Minute No. 61, 17<sup>th</sup> September 2014, the Independent Chair of the Leeds Safeguarding Children Board (LSCB) submitted a report which introduced and presented the key issues from the LSCB Annual Report (2014/15).

The Board welcomed Mark Peel, Independent Chair of the Leeds Safeguarding Children Board, who was in attendance in order to introduce himself and set out his initial priorities for the role.

In terms of Executive Board receiving further, interim updates on the work of the Safeguarding Board, it was highlighted that further consideration would be

given to this matter in order to ensure that this was done in the most effective way.

In addition, Members also received assurances on the comprehensive and co-ordinated work which was ongoing to safeguard those vulnerable individuals travelling via private hire taxi vehicles, with reference being made to the ongoing involvement of the Safeguarding Boards in such initiatives.

It was also noted that an update report regarding the issue of safeguarding in taxi and private hire licensing was scheduled to be submitted to the next meeting of the Board.

In conclusion, it was noted that regular update meetings would be scheduled between the Safeguarding Board Chair and the Chief Executive, and it was also noted that meetings would be arranged between the Chair and individual Group Leaders.

**RESOLVED** – That the key issues from the LSCB Annual Report for 2014/15 be noted, specifically:

- The evaluation of the effectiveness of safeguarding arrangements in Leeds;
- The challenges identified for strategic bodies in 2015/16; and
- The implications for the work of Leeds City Council.

### **93 The Future for Social and Emotional Mental Health (SEMH) Education Provision in Leeds**

The Director of Children's Services submitted a report which sought permission to undertake consultation on the proposal to further develop social and emotional mental health (SEMH) education provision in Leeds. In addition, the report proposed to take steps to move the governance (cease to provide) of some existing providers to become part of an outstanding local Academy, which would enable the establishment of additional SEMH provision on sites in the east and in the south of the city as part of the conversion process with an outstanding preferred sponsor.

A request was made that the matters detailed within the submitted report were progressed as swiftly as possible, that liaison with the Department for Education continued to take place throughout this process and that the Board continued to be kept up to date as appropriate.

**RESOLVED** –

- (a) That the intention to convert the existing Behavioural, Emotional and Social Difficulties (BESD) Specialist Inclusive Learning Centre (SILC) into a 4 – 19 SEMH sponsored academy across one primary phase and three secondary phase sites, be noted;
- (b) That approval and permission be granted to consult upon changing (ceasing to provide) provision at North East SILC Oakwood site in order to become part of the new academy, from 31 August 2016;

- (c) That approval be given to establishing a new site in east Leeds for Social Emotional Mental Health (SEMH) as part of the converted BESD SILC academy from 2017;
- (d) That approval be given to establishing a new site in south Leeds for Social Emotional Mental Health (SEMH) as part of the converted BESD SILC academy from 2017;
- (e) That approval be given to proceed with the design development for the first two SEMH projects, with an acceptance of the associated design fees incurred;
- (f) That the capital expenditure required to create a world class provision within the city be approved in principle and subject to further reports being submitted to Executive Board, and that the savings, both in the revenue costs and social capital costs, of not having to provide for children with SEMH outside of the authority be acknowledged;
- (g) That it be noted that the officer responsible for the implementation of such matters is the Head of Learning Systems, and that the scheme will be implemented by September 2017.

#### **94 Outcome of School Admission arrangements 2015**

The Director of Children's Services submitted a report providing statistical information on the annual admissions round for entry to Reception and year 7 for September 2015. In addition, the report considered the potential effect of the latest government consultation on changes to the admissions code, and also potential for changes within the Leeds City Council admissions policy.

In receiving the submitted report, the Chair acknowledged the extraordinary work being undertaken to continue to address the challenges being faced by the Council in this area.

**RESOLVED** – That the following be noted:-

- The numbers of applications for both phases of education; that the percentage of successful first preferences for secondary admissions was 83% and for Reception admissions was 85%;
- The percentage of parents receiving one of their top three preferences was 95% for secondary and 93% for primary;
- The percentage of parents getting none of their preferences and made an alternative offer instead was 4.5% in secondary (3.2% last year) and 5.5% in primary (5% last year);
- The expected contents of the government consultation on changes to the admissions code for 2016;
- That the officer responsible for such matters is the Admissions and Family Information Service Lead.

**95 Outcome of consultation to increase primary school places and establish Special Educational Needs provision at Carr Manor Community School**

The Director of Children's Services submitted a report presenting details of proposals submitted to meet the local authority's duty to ensure sufficiency of both school and Specialist Educational Needs (SEN) places. Specifically, this report described the outcome of the consultation regarding proposals to expand primary school provision and establish SEN provision at Carr Manor Community School and which also sought permission to publish a statutory notice in respect of these proposals.

**RESOLVED –**

- (a) That approval be given for the publication of a Statutory Notice to expand primary provision at Carr Manor Community School from a capacity of 210 pupils to 420 pupils, with an increase in the admission number from 30 to 60 with effect from September 2017, and also to establish provision for pupils with Complex Communication Difficulties including children who may have a diagnosis of ASC (Autistic Spectrum Condition) for approximately 12 pupils (6 primary, 6 secondary) with effect from September 2017;
- (b) That it be noted that the responsible officers for the implementation of such matters are the Capacity Planning and Sufficiency Lead and the Head of Complex Needs.

**96 Outcome of consultation to increase primary school places in Pudsey/Swinnow**

Further to Minute No. 41, 23<sup>rd</sup> September 2015, the Director of Children's Services, the Deputy Chief Executive and the Director of City Development submitted a joint report presenting details of proposals submitted to meet the local authority's duty to ensure sufficiency of school places. Specifically, this report described the outcome of consultation regarding proposals to expand primary school provision at Greenside and which sought permission to publish a statutory notice in respect of these proposals.

**RESOLVED –**

- (a) That the publication of a Statutory Notice to expand Greenside Primary School from a capacity of 315 pupils to 420 pupils with an increase in the admission number from 45 to 60 with effect from September 2017, be approved;
- (b) That it be noted that the responsible officer for the implementation of such matters is the Capacity Planning and Sufficiency Lead.

**COMMUNITIES**

**97 Sheltered Housing Investment Strategy**

The Director of Environment and Housing submitted a report providing an update on the Council's investment strategy into older people's housing provision across the city, and which sought authorisation to commence a further phase of work in this area.

As part of the introduction to the report, the Board was asked to take into consideration the fact that introductory paragraph 5 of the submitted report should read £12.5m, and not £1.25m, as currently presented.

Responding to an enquiry, the Board received further information on the actions being taken to ensure that a co-ordinated approach was being taken to ensure the effective provision of sheltered housing across the city. In addition, where improvements to properties were proposed, Members emphasised the importance of prior consultation with those affected. Further to this, it was highlighted that a more resident focussed approach was now taken in terms of policies associated with sheltered housing.

**RESOLVED –**

- (a) That the contents of the submitted report be noted, subject to the correction outlined above;
- (b) That approval be given to commence a further phase of work, as identified under the ‘Investment’ section at paragraph 3.7 of the submitted report.

**98 Community Centre Review Update**

Further to Minute No. 106, 19<sup>th</sup> November 2014, the Assistant Chief Executive (Citizens and Communities) submitted a report providing an update on the review of ten Community Centres as previously reported to the Board. Specifically, the report provides information on the consultation undertaken, the actions that have been progressed on all ten Community Centres under review and details a specific proposal to move ahead with the closure of two centres, one being Gildersome Youth Club and the other being Kippax Youth Centre.

**RESOLVED –**

- (a) That the Assistant Chief Executive (Citizens and Communities) be requested to undertake the following actions:-
  - (i) effects the closure of Gildersome Youth Club, Street Lane, Gildersome and declares the property surplus to Council’s requirement;
  - (ii) effects the closure of Kippax Youth Centre, known as the Kippax Cabin, Cross Hills, Kippax and declares the property surplus to Council’s requirement ;
  - (iii) arranges the relocation of current users of Gildersome Youth Club and Kippax Youth Centre to appropriate local venues, and;
  - (iv) carries out the actions specified in the submitted report relating to the future running of the following community centres:
    - Bramley Community Centre, Waterloo Lane, Bramley
    - Fieldhead Youth and Adult Centre, Naburn Approach, Whinmoor
    - Lewisham Park Centre, Clough Street, Morley
    - Old Cockburn Sports Hall, Primrose Lane, Hunslet



- Meanwood Community Centre, Stainbeck Avenue, Meanwood
  - St Gabriel's Community Centre, Fall Lane, East Ardsley
  - Weston Lane Community Centre, Weston Ridge, Otley
  - Windmill Youth Centre, Marsh Street, Rothwell
- (b) That approval be given to the ring fencing of the required portion of the capital receipt from the sale of the Gildersome Youth Centre site to make improvements to Gildersome Meeting Hall, and that it be noted that the Director of City Development is responsible for the implementation of this resolution.

**DATE OF PUBLICATION:** FRIDAY, 20<sup>TH</sup> NOVEMBER 2015

**LAST DATE FOR CALL IN  
OF ELIGIBLE DECISIONS:** 5.00PM, FRIDAY, 27<sup>TH</sup> NOVEMBER 2015

(Scrutiny Support will notify Directors of any items called in by 12.00noon on Monday, 30<sup>th</sup> November 2015)

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## Report of Head of Scrutiny and Member Development

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

**Date: 22 December 2015**

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

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

#### 1 Purpose of this report

- 1.1 The purpose of this report is to provide an opportunity to formally outline some of the areas of work and activity of the Chair of the Scrutiny Board since the previous Scrutiny Board meeting in November 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 involve 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:
- Note the content of this report and the verbal update provided at the meeting.
  - Identify any specific matters that may require further scrutiny input/ activity.

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

#### 4.1 None used

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



Report 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: 22 December 2015**

**Subject: Safeguarding Adults Board Annual Report 2014/15 and Business Plan 2015/16**

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

**1 Purpose of this report**

1.1 The purpose of this report is to introduce the Safeguarding Adults Board Annual Report 2014/15 and Business Plan 2015/16, presented to the Executive Board at its meeting on 18 November 2015.

**2 Main issues**

2.1 The Safeguarding Adults Board Annual Report 2014/15, Business Plan 2015/16 and the associated Executive Board report are attached to this report.

2.2 The relevant extract from the Executive Board minutes are presented below:

**Minute 91**

*Further to Minute No. 60, 17<sup>th</sup> September 2014, the Director of Adult Social Services submitted a report introducing the eighth and last annual report of the previous Leeds Safeguarding Adults Board, prior to its re-constitution as a statutory board under the Care Act 2014. In addition, the report provided an update on the work, going forward, of the new statutory Leeds Safeguarding Adults Board.*

*The Board welcomed Richard Jones, Independent Chair of the Leeds Safeguarding Adults Board, who was in attendance in order to introduce himself and set out his initial priorities for the role.*

*In terms of Executive Board receiving further, interim updates on the work of the Safeguarding Board, it was highlighted that further consideration would be given to this matter in order to ensure that this was done in the most effective way.*

*Responding to an enquiry, officers undertook to provide all Executive Members with the Local Government Association led Peer Review of Safeguarding Adults in Leeds.*

*In addition, Members also received assurances on the comprehensive and co-ordinated work which was ongoing to safeguard those vulnerable individuals travelling via private hire taxi vehicles, with reference being made to the ongoing involvement of the Safeguarding Boards in such initiatives.*

*It was also noted that an update report regarding the issue of safeguarding in taxi and private hire licensing was scheduled to be submitted to the next meeting of the Board.*

*In conclusion, it was noted that regular update meetings would be scheduled between the Safeguarding Board Chair and the Chief Executive, and it was also noted that meetings would be arranged between the Chair and individual Group Leaders.*

**RESOLVED** – *That the contents of the submitted report, together with the appended 2014/15 annual report be noted and that the work programme of the Leeds Safeguarding Adults Board for 2015/16 be endorsed.*

- 2.3 The current Independent Chair of Leeds Safeguarding Adults Board and relevant officers have been invited to attend the meeting and address any questions from the Scrutiny Board.

### **3. Recommendations**

- 3.1 Members are asked to:

- a) Note the content of this report and any further details provided at the meeting; and,
- b) Identify and agree any specific matters that may require further scrutiny activity.

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

- 4.1 None used

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

**Report of Director of Adult Social Services**

**Report to Executive Board**

**Date: 18<sup>th</sup> November 2015**

**Subject: Safeguarding Adults Board Annual Report 2014/15 and Business Plan 2015/16**

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

**Summary of main issues**

1. This report introduces members of the Board to the eighth Leeds Safeguarding Adults Board Annual Report, for 2014/15 and the work plan for 2015/16.
2. During 2014/15, the Safeguarding Adults Board has been preparing for the implementation of the Care Act 2014. From April 2015, under the Act, safeguarding adults boards (SABs) were put on a statutory footing.
3. The Annual Report will be available to access at [www.leedsafeguardingadults.gov.uk](http://www.leedsafeguardingadults.gov.uk) following the Board meeting.

**Recommendations**

4. Members of the Board are requested to note the content of the attached 2014/15 annual report and endorse the work programme of the Safeguarding Adults Board for 2015/16.

## **1 Purpose of this report**

- 1.1 The purpose of this report is to introduce the eighth and last annual report of the previous Leeds Safeguarding Adults Board, prior to its re-constitution as a statutory board under the Care Act 2014, and to update the Executive Board on the work, going forward, of the new statutory Leeds Safeguarding Adults Board.

## **2 Background information**

- 2.1 Each year Leeds Safeguarding Adults Board produces an annual report of its business for the previous year and a work programme for the following year. The work programme is informed by the priorities of the Board and its partner agencies.
- 2.2 The Care Act 2014 includes the duty on the local authority to establish a statutory Safeguarding Adults Board from April 2015. The Care Act signals parity for Safeguarding Adults Boards in that regard with Safeguarding Children Boards, and a formal recognition of the work of Safeguarding Adults Boards as a national priority for central government.
- 2.3 Schedule 2 of the Care Act places a duty on the Safeguarding Adults Board to publish an annual plan and to report on achievements in an annual report. In Leeds, the Safeguarding Adults Board has been satisfying this requirement for a number of years.

## **3 Main issues**

- 3.1 The Leeds Safeguarding Adult Board Annual Report 2014/15 details the achievements of the Board over the last 12 months. The Board involves statutory and non-statutory agencies as members with the sole purpose of achieving continual improvements in practice that safeguards adults at risk of abuse or neglect in Leeds.
- 3.2 Achievements during 2014/15 include:
- Responding to 4,951 safeguarding alerts during 2014/15. This is an increase of 32% over the previous year and indicates that there is an increasing awareness of safeguarding adults within the city.
  - A Prevention of Abuse campaign that used social media, press releases, radio, leaflet and poster campaigns, to help ensure that more and more people across our city know how to report abuse and have the confidence to do so.
  - New initiatives to improve partnership working between agencies. The Front Door Safeguarding Hub has provided new opportunities for closer, more integrated working practices, providing for better coordinated responses to domestic abuse. Think Family approaches, developed with the Leeds Safeguarding Children Board and Safer Leeds Executive have provided an improved framework for practitioners to consider the needs, not just of individuals, but of families as a whole.



- The completion of a Safeguarding Adults Review in relation to a young woman with a learning disability who lived in supported accommodation and had been reportedly harmed during the course of receiving care. Safeguarding Adults Reviews are opportunities to identify learning and improve practice; in this review, learning was achieved about provision of mixed-gender care, the timeliness of case conferences and the involvement of families in that process. All the review recommended actions have now been implemented.
- The completion of a Local Government Association led Peer Review of Safeguarding Adults in Leeds, which provided a good validation of the Board's assessment and provided useful learning for Board members about how to progress its work.
- An independent review of the Support Unit of the Safeguarding Adults Board.
- Developing new West Yorkshire and North Yorkshire Multi-Agency Safeguarding Adults Policy and Procedures in preparation for June 2015. The revised approaches will help us to focus on working towards the adults desired outcomes and to provide more proportionate and individualised responses to the concerns raised.

There have also been significant developments in promoting the safeguards of the Mental Capacity Act, these include the work of Independent Mental Capacity Advocates (IMCAs) and the Deprivation of Liberty Safeguards (DoLS).

- IMCAs provide representation for people who lack mental capacity in relation to certain important decisions. Although Leeds already had the highest use of IMCAs in the country, use of IMCAs increased by 33% during 2014/15. This provides reassurance that those in need of representation are receiving the support they need.
- The Deprivation of Liberty Safeguards (DoLS) are a legal safeguard for adults who lack capacity to consent to care or treatment that deprives them of their liberty. Changes in case law in March 2014 has meant that substantially more people are covered by the Deprivation of Liberty Safeguards (DoLS) than previously. In 2014/15 DoLS was put in place for 1455 people, this is an increase of 2108% on the year before. This has only been possible due to the substantial response taken to plan for and provide for the assessments required.

3.3 Each of these and other achievements within the report illustrate the continued progress of the Board in promoting and improving safeguarding adults within our city.

3.4 An analysis of safeguarding referrals and investigations over the last 12 months reveals the following findings:

- 940 safeguarding investigations were started during 2014/15.

- In 55% of completed investigations abuse or neglect was substantiated “on the balance of probabilities”.
- In 97% of responses to safeguarding concerns, the actions taken either reduced or removed the risk of abuse or neglect. As part of supporting people to live the life they choose, it should be noted that some people prefer to live with a risk rather than for it to be removed.
- Deprivation of Liberty Safeguards (DoLS) Authorisations increased from 69 during 2013/14 to 1455 in 2014/15, an increase of 2,108%. This was following a landmark ruling in March 2014, after which it was anticipated that many more people would be covered by the protection of the Deprivation of Liberty Safeguards in future.
- Use of the Independent Mental Capacity Advocacy (IMCA) service increased from 2013/14 to 2014/15 overall by 33%. This is in part due to the dramatic increase in the number of cases going through the DoLS process.

3.5 Performance monitoring and quality assurance of safeguarding adults work is undertaken locally within each local authority area. 2014/15 has seen the second year of the national Safeguarding Adults Return. This national data return has been modified for 2015/16 to take account of the requirements of the Care Act.

3.6 Looking forward into 2015/16, the Board, informed by its learning from the Local Government Association led Peer Review, has set out its Annual Plan for the year ahead focusing on 4 key priorities:

- Reduce the risk of abuse within our communities

Promoting safe services through providing safeguarding standards for service specifications and commissioning arrangements, and developing multi-agency arrangements to respond to potential risks posed by ‘persons in position of trust’, such as an employee or volunteer within the course of their duties.

- Raise awareness of safeguarding adults and how to report abuse

Undertaking targeted approaches to those most in need and developing engagement events, to promote increase awareness of safeguarding adults.

- Support adults at risk to end abuse and achieve the changes they want

This includes, developing multi-agency guidance and partnership working arrangements, as well as a Learning and Improvement Plan, and a revised approach to managing quality and performance.

- Learn from people’s experiences to help others

Improving how we gather the feedback of people involved in safeguarding adults about their experiences, to inform and develop good practice.

## **4 Corporate Considerations**

### **4.1 Consultation and Engagement**

4.1.1 Building on the Board's Customer Perceptions Questionnaire, further development work has led to the development of surveys aimed at service providers, family carers and others involved in the safeguarding process.

4.1.2 These questionnaires are to be implemented in 2015/16, as relevant, in all cases that are the subject of a safeguarding adults case conference meeting.

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

4.2.1 There are no specific considerations in relation to equality, diversity, cohesion and integration.

### **4.3 Council policies and Best Council Plan**

4.3.1 Safeguarding Adults work contributes to keeping people in Leeds safe. The Safeguarding Adults Board works together with the Leeds Safeguarding Children Board and the Safer Leeds Executive to progress this priority. The work also supports the Best Council Plan objectives of, 'Building a child-friendly city' and 'Supporting communities and tackling poverty'.

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

4.4.1 For several years, the Board's work has been funded equally by the NHS and Adult Social Care. In addition to funding, Board members work together to undertake enquiries into allegations of abuse and neglect and to support adults at risk to manage the risks they face by developing protection arrangements. Under the Care Act, West Yorkshire Police is now considering contributing to the cost of the work of the Safeguarding Adults Board, as one of the new statutory partners of the Board. The Care Act explicitly refers to NHS, Adult Social Care and Police as the bodies responsible for resourcing the work of the Safeguarding Adults Board.

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

4.5.1 The Care Act 2014 provides a new statutory basis for the Safeguarding Adults Board, and associated duties on both the Board and local authorities. The Care Act also places duties on others, such as the duty to cooperate and the duty to supply information to enquiries or safeguarding adults reviews.

4.5.2 In addition to the Care Act, the legal implications relate to a significant array of legislation in relation to offences against the person, guidance in relation to Care Standards, Mental Capacity, the implementation of specific guidance in relation to Adult Safeguarding, the Safeguarding Vulnerable Groups Act and the Protection of Freedoms Act.

### **4.6 Risk Management**

- 4.6.1 The nature of Safeguarding Adults work is that there is always risk involved. It is often the case that there is disagreement between parties involved. The Board is determined to ensure that its processes are just and fair to reduce the risk of challenges to partner organisations. Where challenges do arise, legal advice is provided by the Council to the Board, to ensure that risk to the statutory sector partners is informed and well-managed. The Council ensures regular monitoring of safeguarding adults as a standing risk on the corporate risk register.

## **5 Conclusions**

- 5.1 The Annual Report provides evidence that systems and practices to safeguard adults at risk continue to be firmly established as being everybody's business in Leeds, and used more widely across all sectors.
- 5.2 Work throughout 2014/15 has ensured that this principle is now embraced across West Yorkshire in the new revised multi-agency policy and procedures for West Yorkshire and North Yorkshire, ensuring compatibility with the Care Act 2014.
- 5.3 The Annual Report provides assurance that that all the partners have committed to a continuing programme of work designed to achieve excellence in safeguarding practice in Leeds.

## **6 Recommendations**

- 6.1 Members of the Board are requested to note the content of the attached 2014/15 annual report and endorse the work programme of the Leeds Safeguarding Adults Board for 2015/16.

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

- 7.1 None.

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



Leeds Safeguarding  
Adults Board

# ANNUAL REPORT 2014 - 15





# Important Contact Details



**Leeds Safeguarding  
Adults Board**

## **How to report abuse:**

### **To report a crime**

- In an emergency, contact the police: Tel. 999
- If the person is not in danger now, contact the police: Tel. 101

To report a safeguarding concern:

- Contact Adult Social Care: Tel. 0113 222 4401
- Out of hours: Tel. 0113 240 9536
- Textphone for deaf and hard of hearing people: Tel. 0113 222 4410

### **Not sure what to do?**

You can get advice and information:

- Safeguarding Adults Board Advice Line: Tel. 0113 224 3511  
(Office Hours, Mon-Fri)
- Leeds Safeguarding Adults Board website: [www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk)

## **Deprivation of Liberty Safeguards (DoLS):**

### **Need advice:**

- Leeds Deprivation of Liberty Safeguards Helpline:  
Tel: 0113 855 2347 (Office Hours, Mon-Fri)

### **Need more information:**

For more information about Safeguarding Adults, Mental Capacity Act or Deprivation of Liberty Safeguards (DoLS) please go to the Leeds Safeguarding Adults Board website:

- [www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk)

# Foreword

I am pleased to introduce the Leeds Safeguarding Adults Board's Annual Report for 2014/15. This Annual Report provides a summary of our work in Leeds to safeguard adults at risk from abuse and neglect. It also identifies areas where work is still needed and sets out the future priorities of the Board.

Across the city, people are safeguarded from abuse and neglect because of the vigilance of communities looking out for their friends, family and neighbours, and due to the network of partner organisations working together to end abuse and to help people recover from their experiences. This is what we strive to promote as a safeguarding Board in Leeds.

This report will tell you about developments in safeguarding adults in Leeds. Much has been achieved over the last year, but we must never be complacent. During 2014/15 we invited a Local Government Association Peer Review of Safeguarding in Leeds, this has helped us to reflect on our strengths and identify our priorities for the year ahead.

We work as a Board to make Leeds a safer place to live, and I would like to take this opportunity to thank all those individuals and organisations who work with us, tirelessly, to achieve this shared vision for the city.



**Ellie Monkhouse**  
**Acting Chair of the Leeds Safeguarding Adults Board**

## **Message from the Director of Adult Social Services and the Executive Member for Health, Wellbeing and Adults**

We are both very pleased to have taken up our roles in support of safeguarding adults in recent months, and at such an important time. The Care Act 2014 placed safeguarding adults on a statutory footing from April 2015, providing a great opportunity to review how we can best work together and with our communities to safeguard those at risk of abuse.

As we look forward into 2015/16, we have set ourselves clear objectives for the year that build on our achievements and help us to keep the adult at risk of abuse at the centre of all our work.

There is much to be done, but we have found in Leeds strong working relationships and a wealth of safeguarding knowledge and expertise across all partners, as well as a clear unyielding commitment to reach out to all those in our community to prevent abuse and help people bring the impact of the experience of abuse to an end.

We look forward to being part of this continued journey towards making Leeds a safe place for everyone.

**Cath Roff**  
**Director of Adult Social Services**

**Councillor Lisa Mulherin**  
**Executive Member for Health, Wellbeing and Adults**





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# 1. Executive Summary

The Leeds Safeguarding Adults Board Annual Report 2014/15 provides an overview of the Board's achievements over the last 12 months and its priorities for the year ahead.

In relation to safeguarding adults, these achievements include:

- Responding to 4951 safeguarding alerts during 2014/15. This is an increase of 32% over the previous year and indicates that there is an increasing awareness of safeguarding adults within the city.
  - A Prevention of Abuse campaign that used social media, press releases, radio, leaflet and poster campaigns, to help ensure that more and more people across our city know how to report abuse and have the confidence to do so.
  - New initiatives to improve partnership working between agencies. The Front Door Safeguarding Hub has provided new opportunities for closer, more integrated working practices, providing for better coordinated responses to domestic abuse. Think Family approaches, developed with the Leeds Safeguarding Children Board and Safer Leeds Executive have provided an improved framework for practitioners to consider the needs, not just of individuals, but of families as a whole.
  - The completion of a Safeguarding Adults Review in relation to a young woman with a learning disability who lived in supported accommodation and had been reportedly harmed during the course of receiving care. Safeguarding Adults Reviews are opportunities to identify learning and improve practice; in this review, learning was achieved about provision of mixed-gender care, the timeliness of case conferences and the involvement of families in that process. All the review recommended actions have now been implemented.
  - Developing new West Yorkshire and North Yorkshire Multi-Agency Safeguarding Adults Policy and Procedures in preparation for June 2015. The revised approaches will help us to focus on working towards the adults desired outcomes and to provide more proportionate and individualised responses to the concerns raised.
- IMCAs provide representation for people who lack mental capacity in relation to certain important decisions. Although Leeds already had the highest use of IMCAs in the country, use of IMCAs increased by 33% during 2014/15. This provides reassurance that those in need of representation are receiving the support they need.
  - The Deprivation of Liberty Safeguards (DoLS) are a legal safeguard for adults who lack capacity to consent to care or treatment that deprives them of their liberty. Changes in case law in March 2014 has meant that substantially more people are covered by the Deprivation of Liberty Safeguards (DoLS) than previously. In 2014/15 DoLS was put in place for 1455 people, this is an increase of 2108% on the year before. This has only been possible due to the substantial response taken to plan for and provide for the assessments required.

Looking forward into 2015/16 the Board, informed by its learning from a Local Government Association, Peer Review has set out its Annual Plan for the year ahead focusing on 4 key priorities.

1. Reduce the risk of abuse within our communities  
Promoting safe services through providing safeguarding standards for service specifications and commissioning arrangements, and developing multi-agency arrangements to respond to potential risks posed by 'persons in position of trust', such as an employee or volunteer within the course of their duties.
2. Raise awareness of safeguarding adults and how to report abuse  
Undertaking targeted approaches to those most in need and developing engagement events, to promote increase awareness of safeguarding adults.
3. Support adults at risk to end abuse and achieve the changes they want  
This includes, developing multi-agency guidance and partnership working arrangements, as well as a Learning and Improvement Plan, and a revised approach to managing quality and performance.
4. Learn from people's experiences to help others  
Improving how we gather the feedback of people involved in safeguarding adults about their experiences, to inform and develop good practice.

There has also been significant developments in promoting the safeguards of the Mental Capacity Act, these include the work of Independent Mental Capacity Advocates (IMCAs) and the Deprivation of Liberty Safeguards (DoLS).

## 2. Leeds Safeguarding Adults Board 2014/15

### 2.1 Leeds Safeguarding Adults Board

The vision of the Leeds Safeguarding Adults Board during 2014/15 was for the city of Leeds to be a place where:

**all the citizens of Leeds, irrespective of age, race, gender, culture, religion, disability or sexual orientation live with their rights protected, in safety, free from abuse and the fear of abuse**

From 1 April 2015, the Board became a statutory body with specific duties and requirements as set out in the Care Act 2014. However, during the period of this report, the Leeds Safeguarding Adults Board was a voluntary arrangement of statutory and non-statutory organisations, working together to safeguard adults at risk of abuse, and to promote the safeguards of the Mental Capacity Act 2005.

Dr. Paul Kingston has been the Independent Chair during 2014/15, providing for independent perspective, challenge and support to the Board in achieving continuous development. The Board is overseen by the Director of Adult Social Services.

The Board meets every two months. Membership of the Board during 2014/15 is included in Appendix D. The Board's governance arrangements and functions are set out in full within the Board's 'Constitution'. The Board's objectives for the year ahead are set out in its 'Annual Plan'.

All of these documents, together with the minutes of Board meetings are available to everyone on the Board's website:

**[www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk)**

# 3. Making a difference in Leeds

## 3.1 Safeguarding Adults

### Safeguarding alerts

Multi-agency safeguarding adults arrangements work to protect adults with health and social care needs from abuse and neglect. 'Making a safeguarding alert' means reporting concerns to the local authority that an adult is or may be experiencing abuse.

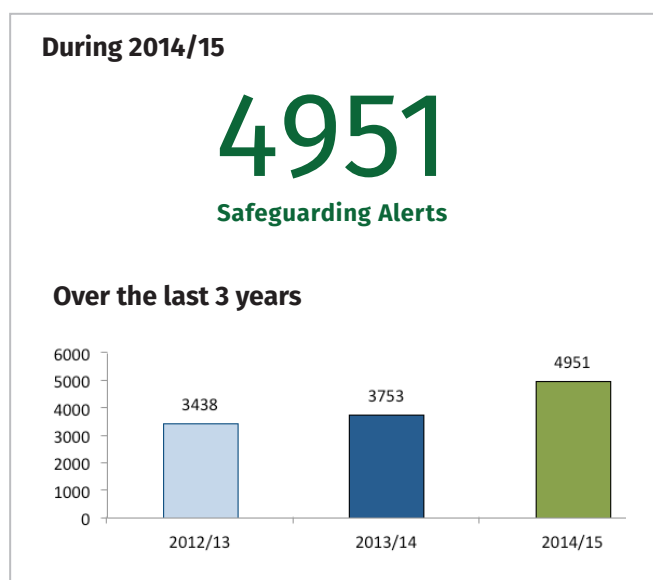


Table 1. Safeguarding Alerts (2012/13-2014/15) (Source: ESCR)

Table 1 shows that over the last 12 months there has been a 32% increase in the number of safeguarding alerts. This suggests an increasing awareness of safeguarding adults throughout the city.

### Responses to concerns

When a safeguarding concern is raised, a decision is made as to the most appropriate ways of responding to the concerns. A safeguarding investigation is only of these possible responses.



Table 2. Initial responses to safeguarding alerts (2014/15) (Source: ESCR)

A safeguarding investigation was the initial response in 20% of alerts, and resulted in 940 actual investigations commencing during 2014/15.

### Safeguarding Investigations

Investigations are undertaken to establish what has happened and what support is needed to keep the adult or others safe in the future.

<p><b>During 2013/14</b></p> <p><b>54%</b></p> <p>Of investigations substantiated abuse</p>	<p><b>Outcome of investigations</b></p> <p>In 54% of occasions, the investigations found that an allegation of abuse or neglect was found to have occurred.</p> <p>Sometimes there is not enough evidence to conclude if abuse has occurred, but actions can often still be taken to protect the person in the future.</p>
<p><b>96%</b></p> <p>Of interventions led to the adult being safer</p>	<p>In 96% of occasions, the actions taken to safeguard the person made them safer.</p> <p>Safeguarding supports people in how they choose to live their lives. As a person may decide to live in circumstances that place themselves at risk, the risk might not always be removed.</p>

## Case Example, Safeguarding Adults practice

*“ I am safe within my community and the services I access ”*

Sarah is able to communicate her basic needs through hand gestures and sounds, and needs assistance with all aspects of her day-to-day care. She lives in a residential service, and needs one-to-one support to undertake activities in her local community.

Sarah's family became concerned when they realised that expensive clothes that were bought for her, went missing before they saw them; and when her support workers could not account for the costs of her leisure activities.

A safeguarding investigation was undertaken by Adult Social Care to explore these concerns and to find out what, if any, actions were needed to protect Sarah.

The absence of proper recording and oversight meant that it was impossible to evidence how all of her money had been spent. However, the investigation found clear evidence that some support workers had been taking advantage of their position. For example, Sarah's support workers would use her allowances to plan activities that they would enjoy, and this would include 'meals out' for their benefit.

The support workers were subject to disciplinary procedures and no longer work with Sarah. They were reported to the Disclosure and Barring Service for a decision as to whether they should be banned from working with anyone with care and support needs.

The care service was required to put in place better systems and management oversight to ensure that activities are being undertaken as expected, and to ensure that Sarah's money is spent appropriately. The new arrangements have been monitored by local authority commissioning teams to make sure the required changes have been made.

Sarah and her family are now satisfied that her money is being managed appropriately and that Sarah is able to spend her money as she wishes.

### 3.1.1 Getting the message out

The Safeguarding Adults Board wants everyone to know that they can seek help and advice.

#### Prevention of abuse campaign

To promote awareness and understanding of safeguarding adults the 'Doing nothing is not an option' campaign was launched during July 2014. Aimed at employees, volunteers, service users and the general public, the objectives of the campaign were:

- To raise awareness of safeguarding adults amongst the public, organisations and their employees/volunteers
- To improve confidence and knowledge as to how to report safeguarding adults concerns

The campaign used a range different ways to increase awareness of safeguarding, such as the use of a radio messages, poster campaigns, face book, press releases and publications, blogs and twitter. Evaluation of the campaign was positive with its message having had a significant reach across the city.

For more information about the campaign, see Appendix C.

#### New publications

New safeguarding leaflets were created to support the prevention of abuse campaign, one aimed at members of the public, one aimed at 'staff and volunteers' and an 'easy read' version.

All of these leaflets, as well as posters or safeguarding adults cards, can be obtained by contacting the Safeguarding Adults Partnership Support Unit:

Tel: 0113 224 3511, or  
Email:safeguarding.adults@leeds.gov.uk.





### 3.1.2 Providing for skilled practitioners

A key focus of the Board's work is to ensure that training is provided that enables staff and volunteers to understand their responsibilities to safeguard adults at risk.

The Board's Training and Workforce Development Framework (2014) provides for 4 levels of training, reflecting the various roles that staff and volunteers may fulfil within the safeguarding adults procedures as outlined below:

<b>Level 1:</b> Awareness - recognising and responding to abuse
<b>Level 2:</b> Alerting Manager - when and how to make a safeguarding adults alert
<b>Level 3:</b> Investigator - how to undertake an investigation into abuse or neglect
<b>Level 4:</b> Safeguarding Coordinator (and other specialist roles) - specialist training for people fulfilling other key roles

The framework helps provide for consistent content and standards, regardless of the agency that is providing the training.

Level 1 and Level 2 courses are available to voluntary and independent sector organisations free of charge. To attend these courses, contact Adult Social Care: Business Support Centre on Tel: 0113 247 5570 for information about available courses. NHS and other partners will also provide such training for staff and volunteers within their services.

Level 3 and Level 4 courses are aimed at people with more specialist roles within the safeguarding adults procedures. These courses are provided by the Safeguarding Adults Partnership Support Unit. During 2013/14, 730 places were attended across the courses below:

- The Multi-agency Procedures for Professionals
- Planning Safeguarding Investigations
- Investigative Interviews – Structure and Planning
- Investigative Interviews – Skills Workshop
- Gathering and Evaluating Evidence
- Writing the Investigation Officers Report
- Safeguarding Training for Trainers
- Safeguarding Coordinators Update and Review
- Chairing Safeguarding Meetings
- Minuting Safeguarding Meetings
- Institutional Abuse

The Board has been broadening its approach to providing for skilled practitioners for 2015, developing more innovative ways to provide for the needs of different groups of staff. This will include skill-based training, provision of more information and guidance, 'bite-sized' briefings, reflective practice workshops and an annual conference.

For more information about safeguarding adults training courses currently available, please refer to the Board's website: [www.leedssafeguardingadults.org.uk/training.html](http://www.leedssafeguardingadults.org.uk/training.html)

### 3.1.3 Working better together

The Board works to find improved ways of working together to support people in our communities to be safe. This includes a range of initiatives in 2014/15.

#### Front Door Safeguarding Hub

The Front Door Safeguarding Hub aims to provide improved responses to domestic violence and abuse. It brings together a range of organisations, such as the Police, Adult Social Care, Children's Services, Housing Services and NHS partners who will work together to identify the best response to the concerns.

Daily partnership meetings focus on high risk cases reported to the police, allowing partners to share relevant information and agree clear action plans relating to victims, perpetrators and children. This approach provides for coordinated responses to the management of risk, and reduces the number of separate contacts for victims of abuse.

The Front Door Safeguarding Hub is currently focused on high risk and medium risk cases of domestic violence reported to the police. The intention is to expand this over time to develop a response to all reported incidents and include referrals from partner agencies.

#### Think Family, Work Family Protocol

The Think Family, Work Family protocol has been produced in partnership between the Safeguarding Children Board, Safeguarding Adults Board and Safer Leeds Executive.

The approach recognises the responsibilities of all practitioners working with adults or children within a family unit, to ensure the needs of all members are recognised and responded to appropriately, particularly where domestic abuse, mental health, learning disability or substance misuse impact on parenting capacity or an individual's safety and welfare.

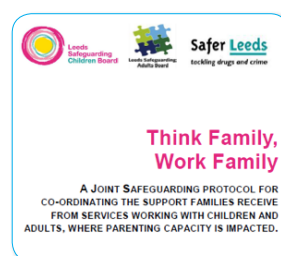
The Think Family, Work Family approach was launched June 2014, through a Annual Conference organised by the Safeguarding Children's Board. The protocol can be found on the Board's website: [www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk)

#### Regional approaches to safeguarding adults

During 2014/15 the Leeds Safeguarding Adults Board has been working with Bradford, Calderdale, Kirklees, Wakefield and North Yorkshire to have a shared Multi-Agency Safeguarding Adults Policy and Procedure for West Yorkshire and North Yorkshire.

This new Multi-Agency Safeguarding Adults Policy and Procedure will be introduced in June 2015, with a stronger emphasis on working towards achieving the changes wanted by the adult at risk, and allowing for more individualised responses.

Adopting this regional approach brings together the expertise of each of the Boards, and provides an opportunity to share learning and develop best practice. It also helps those organisations, such as the police or care providers, that work across the region.



## Case Example, Front Door Safeguarding Hub

**“ I am confident that professionals will work together and with me to get the best result for me ”**

During the night, the police were called to an incident of domestic violence, where John, an older man had been assaulted in his home by his daughter.

Concerned for his ongoing welfare, the police raised the concerns at the multi-agency partnership meeting the following morning. This allowed partners to share information, assess the risk and agree the best response. A joint approach was agreed. A police officer and a social worker visited John immediately after the meeting.

John declined to talk further about the incident, but his daughter was desperate for support. The incident occurred after drinking alcohol and she was distraught at what she had done. John and his daughter were living in a one bedroom flat, unsuitable for two people. She was trying to support her father with his care needs, whilst struggling to cope with a personal crisis.

The daughter agreed to an assessment by Adult Social Care for support, and was put in contact with a number of voluntary organisations that could also provide her with support.

The daughter was also supported to apply for her own flat in the same building, so that she could continue to provide John with support, as was his wish, without the strain of living in overcrowded living conditions.



### **3.1.5 Learning from practice**

A priority for the Safeguarding Adults Board is to learn from cases and situations that challenge us as a multi-agency partnership. The purpose of Safeguarding Adults Reviews is not to investigate abuse, or to apportion blame but rather to provide an opportunity to improve multi-agency working, to share best practice, and learning.

The Board concluded one such review during 2014/15. The review was commenced in 2012, but due to one action taking longer than anticipated to complete, it was not finalised until 2014.

The review concerned a young woman with a learning disability and life limiting condition who lived in supported accommodation. A safeguarding investigation had been held for the young woman in relation to actions of a member of staff, who was alleged to have caused a fracture to her arm whilst attending to her care needs. The allegation was not substantiated; however learning was gained from the Safeguarding Adults Review about how to involve families in decisions about care provision and in the safeguarding process. The review was undertaken with the support and close involvement of the young woman's family. Learning from the review led to a range of improvements in practice that will benefit others in the future. See Appendix B for more information.

A further Safeguarding Adults Review was commenced during 2014. This concerned a person with bariatric healthcare and social care needs. This Safeguarding Adults Review was undertaken to explore whether agencies could have worked more effectively together to manage the many risks that were present in this person's life. The review is due to be concluded early 2015/16.

### **3.1.6 Improving quality and performance**

The Board continually strives to improve standards of practice and outcomes for people within the safeguarding adults procedures.

During 2015, a particular focus has been on ensuring that safeguarding adults investigations are always used as proportionate response to the concerns raised. Audits of decision making are undertaken, with the learning from these used to support the development of best practice amongst practitioners.

New surveys were also introduced in 2014 to provide people involved in safeguarding adults the opportunity to provide feedback on their experiences. This includes the views of the adult at risk, relatives or unpaid carers, service providers or others attending a Case Conference Meeting.

There is positive feedback that that people felt able to give their views at Case Conferences, that they were satisfied with how decisions were made and how such meetings were chaired. However, much of this feedback to date has come from professionals and much more work is needed during 2015/16 to ensure that the opportunity to provide feedback is consistently provided to the adult at risk, and others such as relatives/unpaid carers, about all their experiences of safeguarding adults.

## 4. Mental Capacity Act safeguards

The Safeguarding Adults Board works to safeguard the rights of people who lack the mental capacity to make decisions for themselves. These rights are set out in the Mental Capacity Act 2005.

The Act is relevant to everyday decisions as well as major decisions about someone's property, financial affairs, health and welfare. The Act requires decisions to be always made in person's best interests.

Each member organisation of the Board promotes awareness and good practice under the Mental Capacity Act within their services, training and through commissioned services.

### 4.1 Deprivation of Liberty Safeguards (DoLS)

The Deprivation of Liberty Safeguards are legal safeguards that allow for a resident or patient in a care home or hospital, who lacks capacity to consent to their care and treatment, to be deprived of their liberty in order to keep them safe from harm.

In summary, the safeguards ensure:

- that the arrangements are in the person's best interests
- the person is appointed someone to represent them
- the person is given a legal right of appeal over the arrangements
- the arrangements are reviewed and continue for no longer than necessary

It is the role of Leeds Adult Social Care to arrange for assessments to ensure the deprivation of liberty is in the person's best interests.

### Figures at a glance

Overview of Deprivation of Liberty Safeguards (DoLS)

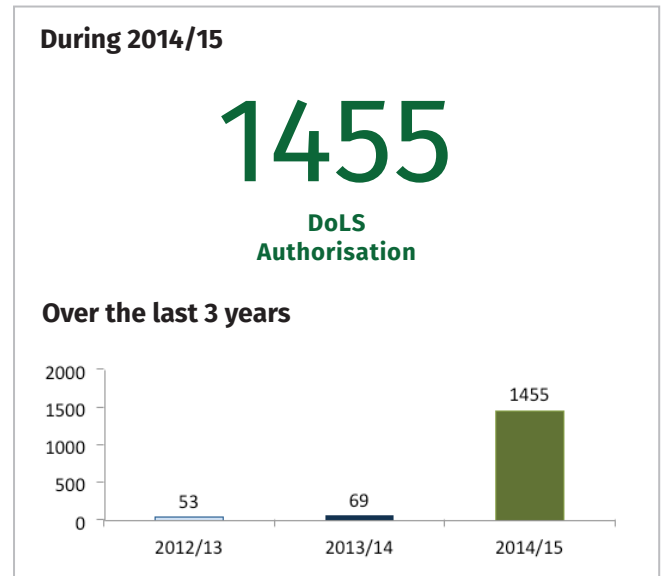


Table 3: Total DoLS Applications (2012/13 - 2014/15) (DoLS database)

The test for what circumstances amount to a deprivation of liberty changed in March 2014. The new test says that a person is deprived of their liberty if they are 'not free to leave a hospital or care home' and they subject to 'continuous supervision and control' in the course of their care or treatment.<sup>1</sup>

This new legal judgment has meant that substantially more people require the protection of the Deprivation of Liberty Safeguards than previously. Table 3 shows that in 2013/14 only 69 people needed these safeguards. This went up to 1455 in 2014/15, this is an increase of 2108%.

### DoLS Coordination Service

In Leeds the DoLS Coordination provides a single point of contact for organisations, professionals and the public in relation to DoLS issues.

If someone needs to seek advice, or request an assessment they can contact the DoLS helpline (Tel. 0113 855 2347 - office hours).

For further information about Deprivation of Liberty Safeguards can be found the Safeguarding Adults Board website: [www.leedsafeguardingadults.gov.uk](http://www.leedsafeguardingadults.gov.uk)

<sup>1</sup> P v Cheshire West (2014)

## Case Example, DoLS practice

**“ I am confident professionals will work in my interests, and they only get involved as much as needed ”**

Neil is in his twenties, he has autism and lives in a residential care home. He lacks the mental capacity to make decisions about where he lives or his care arrangements.

Neil needs support with all his daily living tasks, such as washing, dressing, meals and other activities. He needs supervision at all times to prevent him coming to harm.

It would not be safe for Neil to live without the support he currently receives, or to leave the home unsupervised. For his safety there are key pads on the door to stop him leaving. When Neil does go out he needs two members of staff to prevent him placing himself at risk, by walking into roads, or grabbing or touching members of the public.

The manager of the care home applied for the Deprivation of Liberty Safeguards. Adult Social Care undertook a series of assessments and agreed that the Deprivation of Liberty Safeguards should be put in place.

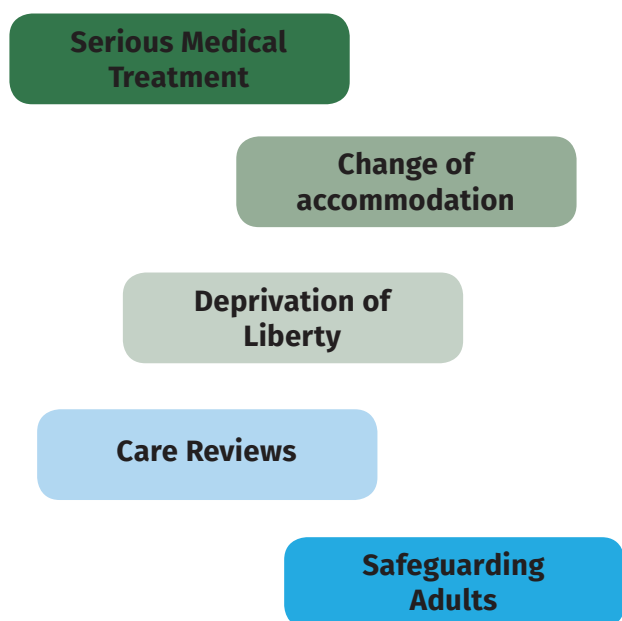
The benefit for Neil was that there was an independent assessment of his circumstances to check that the arrangements in place were in his best interests, and not more restrictive than they need to be. These arrangements now have to be kept under review and can be legally challenged on Neil's behalf if needed.

*Please note, the Deprivation of Liberty Safeguards (DoLS) relate to a person receiving care and treatment within a hospital or care home. They do not apply to a person subject to detention under the Mental Health Act 1983.*

## 4.2 Independent Mental Capacity Advocates (IMCAs)

Independent Mental Capacity Advocates (often called IMCAs) were introduced by the Mental Capacity Act 2005. IMCAs provide a form of advocacy that helps to safeguard the rights of people who lack mental capacity.

The role of the IMCA is to represent the person, helping to ensure that their best interests are met by the decision making process. The IMCA will always be independent of the person making the decision, and may be involved in decisions concerning:



In Leeds, Articulate Advocacy provides the IMCA service. The Leeds Safeguarding Adults Board works closely with Articulate Advocacy to promote use of IMCAs to safeguard the rights of people who lack the mental capacity to make important decisions for themselves.

## Figures at a glance

### Overview of IMCA involvement

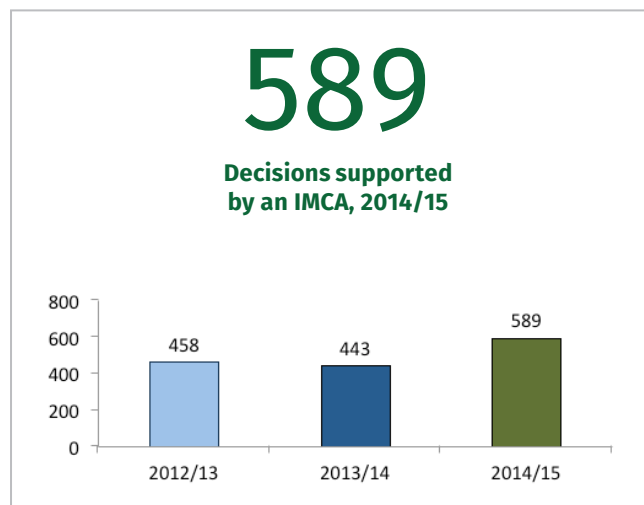


Table 4. IMCA supported decisions, 2012/13-2014/15 (Source: Articulate Advocacy)

Leeds had the highest use of IMCAs in the country in 2013/14.<sup>2</sup> In 2014/15 use of IMCAs continued to increase in Leeds, going up by 33%.

This provides reassurance that the IMCA service is well used in Leeds, helping to ensure that all those people who lack mental capacity are appropriately represented when important decisions are made.

<sup>2</sup>The Seventh Year of the Independent Mental Capacity Advocacy (IMCA) Service: 2013/2014

## Case Example, IMCA practice

**“ I am confident that professionals will work together and with me to get the best result for me ”**

Sue has long term mental health problems and an acquired brain injury. She lives in supported accommodation, and receives daily support from care workers.

Sue has become much less mobile over time due to a knee problem, and is in need of surgery. Sue was assessed as lacking mental capacity in relation to the procedure, and an IMCA was asked to support and represent Sue.

The IMCA spent time with Sue, to understand her views and wishes, and to understand what she wanted to happen. The IMCA prepared a list of questions to ask on Sue's behalf about the proposed procedure, recovery time, possible alternatives treatments, pain relief and the need for aftercare, such as physiotherapy.

The consultant expressed concern that whilst there were benefits of having the operation, there was also some risks, especially if the physiotherapy was not followed.

The IMCA had taken time to understand Sue wishes and understand the impact of the surgery impact on lifestyle and independence. The IMCA was also able to advise on how well Sue had engaged with her treatment in the past.

The support of the IMCA helped the consultant to reach the decision that the surgery was in Sue's best interests. The operation was successful. Sue engaged with her aftercare treatment and was soon walking again and free from the discomfort of the operation.

## 6. Going Forward

In working to develop and achieve the best possible outcomes for people in Leeds, the Safeguarding Adults Board sought an independent view of safeguarding arrangements in Leeds during 2014/15.

This involved inviting the Local Government Association to undertake a Safeguarding Adults Peer Review in Leeds. A peer review is designed to help a local authority and its partners identify current strengths, and provide challenge where there is the potential to improve.

The Safeguarding Adults Board has used the learning from this review, as well as its own learning and national developments in safeguarding to inform its Annual Plan.

### 6.1 Annual Plan 2015/16

The Annual Plan sets priorities for the Safeguarding Adults Board and its member organisations for the next year. The full Annual Plan is available on the Leeds Safeguarding Adults Board website: [www.leedssafeguardingadults.org.uk](http://www.leedssafeguardingadults.org.uk).

In summary, the Board's work will focus on four key priorities:

1. Reduce the risk of abuse within our communities

2. Raise awareness of safeguarding adults and how to report abuse

3. Support adults at risk to end abuse and achieve the changes they want

4. Learn from people's experiences to help others

#### 1. Reduce the risk of abuse within our communities

Each year the Board identifies new ways to help reduce the risk of abuse within our communities. During 2015/16 the Board will focus on ensuring promoting safe services for adults with care and support needs.

To help achieve this the Board will develop common safeguarding standards that can be used throughout service specifications and commissioning arrangements that minimise the risk of abuse and ensure services respond appropriately where it does occur.

As part of ensuring the provision of safe services, the Board will ensure there are multi-agency arrangements in place to respond to risk posed by 'persons in position of trust', such as an employee or volunteer within the course of their duties.

In addition the Board will introduce new audit systems, to ensure that partners have appropriate safeguarding

arrangements in place and are providing for the development of skilled practitioners.

#### 2. Raise awareness of safeguarding adults and how to report abuse

In support of the aim of reducing the risk of abuse and neglect, the Board wants to continue to raise awareness of safeguarding adults and the help available.

The Safeguarding Adults Board has undertaken significant work during 2014/15 to promote awareness of safeguarding adults and improve confidence as to how to report safeguarding concerns. Building upon this, the Board wishes to develop more targeted approaches to reach those communities most in need, and to hold more engagement forums/events to reach out to more people.

The Board also wants to help people understand when a concern should be considered a safeguarding concern. Sometimes people are unsure whether an incident amounts to 'poor quality care' or abuse or neglect. The Board will review its guidance to help people understand the best way of responding to concerns.

#### 3. Support adults at risk to end abuse and achieve the changes they want

The Board will introduce new multi-agency safeguarding adults policy and procedure for West Yorkshire and North Yorkshire during June 2015/16. The revised procedures will provide for more tailored responses to people's individual circumstances, and have a stronger focus on supporting the adult at risk achieve the changes they want.

To bring this approach into practice, the Board will develop a Learning and Improvement Plan and develop its approach to performance and quality assurance, setting required practice standards and introducing multi-agency audits to ensure good practice is being achieved.

#### 4. Learn from people's experiences to help others

The Board wishes to keep those involved in safeguarding, at the centre of all its work and recognises there is more that it can do.

Surveys have been developed to gather the views of adults at risk and others about their experience of safeguarding adults. However, the Board wishes to review these and make sure they are widely used, so that the learning can inform our training, our procedures and our practice.

The Safeguarding Adults Board has well established procedures for conducting Safeguarding Adults Reviews. These are opportunities to learn how agencies can work better together, to safeguard adults at risk of abuse and neglect. During 2015/16 the Board wishes to review how best to ensure the learning from Safeguarding Adults Reviews, as well other learning, such as from case conferences and multi-agency file audits, are widely shared and lead to improved practice.

## 7. Appendix A:

# Work of Board Member Organisations

The achievements of the Board result from the joint work of its member organisation. However, whilst each member organisation contributes to the strategic development of safeguarding adults across the city, each also works to promote safeguarding adults within their services, and for the benefit of the people who use those services.

The work of Board member organisations to promote safeguarding adults can be extensive and far reaching. The following are just examples of how member organisations have sought to promote safeguarding and improve outcomes for adults at risk.

### 7.1 Leeds Adult Social Care

A key challenge for Leeds Adult Social during 2014/15 has been to respond to changes in case law relating to Deprivation of Liberty Safeguards. These changes have meant that substantially more people are entitled to have the protection of these safeguards than before.

In Leeds, comprehensive action plans were devised and an implementation group established to oversee and monitor progress of the changes required. In response to the increases in the number of assessments required, there has been a whole review of the systems and process required to provide for DoLS assessments, alongside an increase in the number of Best Interests Assessors.

Substantial work has been undertaken to work with hospital and care homes to ensure the changes in law, and processes to be followed, have been communicated effectively.

Changes in the law have meant that adults can be deprived of their liberty in domestic settings, such as their own home or in supported tenancies. Authorisation is through the Court of Protection rather than the Deprivation of Liberty Safeguards (DoLS). Adult Social Care have worked to identify all those people potentially affected by this new ruling, and over a thousand adults living within supported living arrangements have been identified, whose circumstances now require applications to the Court of Protection.

Adult Social Care has multi-agency Best Practice Panels that provide practitioners with an opportunity to explore potential responses and interventions in complex cases. The panel includes expertise in areas of safeguarding, risk and mental capacity, and provides advice to allocated social workers and teams on best practice and how to achieve positive outcomes for clients. The Best Practice Panel has been developed during 2014/15 to include a screening function for Court of Protection applications, providing a cost effective approach to putting in place the required legal safeguards.

### 7.2. West Yorkshire Police

The Leeds Police Safeguarding Unit has already completed a significant restructure as part of the new Leeds District Policing model and the Force Safeguarding Review. The unit has restructured into a 3 syndicate approach around children, adults at risk, and Serious Sexual Offences (SSO). The syndicates now work between 0800x2100 hours over 7 days. The aim of this new structure and functionality is to align safeguarding resources closer to front line operational resources, working closely and supporting colleagues in complex investigations. The Unit has recently established a dedicated Domestic Abuse Team to ensure a more consistent and victim focussed approach for victims. The Unit continues to work closely in partnership and to improve operational effectiveness, managers regularly meet to discuss particular cases.

Leeds has already recognised the benefits of partnership working opportunities between the Police, Health and Children's Social Work Service (CSWS) known as the Front Door Safeguarding Hub (FDSH). This function enables early assessment and information sharing but also operational decision making. The work has been expanded to improve the safety and support of victims of domestic violence and abuse. Work has been undertaken to establish a similar function around adults at risk, with specialist Detectives working closely with Adult Social Care around the same principles.

### 7.3 Clinical Commissioning Groups (CCGs)

The Safeguarding Team are based at South and East Leeds Clinical Commissioning Group (CCG) and work across all 3 Leeds CCGs. The prime focus of the team is to support all health services in Leeds to provide high quality safeguarding services to empower and protect patients. Some examples of our work this year include:

- Developing and supporting lead GPs in safeguarding. This means that GP practice staff can quickly access advice and support from the lead GP. Lead GPs receive expert level support and advice from the CCG safeguarding team.
- We have worked with NHS England to develop GP standards for safeguarding. Practices have been asked to self-assess against the standards. The results of this self-assessment have identified good practice and areas for further development in GP practices.
- Working with healthcare providers and other partners to make Think Family Work Family a reality in practice. This approach sets out how services that work with adults and services that work with children can work together better to safeguard children and adults.
- We have taken a lead health role in ensuring that the Domestic Homicide Review process recognises and



shares good practice, identifies shortcomings and enables services to work together more effectively to protect people from domestic homicide. An example of this is an increased understanding amongst health practitioners that controlling and coercive behaviours are a risk factor for domestic homicide even when there is no history of violence in the relationship. We have worked particularly closely with NHS England and GP practices to improve recognition of the risk factors and appropriate interventions to reduce the risks.

- A new process to gain assurance from providers that they are effectively safeguarding adults at risk and complying with the Mental Capacity Act. This approach has led to earlier identification of performance issues and increased the awareness of safeguarding performance at senior management levels in NHS Trusts and CCGs.

## **7.4 Leeds Teaching Hospital NHS Trust (LTHT)**

Leeds Teaching Hospitals NHS Trust (LTHT) is committed to ensuring that safeguarding is given the highest priority in all that the Trust does. We work closely with partners across the city and beyond because of our regional and national caseload.

This year LTHT has continued to invest in our Trust safeguarding team, providing additional resource, in order to meet the growing safeguarding agenda. We have continued the development of the adult safeguarding adult link nurse role, with now more than 69 nurses across the organisation. This role provides a vital link for our Clinical Service Units, directly into safeguarding and promotes wider learning and enhanced communication. During 2014/15 LTHT has undertaken significant work with the PREVENT agenda. The work has been showcased within the NHS and is to be rolled out across the Yorkshire and Humber region. Following this continued work LTHT has been approached by the Government Home Office to take part in the production of a national film. This is in recognition of the work and developments by the Trust achieved in the work around PREVENT and our multi-agency partnership working.

Despite the complex law and the challenges following the 'Cheshire West' ruling we have been committed in ensuring that Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) are widely embedded into practice throughout the Trust. We have increased a commitment in training and undertook dedicated work with clinicians in this area. This is increasing awareness for staff throughout the Trust of MCA and DoLS, by ensuring patient's rights are met and promoted.

## **7.5 Leeds Community Healthcare NHS Trust (LCH)**

### **Advice, Support and Guidance for Services and Practitioners**

Leeds Community Healthcare safeguarding team offer advice, support and guidance and training to all 66 services.

During last year, the team have introduced new guidance in relation to Restraint and Deprivation of Liberty Safeguards (DoLS) as well as One Minute Guides on a range of issues that provide day-to-day practical guidance to practitioners.

The team have sought innovative ways of providing accessible support to teams. This has included 'Lunch and Learn' drop-in sessions for Community Neighbourhood teams, allowing practitioners to bring case studies, scenarios or just have a general conversation about safeguarding, Mental Capacity Act, Deprivation of Liberty Safeguards (DoLS), Dementia, Think Family and Mental Health.

The team also review complaint and incident reports providing additional recommendations as required, and help to identify how the learning from the concern can be introduced into practice.

### **Health and Justice Operations Group**

The Health and Justice Operations Group was set up in July 2014 to look at ensuring all areas within Secure Environments are delivering and embedding the LCH vision and values of Safeguarding Children and Adults. LCH works in partnership with the secure establishment and other partner organisations to promote the well-being of all. The group delivers effective communication, shared learning and feedback in order to safeguard adults and children in their care.

### **Virtual ward rounds**

In 2013 a large scale safeguarding investigation resulted in an improvement plan being put in place in one of the in-patient units. The Named Nurse for Adult Safeguarding worked closely with staff and management to support the completion of the required actions set out in the plan. Support included the delivery of bespoke safeguarding training sessions; clinical supervision; safeguarding development and the supply of safeguarding leaflets.

The Adult Safeguarding team now contribute to a 'virtual ward round' in support of LCH inpatient units, and attend weekly unit meetings providing support, guidance and training in relation to Safeguarding, Mental Capacity Act (MCA) and Deprivation of Liberty Standards (DoLS).

## **7.6 Leeds and York Partnerships Foundation NHS Trust (LYPFT)**

During 2014/15 Leeds and York Partnerships Foundation Trust have worked to support partnership initiatives to safeguard adults at risk within the city. This includes representation with the 'front door safeguarding hub' and 'Claire's Law' panel to support partnership approaches to responding to domestic violence and abuse.

A focus of work has been on ensuring all staff are supported and skilled in responding to concerns about possible abuse and neglect. Mental Capacity Act training has been provided to ensure practitioners are aware of the changes to Deprivation of Liberty Safeguards (DoLS) brought about by 'Cheshire West' ruling. A revised training plan has been developed for safeguarding adults, with a stepped approach that takes into account the various



roles undertaken by clinicians, and Health WRAP Prevent training is being rolled out across the trust. In addition, the Trust Safeguarding Team is accessible and provides advice and support for all employees/volunteers where there are concerns about possible abuse and neglect.

LYPFT works across Leeds, North Yorkshire and Safeguarding Adults Board, and is working to ensure that the implications of the Care Act and revised multi-agency policy and procedures are understood in each of these areas.

## 7.7. West Yorkshire Fire and Rescue Service

Within West Yorkshire Fires and Rescue Service (WYFRS) this year we have introduced an internal peer review audit of all safeguarding alerts that have been raised within our organisation. This process allows WYFRS to identify trends and learning opportunities. This audit has identified key priorities that will be incorporated into future training packages to improve safeguarding outcomes for vulnerable adults.

WYFRS has also embarked on new innovative partnership arrangement to ensure vulnerable adults are safer within their own homes. We have seconded a full time operational member of staff (Watch Commander Paul Metheringham) to Leeds City Council for 12 months. This member of staff will work full time across Adult Social Care and Public Health. The purpose of this post is to share expertise across both organisations and work jointly to identify and reduce the risk of fire for those adults who are at highest risk of being seriously injured or killed in an accidental dwelling fire. This project will include up skilling front line professionals to recognise risk of fire during their routine work and a collaborative approach to managing and reducing risk. This project has been fully endorsed by the Ageing Well Board.

## 7.8. Leeds City Council Housing

Leeds City Council Housing works with commissioned services to ensure that safeguarding adults is embedded in practice.

Mears for example, are commissioned to provide property maintenance services to Leeds City Council. Mears have a nominated safeguarding champion who is part of the wider Leeds City Council safeguarding champions group. The safeguarding champion acts as the point of contact for staff and clients, and is responsible for promoting safeguarding awareness and practice within the organisation using training and briefings.

Being part of the wider safeguarding network supports Mears to review and discuss working practises, identify changes within safeguarding procedures and updates on national incidents. This has included adoption of safeguarding poster campaigns and Mears signing up to the Quality Mark initiative for Domestic Violence & Abuse.

This approach has also led to the adoption of 'a cause for concern' record that is distributed to front line staff to enable them to log concerns and pass them to our dedicated safeguarding champion. 49 concerns have been raised using this approach since being introduced, helping to ensure that concerns are identified and responded to appropriately.

## 7.9 Healthwatch Leeds

The Health and Social Care Act allows local Healthwatch representatives to visit publically funded health and social care services to look at how services are provided, and to talk to service users, their relatives and carers. These are known as Enter and View visits and may be undertaken on premises such as hospital, residential homes, GP practices, dental surgeries, optometrists and pharmacies.

In the autumn of 2014 Healthwatch Leeds undertook Enter and View visits in 12 care homes in Leeds to understand resident's experiences of their care. Enter and View visits are not intended to specifically to identify safeguarding issues, but Healthwatch Leeds ensures that staff and volunteers undertaking the visits have specific guidance in relation to potential safeguarding concerns. Leeds Healthwatch held a strategic Board session in December 2014, which included a workshop on safeguarding, to ensure their organisation, and its staff and volunteers are able to recognise and respond to such concerns when they arise.

## 7.10 NHS England

NHS England provides assurance that the local health system, including Clinical Commissioning Groups (CCGs) and designated professionals, are working effectively to safeguard and promote the welfare of children and adults at risk (Safeguarding Vulnerable People Accountability and Assurance Framework, NHS England 2013).

In order to maintain a strong governance framework surrounding safeguarding incidents NHS England Yorkshire and the Humber have developed a Standard Operating Procedure: Safeguarding Incidents, which sets the roles and reporting structures between NHS England and Clinical Commissioning Groups (CCG).

The role NHS England includes ensuring that CCGs are working with their directly commissioned providers to improve services as a result of learning from safeguarding incidents. These services include acute, community, mental health and ambulance care. In Yorkshire and Humber, this includes all GP practices, dental practices, pharmacies, optometrists, health and justice services and a range of public health services. To facilitate learning across services, the NHS England West Yorkshire Safeguarding Forum has met on a quarterly basis throughout 2014-15, and learning has also been shared across GP practices via quarterly Safeguarding Newsletters.

During 2014/15 a Safeguarding Adults Review was concluded for a young woman with a learning disability and life limiting condition who lived in supported accommodation, managed by Leeds and York Partnership NHS Trust.

A safeguarding investigation had been held for the young woman in relation to actions of a member of staff, who was alleged to have caused a fracture to her arm whilst attending to her care needs.

The purpose of Safeguarding Adults Reviews is not to investigate abuse, or to apportion blame but rather to

## Appendix B:

# Learning from Safeguarding Adults Reviews 2014/15

provide an opportunity to improve multi-agency working, to share best practice and learning. In this case, although the allegation was not substantiated, there was considered to be potential learning for all the agencies involved. The review was undertaken with the support and close involvement of the young woman's family.

Learning from the review led to a range of improvements:

- Development of a Safeguarding Quality Assurance Framework that sets standards and enables the Board to monitor and audit safeguarding performance.
- Introduction of information provision for tenants in supported accommodation about the service's policy regarding cross-gender care provision.
- A substantial project in Leeds City Council Public Health commissioning, enabling commissioners to better identify and support providers of supported accommodation with complex risk situations, including those that involve safeguarding adults and children. This has also provided commissioners with enhanced ability to map and analyse trends.
- NHS Commissioners have assured the Safeguarding Adults Board that routine health checks for adults with complex support needs are being conducted as required in national guidance.
- Adult Social Care has reviewed the means by which it conducts care reviews.
- West Yorkshire Police has used the findings from this review to inform its practice in liaising with family members.

All developments in practice have now been put into practice, helping to ensure improved practice and improved experiences for others in the future.

## Appendix C: Prevention of Abuse Campaign

To promote awareness and understanding of safeguarding adults the 'Doing nothing is not an option' campaign was launched during July 2014. Aimed at employees, volunteers, service users and the general public, the objectives of the campaign were:

- To raise awareness of safeguarding adults amongst the public, organisations and their employees/volunteers
- To improve confidence and knowledge as to how to report safeguarding adults concerns

The campaign used a range different ways to increase awareness, such as a radio, poster campaigns, face book, press releases and publications, blogs and twitter as described below:

Radio:	Radio Leeds, Radio Aire and BBC Radio Leeds and Capital, Sunrise FM and Radio Asian Fever FM broadcasting support in both English and Urdu.
Facebook:	A four-week Facebook advertising campaign reached over 161,000 people, with 2424 people linking through to the Board website.
Press and: publications	Press coverage was carried by a range of publications, including Yorkshire Evening Post, Yorkshire Times, The Professional Magazine, South Leeds Life, City Talking.
Twitter & Bloggs:	Messages on twitter reached of 56,817 during the first week of the campaign. Blogs by the Independent Chair were read on over 150 occasions.
Poster and leaflet campaign	Campaign posters were displayed across city centre locations, such as key railway sites across leads, and the sides of buses.  Posters and 1000's of re-designed leaflets for both staff and volunteers and the public, were distributed to a range of services throughout the city, such as GP surgeries.




## Appendix D: Safeguarding Adults Board Member Organisations

<b>Member Organisations: April 2014 to March 2015</b>
Leeds Adult Social Care
Leeds Clinical Commissioning Groups
Leeds Teaching Hospital NHS Trust
Leeds Community Healthcare NHS Trust
Leeds and York Partnership NHS Foundation Trust
West Yorkshire Police
National Probation Service
West Yorkshire Community Rehabilitation Company
Leeds City Council: Housing
Leeds City Council: Community Safety
Leeds City Council: Public Health
West Yorkshire Fire & Rescue Service
NHS England
Advonet
The Alliance of Service Experts
Voluntary Sector Representatives
Care Quality Commission (CQC)
Crown Prosecution Service (CPS)
Trading Standards Service
Healthwatch Leeds
HMP Leeds & Wealstun
Leeds City Council: Communications
Leeds City Council: Legal Services








Clive fought in the war.  
Now his biggest battle  
is against his  
bullying daughter.

**ABUSE.**  
Doing nothing  
is not an option

To raise a concern about adult abuse  
**CALL 0113 222 4401.**



Amy can hide the  
bruises. But she  
can't hide from  
her abuser.

**ABUSE.**  
Doing nothing  
is not an option


To raise a concern about adult abuse  
**CALL 0113 222 4401.**



Maria gave her  
neighbour her  
trust. He just  
took advantage.

**ABUSE.**  
Doing nothing  
is not an option

To raise a concern about adult abuse  
**CALL 0113 222 4401.**



Betty spent 50 years building  
up a nest egg. It took just  
five minutes to be  
cheated out of it.

**ABUSE.**  
Doing nothing  
is not an option


To raise a concern about adult abuse  
**CALL 0113 222 4401.**



Peter always had  
time for others.  
But some care staff  
don't take time to  
care for him.

**ABUSE.**  
Doing nothing  
is not an option

To raise a concern about adult abuse  
**CALL 0113 222 4401.**



Ash took his supported  
employment seriously.  
But his colleagues  
thought his mental  
illness was a joke.

**ABUSE.**  
Doing nothing  
is not an option

To raise a concern about adult abuse  
**CALL 0113 222 4401.**





**Leeds Safeguarding  
Adults Board**

# **Annual Plan 2015/16**

Version:	August 2015
Ratified by:	Leeds Safeguarding Adults Board
Date issued:	August 2015
Review date:	Reviewed and updated for each Board meeting



**Leeds Safeguarding  
Adults Board**

## **1. LSAB Vision**

The vision statement of the Leeds Safeguarding Adults Board is:

### **Leeds – A Safe Place For Everyone**

The Safeguarding Adults Board sets out, each year, how it will work towards achieving this vision in its Annual Plan.

## **2. LSAB Annual Plan 2015/16**

The Annual Plan is a dynamic document, reviewed at each Board Meeting and updated according to national developments in safeguarding, continuous learning and emerging priorities.

Achievements against each priority are tracked using the following rating scale:

<b>Green</b>	<b>Amber</b>	<b>Red</b>
<b>Action on track</b>	<b>Action delayed</b>	<b>Action not being achieved</b>

In the event that any individual, group or organisation feels that the Annual Plan omits important priorities or actions for Leeds, they can write to the Chair of the Leeds Safeguarding Adults Board, detailing their recommendations.

Chair of the Safeguarding Adults Board,  
c/o Safeguarding Adults Partnership Support Unit,  
2<sup>nd</sup> Floor,  
2 Great George Street,  
Leeds,  
LS2 8BA

[LSAB.Chair@leeds.gov.uk](mailto:LSAB.Chair@leeds.gov.uk)



### 3. Strategic Priorities

The Board's Annual Plan is based around 4 strategic priorities. The strategic priorities support the Board to work towards achieving its vision for Leeds, and have been set following consideration of the report of the Local Government Association, Peer Challenge of Safeguarding in Leeds, which took place during November 2014.

These strategic priorities are:

- A. Reduce the risk of abuse within our communities
- B. Raise awareness of safeguarding adults and how to report abuse
- C. Support adults at risk to end abuse and achieve the changes they want
- D. Learn from people's experiences to help others

#### 3a. Reduce the risk of abuse within our communities

The Safeguarding Adults Board serves to promote safeguarding arrangements within all services and the right to live a life that is free from abuse. Board member organisations, through service specifications and commissioning arrangements, seek to ensure that all services have the appropriate safeguards in place. The Board recognises the benefits of establishing common safeguarding standards during 2015/16 in support of this work.

As part of ensuring the provision of safe services, the Board also identifies the need to embed the role of the Designated Adults Safeguarding Manager (DASM), and provide for appropriate responses where a 'person in a position of trust' may pose a risk within the course of their duties.

**Desired outcome for citizens:**



"I am safe within my community and the services I access"

**Success during 2015/16 would be:**

- The Safeguarding Adults Board provides safeguarding standards for inclusion in service specifications and commissioning standards.
- Designated Adults Safeguarding Managers (DASM) roles are implemented.
- Agreed arrangements are in place to respond to risk posed by 'persons in position of trust'.
- Awareness of safeguarding adults is promoted within the city.
- Board members provide assurance through self-assessment of safeguarding arrangements in place.
- Learning and Improvement audits support partners to ensure their training and development meets the required standards.

### **3b. Raise awareness of safeguarding adults and how to report abuse**

The Safeguarding Adults Board has undertaken significant work during 2014/15 to promote awareness of safeguarding adults and improve confidence as to how to report safeguarding concerns. There is a trend of year on year increases in the number of concerns reported. However there is a need to continue this proactive approach, ensuring that all those potentially at risk of abuse or neglect within our communities are aware of safeguarding adults, and know how to seek help for themselves or others. This will require building on current campaigns and communications to develop targeted approaches and more interactive engagement forums/events.

#### **Desired outcome for citizens:**



“I receive clear and simple information about what abuse is,  
and how I can get help”

#### **Success during 2015/16 would be:**

- There is evidence of planned citizen engagement that promotes safeguarding adults and the work of the Board
- Priority is given to engage with communities and groups in greatest need.
- The Board can demonstrate that clear and simple information is available for the citizens of Leeds.
- There is improved understanding of when ‘poor quality care’ should be reported and responded to within safeguarding adults procedures, which can be measured within multi-agency audits.

### **3c. Support adults at risk to end abuse and achieve the changes they want**

Multi-agency safeguarding adults policy and procedure for West Yorkshire and North Yorkshire was introduced for 2015/16 with a much stronger focus on supporting the adult at risk achieve the changes they want. This now requires us to ensure our supporting guidance and protocols support this approach.

The Learning and Improvement Framework needs to be developed to ensure new approaches are carried forward by skilled practitioners when responding to issues of abuse and neglect, empowering the adult at risk to make decisions about their safeguarding needs and keeping him/her at the centre of the process.

The Board has worked to develop its approach to performance and quality assurance, developing improved approaches to trend analysis and undertaking targeted audits. The Board recognises the need to build on these approaches to ensure standards of practice are maintained. This will require a multi-agency approach to measuring and evaluating practice, with a stronger focus on the safeguarding experience and outcomes achieved for the adult at risk.

**Desired outcome for citizens:**



“I am confident that professionals will work together and with me to get the best result for me”

**Success during 2015/16 would be:**

- Practice guidance and protocols are updated to support the revised multi-agency safeguarding adults policy and procedures
- Learning and Improvement Framework and plan is finalised promoting good practice
- Board partners are able to demonstrate ‘Making Safeguarding Personal’.
- Multi-agency audit improves practice across agencies.

**3d. Learn from people’s experiences to help others**

Surveys have been developed to gather the views of adults at risk and others about their experience of safeguarding adults. However, currently these are only offered where a case conference meeting is held. These need to be reviewed in light of changes to the multi-agency procedures, and offered more widely to gather information about people’s experiences to inform the development of good practice.

The Safeguarding Adults Board has an established process for conducting Safeguarding Adults Reviews. The Board recognises the need to ensure the learning from Safeguarding Adults Reviews as well as other sources, such as an analysis of case conferences and multi-agency file audits is widely shared and results in improved practice.

**Desired outcome for citizens:**



‘I am confident that my feedback will help others’

**Success during 2015/16 would be:**

- Adults at risk and other relevant parties are provided with opportunities to give feedback on their experiences.
- Learning from range of sources, including feedback from people’s experiences and learning from Safeguarding Adults Reviews is used to improve safeguarding practice across the partnership.

## 4. LSAB Commitments

In delivering its Annual Plan the Board makes the following commitments to the citizens of Leeds as to how it will work to achieve its aims.

### **LSAB Commitments:**

The Board and its sub-groups have adopted the following principles in their work:

#### **Empowerment:**

We will place the adult at risk at the centre of all our work as a Board.

#### **Prevention:**

We will reduce the risk of abuse in our services and our communities.

#### **Proportionality:**

We will work to ensure that safeguarding responses reflect the outcomes desired by each individual.

#### **Protection:**

We will protect people who need and want help to be protected.

#### **Partnership:**

We will work hand in hand with communities and partners to make Leeds a safe city for all.

#### **Accountability:**

We will work together effectively, explaining our decisions and showing how we are making a difference

# Annual Plan 2015/16

## 1. Reduce the risk of abuse within our communities

Key actions:	Target Date	Lead	Progress (comments and rating)
1.1 Designated Adults Safeguarding Manager (DASM) roles and arrangements for managing risk posed by a person in a position of trust are agreed and implemented.		Quality and Performance Sub-group	Green
1.2 The Safeguarding Adults Board provides common safeguarding standards for services / commissioners in Leeds, exploring the potential for a Safeguarding Kite Mark.		Quality and Performance Sub-group	Green
1.3 Annual member self-assessment is used by Board members organisations to review safeguarding systems in place.		Quality and Performance Sub-group	Green
1.4 Learning and Improvement Audit process is established to ensure partner safeguarding training and development meets the standards required by the LSAB		Learning and Improvement Sub-group	Green

Continued on next page....

## Annual Plan 2015/16

### 2. Raise awareness of safeguarding adults and how to report abuse

Key actions:	Target Date	Lead	Progress (comments and rating)	
2.1 Map out service user and carer networks / forums to support citizen engagement planning.		Citizen Engagement Sub-group		Green
2.2 Develop a citizen engagement plan, including both communications and engagement events (e.g. attendance at forums).		Citizen Engagement Sub-group		Green
2.3 Identify communities of interest that are under-represented within safeguarding and undertake promotional work in an area of greatest need.		Citizen Engagement Sub-group		Green
2.4 Review existing publicity materials (e.g. leaflets) with members of the community, to ensure accessibility and compatibility with Care Act		Citizen Engagement Sub-group		Green
2.5 Develop understanding of the thresholds between 'poor quality' and 'safeguarding' to support adults in the most appropriate way.		Board Workshop		Green

Continued on next page....

# Annual Plan 2015/16

## 3. Support adults at risk to end abuse and achieve the changes they want

Key actions:	Target Date	Lead	Progress (comments and rating)
3.1. Multi-agency arrangements support effective work in safeguarding adults from abuse or neglect			
A. Develop and embed 'front door safeguarding hub' working arrangements to provide coordinated responses to adults at risk		Board Member Organisations	Green
B. Multi-agency working protocol agreed between NHS Trusts and Adults Social Care setting out respective responsibilities under the multi-agency safeguarding policy and procedures.		Quality and Performance Sub-group	Green
C. Practice Guidance is updated to ensure compatibility with revised multi-agency safeguarding adults policy and procedures.		Quality and Performance Sub-group	Green
D. Skilled workforce development is promoted through a revised Learning and Improvement Framework that incorporates Making Safeguarding Personal and Think Family approaches.		Learning and Improvement Sub-group	Green
3.2 The Quality and Assurance Framework establishes performance measures in relation to Making Safeguarding Personal and the multi-agency procedures.		Quality and Performance Sub-group	Green
3.3 Develop multi-agency file audit programme to ensure Making Safeguarding Personal and the wider multi-agency procedures are being implemented appropriately and practice standards maintained.		Quality and Performance Sub-group	Green
3.4 Review reporting processes to ensure the Board is informed of developing trends and key performance data, enabling targeted responses to safeguard adults at risk.		Quality and Performance Sub-group	Green

Continued on next page....

# Annual Plan 2015/16

## 4. Learn from people's experiences to help others

Key actions:	Target Date	Lead	Progress (comments and rating)	
4.1 Review and develop systems to ensure that adults at risk, and other relevant people, are provided with the opportunity to give feedback on their experiences of safeguarding		Citizen Engagement Sub-group		Green
4.2 The Safeguarding Adults Reviews Policy and Toolkit is reviewed to ensure compatibility with the Care Act, and provides for effective learning from people's experiences.		Safeguarding Adults Review Sub-group		Green
4.3 Agreed mechanisms provide for learning from Safeguarding Adults Reviews to be effectively shared across the partnership.		Learning and Improvement Sub-group		Green
4.4 The Learning and Improvement Plan is informed by learning from Safeguarding Adults Reviews, Case Conference analysis, peoples individual experiences and other sources.		Learning and Improvement Sub-group		Green



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

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

**Date: 22 December 2015**

**Subject: Care Quality Commission (CQC) – Inspection Outcomes**

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

**1 Purpose of this report**

1.1 The purpose of this report is provide members of the Scrutiny Board with details of recently reported Care Quality Commission inspection outcomes for health and social care providers across Leeds.

**2 Summary of main issues**

2.1 Established in 2009, the Care Quality Commission (CQC) regulates all health and social care services in England and ensures the quality and safety of care in hospitals, dentists, ambulances, and care homes, and the care given in people’s own homes. The CQC routinely inspects health and social care service providers, publishing its inspection reports, findings and judgments.

2.2 To help ensure the Scrutiny Board maintains a focus on the quality of health and social care services across the City, the purpose of this report is provide an overview of recently reported CQC inspection outcomes for health and social care providers across Leeds.

2.3 Since the beginning of the current municipal year, processes for routinely presenting and reporting CQC inspection outcomes to the Scrutiny Board on a monthly basis have been established. Such processes continue to be developed and refined in order to help the Scrutiny Board maintain an overview of quality across local health and social care service providers.

### CQC Inspection reports

- 2.4 Appendix 1 (to follow) provides a summary of the inspection outcomes reported to the Scrutiny Board during the current municipal year. It also specifically highlights reports published since the Board's previous meeting in November 2015 for consideration by the Scrutiny Board. The full inspection reports are available from the CQC website and links to individual inspection reports will be highlighted in Appendix 1; however the full inspection reports are not routinely provided as part of this report.
- 2.5 A CQC representative has been invited to the Scrutiny Board meeting, to discuss an overview of the information presented and address any further questions identified by the Scrutiny Board.

### Scrutiny Board visits

- 2.6 At previous Board meetings, there has been discussion around potential joint HealthWatch and Scrutiny Board visits to some service providers. The aim of such visits will be to help inform Members' understanding of service quality. As previously report, positive discussions have taken place with Healthwatch Leeds with a view to establishing a programme of visits, however no further progress has been made.

## **3. Recommendations**

- 3.1 That the Scrutiny Board considers the details set out in this report and its appendices and determines any further scrutiny activity and/or actions, as appropriate.

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

- 4.1 None used.

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



Report author: Steven Courtney  
Tel: 24 74707

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

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

**Date: 22 December 2015**

**Subject: Initial Budget Proposals for 2016/17**

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

**Summary of main issues**

1. In accordance with the Council's Budget and Policy Framework, the Deputy Chief Executive submitted to the Executive Board the attached report which sets out the Initial Budget Proposals for 2016/1/76. The proposals are subsequently submitted to Scrutiny for consideration and review.
2. Specifically, the Scrutiny Board (Adult Social Services, Public Health, NHS) is asked to consider matters and proposals relating Adult Social Services and Public Health. Other Scrutiny Boards will consider elements of the budget proposals relevant to their terms of reference.
3. Any comments or recommendations made by the Scrutiny Board will need to be submitted to the Deputy Chief Executive no later than 29th January 2016 in order that the Executive Board can consider these comments at its meeting on 10<sup>th</sup> February 2016 prior to submission of the proposed budget to full Council on 24<sup>th</sup> February 2016.
4. The Executive Member for Health, Wellbeing and Adults, along with relevant Directors have been invited to the meeting to discuss the Executive's initial budget proposals.

## **Recommendations**

5. Members are asked to consider the Executive's initial budget proposals as set out in the attached report and agree any comments and/or recommendations to be submitted.

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

6. None

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

**Report of the Deputy Chief Executive  
Report to Executive Board  
Date: 16<sup>th</sup> December 2015**

**Subject: Initial Budget Proposals for 2016/17**

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

**Summary of main issues**

1. The purpose of this report is to set out the Initial Budget Proposals for 2016/17. These budget proposals are set within the context of the 2016/17 – 2019/20 Medium Term Financial Strategy which was agreed by the Executive Board in October 2015, updated to recognise the implications following the Spending Review and Autumn Statement in November 2015. The proposals support the Council’s Best City/Best Council ambitions, policies and priorities aimed at tackling inequalities (please refer to the ‘Emerging 2016/17 Best Council Plan Priorities: Tackling Poverty and Deprivation’ report which is on today’s agenda).
2. Whilst the combined Spending Review and Autumn Statement provided more information about the likely scale and timing of future changes in government funding beyond 2015/16, the specific implications for Leeds will not be known until the provisional local government finance settlement is announced, which is likely to be mid-December 2015.
3. It is clear that the current and future financial climate for local government represents a significant risk to the Council’s priorities and ambitions. The Council continues to make every effort possible to protect the front line delivery of services, and whilst we have been able to successfully respond to the financial challenge so far, it is clear that the position is becoming more difficult to manage and it will be increasingly difficult over the coming years to maintain current levels of service provision without significant changes in the way the Council operates.
4. Pending the announcement of the provisional settlement, the headlines from the Initial Budget Proposals are as follows:
  - A forecast reduction of 56% in real-terms by 2019/20 to the Government funding for Local Government.

- The reduction in the government funding provided to the Council for 2016/17 is estimated at £24.1m, or 9%.
- The additional cost of the Council 'standing still' in 2016/17 is £87.2m, taking into account the estimated reduction in government funding together with changes in costs and income.
- The Initial Budget Proposals outlined in this report total some £73.1m and whilst they do cover a range of efficiencies across the Council, they also require the Council to make some difficult choices as to service provision and charging.

The budget proposals assume an increase in the Council's element of the council tax of 1.99%, plus the social care precept of 2%. The Council's net revenue budget is estimated to reduce by £22.6m from £523.8m down to £501.2m

- In terms of staffing, the proposals would mean forecast net reductions of 259 full-time equivalent posts by March 2017.
- The 2016/17 budget proposals assume an increase in the use of general reserves, some non-recurrent cost reductions and also a significant level of one-off funding income. This will inevitably increase the financial risk across the medium-term and put additional strain on the 2017/18 budget.

5. In respect of the Housing Revenue Account, whilst there are proposals to increase some service charges, the implementation of the rent cap which was announced in July 2015, will mean that housing rents will reduce by 1% from April 2016.

## **Recommendation**

6. Executive Board is asked to agree the Initial Budget Proposals and for them to be submitted to Scrutiny and also for the proposals to be used as a basis for wider consultation with stakeholders.

### **1. Purpose of report**

- 1.1 In line with the Council's constitution, the Executive Board is required to publish Initial Budget Proposals two months before approval of the budget by full Council, which is scheduled for the 24th February 2016. This report sets out the initial budget proposals for 2016/17 which are set within the context of the Medium Term Financial Strategy which was approved by Executive Board in October 2015 updated to recognise the implications following the combined Spending Review and Autumn Statement in November 2015.
- 1.2 Subject to the approval of the Executive Board, this report will be submitted to Scrutiny for their consideration and review, with the outcome of their deliberations to be reported to the planned meeting of this board on the 10<sup>th</sup> February 2016. The report will also be made available to other stakeholders as part of a wider and continuing process of engagement and consultation.
- 1.3 In accordance with the Council's Budget and Policy Framework, decisions as to the Council's budget are reserved to full Council. As such, the recommendation

at 13.1 is not subject to call in as the budget is a matter that will ultimately be determined by full Council, and this report is in compliance with the Council's constitution as to the publication of initial budget proposals two months prior to adoption.

## 2. Local Government Funding – the National Context

### 2.1 July 2015 Budget

2.1.1 As reported in the Council's Medium Term Financial Strategy that was considered by the Executive Board at their meeting in October 2015, the Chancellor on the 8<sup>th</sup> July 2015, presented a budget that set out Government's plans to tackle the deficit in the public finances and a broad range of policy changes around welfare, housing, tax, a new Living Wage and devolution. The key headlines of the summer budget were;

- The deficit to be cut at the same pace as in the last Parliament which is marginally slower than previously anticipated.
- Planned spending reductions amounting to £37 billion over the course of the Parliament with £12 billion of reductions in welfare, £5 billion from taxation and the remaining £20 billion which will be delivered through a Spending Review as summarised in table 1 below.
- Departmental Expenditure Limits (DELs) totals increased substantially compared to the March 2015 budget and in particular in 2016/17 with an increase of £4 billion seemingly signalling that the planned spending reductions would be managed over a longer time-period than previously anticipated.
- Public Sector pay rises to be capped at 1% a year for four years from 2016/17.

Table 1 – Summer Budget, spending reduction plans over this Parliament (£billion)

	2016-17	2017-18	2018-19	2019-20
<b>Discretionary consolidation</b>	<b>9</b>	<b>20</b>	<b>31</b>	<b>37</b>
<b>Of which announced at Summer Budget 2015</b>	<b>6</b>	<b>9</b>	<b>13</b>	<b>17</b>
Of which welfare reform	5	7	9	12
Of which tax avoidance and tax planning, evasion and compliance, and imbalances in the tax system	1	2	4	5
<b>Remaining consolidation</b>	<b>3</b>	<b>11</b>	<b>18</b>	<b>20</b>

Source: Office for Budget Responsibility. HM Treasury costing and HM Treasury calculations

2.1.2 The Treasury subsequently asked “unprotected” government departments to set out plans for reductions to their resource budgets based on two scenarios: 25% and 40% savings in real terms by 2019/20. With Schools, the NHS, Defence and International Development continuing to be protected, it was clear

that the public sector contribution to tackling the deficit would fall more heavily on 'unprotected' departments, including Communities & Local Government.

## 2.2 Spending Review and Autumn Statement 2015

2.2.1 On the 25<sup>th</sup> November 2015, the Chancellor announced the first combined Spending Review and Autumn Statement since 2007. Compared to the Summer Budget 2015, the Office for Budget Responsibility now forecasts higher tax receipts and lower debt interest, with a £27 billion improvement in the public finances over the Spending Review period. The Spending Review sets out firm plans for spending on public services and capital investment by all central government departments through to 2019/20.

Table 2 – Consolidation plans set out in this Spending Review and Autumn Statement

	£ billion			
	2016-17	2017-18	2018-19	2019-20
<b>Discretionary consolidation<sup>1</sup></b>	<b>-1</b>	<b>7</b>	<b>13</b>	<b>18</b>
Welfare	-3	-2	-1	0
RDEL Savings and Apprenticeship Levy <sup>2,3</sup>	1	7	11	15
Other tax and AME	1	2	2	3

<sup>1</sup> Totals may not sum due to rounding.  
<sup>2</sup> RDEL savings calculated compared to a counterfactual in which RDEL excluding depreciation grows in line with whole economy inflation from its 2015-16 level (excluding the OBR's Allowance for Shortfall).  
<sup>3</sup> Apprenticeships spending in England will be ringfenced within DEL budgets.

2.2.2 Key points to highlight from the Spending Review and Autumn Statement include;

- A target budget surplus of £10.1bn by 2019/20.
- Providing the NHS in England with £10 billion per year more by 2020/21 in real terms compared to 2014/15, with an additional £6bn in 2016/17.
- Spending 2% of GDP on defence for the rest of the decade.
- Spending 0.7% of Gross National Income on overseas aid.
- Protecting overall police spending in real terms.
- Maintaining funding for the arts, national museums and galleries in cash-terms over this Parliament.
- Reductions to working tax credits will no longer be introduced.
- The plans in SR2015 will deliver reductions to government spending as proportion of GDP from 45% in 2010 to 36.5% by the end of SR2015.
- £12bn of savings to government departments.



2.2.3 For local government, as per table 3 below, the forecast is a cash terms rise from the £40.3 billion baseline in 2015/16 to £40.5 billion in 2019/20. This represents an average reduction of 1.7% per year in real terms and a 6.7% fall by 2019/20. It should be noted that within these figures Government have assumed increases to locally financed expenditure, ie. increasing income from Council Tax (including the new Adult Social Care precept) and increasing income from the current Business Rates Retention scheme. Therefore, whilst overall Local Government Spending is forecast to reduce by 6.7% in real-terms by 2019/20, the DCLG Local Government spending is forecast to reduce by 56% in real-terms over the period compared to the Treasury request for reductions of between 25% and 40%.

Table 3 – Spending Review and Autumn Statement- forecast Local Government Spending

	£ billion				
	Baseline	Plans			
	2015-16	2016-17	2017-18	2018-19	2019-20
DCLG Local Government DEL <sup>1</sup>	11.5	9.6	7.4	6.1	5.4
Locally financed expenditure <sup>2</sup>	28.8	29.0	31.5	33.6	35.1
<b>Local government spending<sup>3</sup></b>	<b>40.3</b>	<b>38.6</b>	<b>38.9</b>	<b>39.7</b>	<b>40.5</b>

<sup>1</sup> In this table, Resource DEL excludes depreciation.  
<sup>2</sup> Treasury/DCLG analysis based on data underlying the OBR's Local Authority Current Expenditure (England) forecast.  
<sup>3</sup> Does not include the impact of business rate reforms, which the government will consult on shortly.

2.2.4 The main points specific for local government include;

- Significant reduction to the central government grant to local authorities.
- Savings in local authority public health spending with average annual real-terms savings of 3.9% over the next 5 years which will manifest in reductions to the public health grant to local authorities.
- Government will also consult on options to fully fund local authorities' public health spending from their retained business rates receipts, as part of the move towards 100% business rate retention. In the meantime, Government has confirmed that the ring-fence on public health spending will be maintained in 2016/17 and 2017/18.
- Introduction of a new power for local authorities with social care responsibilities to increase council tax by up to and including 2% per year. The money raised will have to be spent exclusively on adult social care. Nationally, if all local authorities use this to its maximum effect it could raise nearly £2 billion a year by 2019/20 which would be equivalent to over £20m per year for Leeds. Effectively, the introduction of this new precept represents a shift in the burden for funding the increasing costs of Adult Social Care from national to local taxpayers. The redistribution effect should also be noted in that the precept will be most beneficial to the more affluent local authorities with the largest council tax bases.

- The Spending Review continues Government's commitment to join up health and care. Government will continue the Better Care Fund, maintaining the NHS's mandated contribution in real terms over the Parliament. From 2017, Government will make funding available to local government, worth £1.5 billion by 2019/20, to be included in the Better Care Fund.
- The Spending Review 2015 indicated that Government will consult on reforms to the New Homes Bonus, including means of sharpening the incentive to reward communities for additional homes and reducing the length of payments from 6 years to 4 years. This will include a preferred option for savings of at least £800 million. The potential impact for Leeds could be in the region of £6m and it is anticipated that further detail will be set out as part of the local government finance settlement consultation, which will include consideration of proposals to introduce a floor so that no authority loses out disproportionately.
- Nationally, 26 extended or new Enterprise Zones
- Confirmation of the previous announcement of the proposal to end national uniform business rates with the introduction of 100% retention of business rates for local government and the phasing out of the Revenue Support Grant as well as introduction of new responsibilities giving councils the power to cut business rates to boost growth, and empowering elected city-wide mayors.
- Allowing local authorities to use 100% of receipts from asset sales on the revenue costs of reform projects. Further detail will be set out by DCLG alongside the Local Government settlement in December.
- Capping the amount of rent that Housing Benefit will cover in the social sector to the relevant Local Housing Allowance.
- Extending the Small Business Rate Relief for another year.
- Reduce the Education Services Grant by £600m, or 73% signalling that "Local authorities running education to become a thing of the past". The remaining grant funding will presumably be used to cover local authority statutory duties which the Department for Education will also look to reduce. The 2015/16 allocation for Leeds is £9.2m and based on the national totals a proportionate grant cut would be in the region of £6.7m per year. More information is needed around the impact and timing of this significant reduction and consultation is expected to start in early 2016 with the potential changes effective from 2017/18.
- Introduce a new national funding formula for schools to begin to be introduced from April 2017.
- Plans to build an additional 400,000 affordable homes.

- Homelessness - devolving an increased level of funding to local authorities while ending the current management fee for temporary accommodation, giving them greater flexibility to invest in preventing homelessness.
- Redistribution - Government will also shortly consult on changes to the local government finance system to rebalance support including to those authorities with social care responsibilities by taking into account the main resources available to councils, including council tax and business rates.

2.2.5 In terms of the Settlement Funding Assessment for Leeds, the medium-term financial strategy reported to the Executive Board in October 2015 assumed a reduction of £13m by March 2017.

*Table 4 – Estimated 2016/17 Settlement Funding Assessment – MTFS October 2015*

	<b>2015/16 £m</b>	<b>2016/17 £m</b>
Settlement Funding Assessment	268.1	255.1
Reduction (£m)		<b>(13.0)</b>
Reduction (%)		4.8%

2.2.6 Following the Spending Review and Autumn Statement announcement in November, the forecast reduction in the Settlement Funding Assessment in 2016/17 for Leeds has been increased to £24.1m, or 9.0%. This increase recognises that based on the information released in the Spending Review the phasing of the reductions in local government funding has been brought forward when compared to the national spending figures included in the summer budget. It should be stressed that there is still a level of uncertainty and the actual position for individual local authorities will not be known with any degree of certainty until the Local Government settlement is announced, which is anticipated in mid-December 2015.

*Table 5 – Forecast Settlement Funding Assessment – Spending Review 2015*

	<b>2015/16 £m</b>	<b>2016/17 £m</b>
Settlement Funding Assessment	268.1	244.0
Reduction (£m)		<b>(24.1)</b>
Reduction (%)		9.0%

2.2.7 Based on the revised estimated Settlement Funding Assessment and taking into account an inflationary factor of 0.8% in the Business Rates Baseline, the anticipated split between the Revenue Support Grant and the Business Rates Baseline is shown in table 6 below. This shows an estimated reduction of £25.3m or 20.35% in the Council's Revenue Support Grant from 2015/16 to 2016/17.

Table 6 – Forecast Revenue Support Grant and Business Rates Baseline (Spending Review 2015)

	2015/16	2016/17	Change	
	£m	£m	£m	%
Revenue Support Grant	124.3	99.0	(25.3)	20.35
Business Rates Baseline	143.8	145.0	1.2	0.8
<b>Settlement Funding Assessment</b>	<b>268.1</b>	<b>244.0</b>	<b>(24.1)</b>	<b>9.0</b>

2.2.8 On the 5<sup>th</sup> October 2015, the Chancellor set out major plans to devolve new powers from Whitehall to local areas to promote growth and prosperity. The Chancellor confirmed in the Spending Review and Autumn statement announcements that by the end of the current Parliament, local government will be able to retain 100% of local taxes – including all of the £26 billion of revenue from business rates. It is worth noting that whilst local government as a whole will retain 100% of the business rates, some degree of re-distribution across the country will still be necessary within the system to take account of the significant differences between rate yields and needs in some areas. The Chancellor also confirmed an intention to abolish the Uniform Business Rate and give local authorities the power to cut business rates to boost enterprise and economic activity in their areas. Local areas which successfully promote growth and attract businesses will therefore keep all of the benefit from increased business rate revenues. At the same time, the Revenue Support Grant will be phased out by 2020, and local government will take on new responsibilities. These proposals are not expected to have any impact upon the Council in 2016/17.

### 3. Developing the Medium Term Financial Strategy

- 3.1 Since 2010, local government has dealt with a 40% real terms reduction to its core government grant. In adult social care alone, funding reductions and demographic pressures have meant dealing with a £5 billion funding gap. Even in this challenging context, local government has continued to deliver. Public polling nationally has shown that roughly 80% of those surveyed are satisfied with local services and that more than 70% of respondents trust councils more than central government to make decisions about services provided in the local area – a trend that has been sustained during the last five years.
- 3.2 Between the 2010/11 and 2015/16 budgets, the Council’s core funding from Government has reduced by around £180m and in addition the Council has faced significant demand-led cost pressures. This means that the Council will have to deliver reductions in expenditure and increases in income totalling some £330m by March 2016. To date, the Council has responded successfully to the challenge and has marginally underspent in every year since 2010 through a combination of stimulating good economic growth and creatively managing demand for services alongside a significant programme of more traditional efficiencies. However, there is no doubt that it will become increasingly difficult over the coming years to identify further financial savings unless the Council works differently.
- 3.3 Much will depend on redefining the social contract in Leeds: the relationship between public services and citizens where there is a balance between rights

and responsibilities; a balance between reducing public sector costs and managing demand, and improving outcomes. This builds on the concept of civic enterprise, born out of the Leeds-led 'Commission on the Future of Local Government (2012)', whereby the future of the Council lies in moving away from a heavily paternalistic role in which we largely provide services, towards a greater civic leadership role underpinned by an approach of restorative practice: working with people, not doing things to or for them, so that communities become less reliant on the state and more resilient. If more people are able to do more themselves, the Council and its partners can more effectively concentrate and prioritise service provision towards those areas and communities most at need.

3.4 This approach will help to tackle the range of inequalities that persist across the city as highlighted by this year's Joint Strategic Needs Assessment (JSNA) work and the latest socio-economic analysis on poverty and deprivation provided in the 'Emerging 2016/17 Best Council Plan priorities, tackling poverty and deprivation' report on today's agenda. The report draws on the latest analysis on poverty and deprivation based on the 2015 Poverty Fact Book and recently updated Index of Multiple Deprivation.

3.5 **Poverty Fact Book** - the Poverty Fact Book uses national and local data to help define and analyse different poverty themes and informs the council's and city's response to tackling poverty. It is based on definitions and analysis around the two national measures of poverty: Relative and Absolute Poverty. Relative Poverty measures the number of individuals who have household incomes below 60% of the median average in that year. Absolute Poverty measures individuals who have household incomes 60% below the median average in 2010/11, adjusted for inflation. Key findings are:

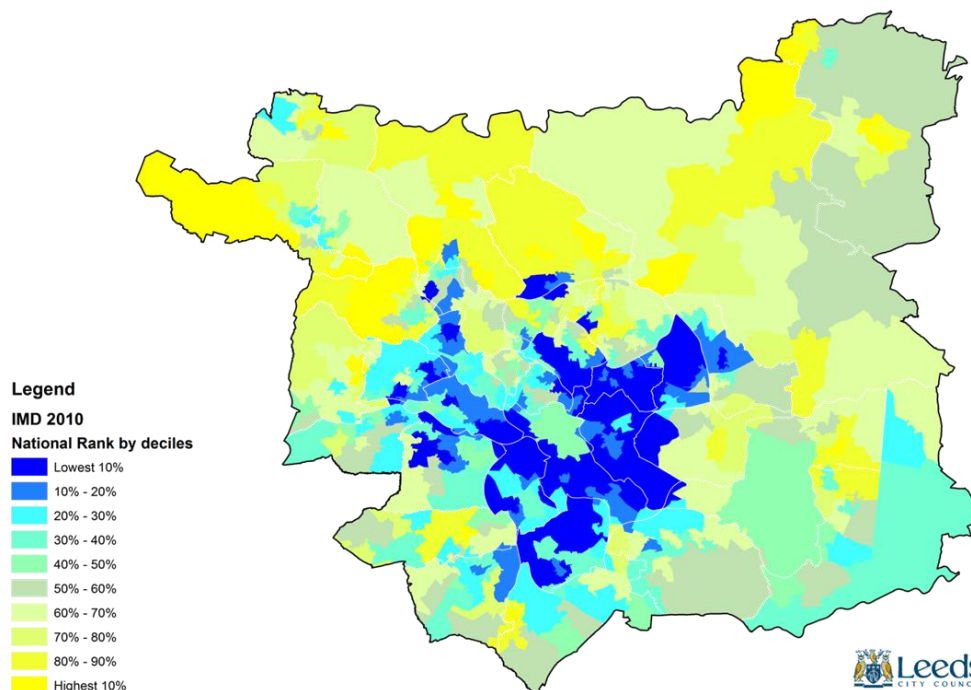
- Almost a quarter of the Leeds population – around 175,000 people across the city - is classified as being in 'absolute poverty'.
- Approximately 20,000 people in Leeds have needed assistance with food via a food bank between April 2014-2015.
- Over 28,000 (19.5%) Leeds children are in poverty, 64% of whom are estimated to be from working families (2013/14).
- As of October 2015, around 73,000 Leeds households were in receipt of Council Tax Support. Of this figure over 25,000 (35%) of these households in Leeds now have to pay 25% of their council tax due to changes to Council Tax Support.
- During 2014/15 in-work poverty was estimated to affect 15,000 households in Leeds. Just over 24,000 Leeds residents in full-time work earn less than the Living Wage and almost 8,000 Leeds workers are on Zero Hour contracts.
- Almost 38,000 Leeds households are in fuel poverty and over 8,000 of these households are paying their fuel bills via prepayment meters (2015).
- Access to credit and interest rates for those on low incomes or with poor credit histories also remains high. Around 121,000 payday loans were estimated to be accessed by Leeds residents in 2013.

### 3.6

**Index of Multiple Deprivation (IMD) 2015** - the recent update of the IMD published by DCLG in September 2015 measures relative levels of deprivation in 32,844 small areas called Lower-layer Super Output Areas (LSOAs) in England. The 2015 indices are based on broadly the same methodology as the previous 2010 Indices. Although it is not possible to use the IMD to measure changes in the level of deprivation in places over time, it is possible to explore changes in relative deprivation, or changes in the pattern of deprivation, between this and previous updates of the IMD. It is also important to note that these statistics are a measure of relative deprivation, not affluence, and to recognise that not every person in a highly deprived area will themselves be deprived. Likewise, there will be some deprived people living in the least deprived areas. Based on the latest IMD, early analysis has been carried out at local ward level and examining Leeds' relative position nationally. Key findings are:

- Leeds is ranked 31 out of 326 local authorities, with 105 neighbourhoods in the most deprived 10% nationally (22% of all Leeds neighbourhoods). Leeds fares relatively well in comparison to other Core City local authority areas.
- There are 164,000 people in Leeds who live in areas that are ranked amongst the most deprived 10% nationally. The corresponding figure in the 2010 Index was 150,000 people, but clearly not everyone living in these areas is deprived.
- The IMD shows the geographic concentration of deprivation in the communities of Inner East and Inner South, confirming the wider analysis of poverty and deprivation undertaken in the recent Joint Strategic Needs Assessment.
- Analysis of relative change in the city since the last Index suggests that there has been some intensification of the concentration of our most deprived and least deprived neighbourhoods.
- The age profile of our most deprived neighbourhoods confirms that our most deprived communities are also our youngest (and fastest growing).

Chart 1 - Index of Multiple Deprivation 2015 – Ward Analysis



- 3.7 Though much work has already been done and is underway<sup>1</sup>, the analysis confirms the need for more concentrated and integrated efforts to tackle the often multiple deprivation encountered by our vulnerable communities. The emphasis on tackling inequalities lies at the heart of the renewed ‘Best City’ ambition agreed by the Executive Board in September: to be the ‘Best City’ means Leeds must have a **Strong Economy** and be a **Compassionate City**, with the Council contributing to this by being a more **Efficient & Enterprising** organisation. We want Leeds to be a city that is fair and sustainable, ambitious, fun and creative for all. This ambition underpins the medium-term financial strategy and is informing the development of the Council’s 2016/17 Best Council Plan objectives and priorities and the supporting Initial Budget Proposals set out here. The 2016/17 Best Council Plan will be presented to the Board and then Full Council in February 2016 alongside the final budget proposals.

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<sup>1</sup> Please see the June 2015 Executive Board report, ‘Supporting communities and tackling poverty’ for progress made to date and the further actions to be taken under the ‘Citizens@Leeds’ banner; the September 2015 Executive Board report, ‘Best Council Plan – Strong Economy and Compassionate City’ summarising a range of successes so far and continued challenges against these two themes; and the October 2015 Executive Board report, ‘Strong economy, Compassionate city’ that detailed some of the key themes and practical steps the council and its partners can take to further the renewed ‘best city’ ambition by better integrating the approach to supporting growth and tackling poverty.

#### **4. Estimating the Net Revenue budget for 2016/17**

##### **4.1 Settlement Funding Assessment – Reduction of £24.1m**

As outlined in Table 5 above, based on the announcement of the Spending Review in November, the indicative Settlement Funding Assessment for Leeds represents a reduction of £24.1m (9%) for 2016/17 when compared to 2015/16. However, these are still estimates based on national figures and the actual Settlement Funding Assessment for individual local authorities will not be known until the provisional Local Government Finance settlement which is expected in December 2015.

##### **4.2 Business Rates Retention – Net pressure of £12.6m**

4.2.1 Leeds has the most diverse economy of all the UK's main employment centres and has seen the fastest rate of private sector jobs growth of any UK city in recent years. Yet this apparent growth in the economy is not being translated into business rates growth; in fact the Council's business rates income has declined month by month since the start of the 2015/16 financial year and other authorities are reporting similar problems.

4.2.2 Under the Business Rates Retention (BRR) scheme which was introduced in 2013/14, business rates income is shared equally between local and central government. Local authorities that experience growth in business rates are able to retain 50% of that growth locally. The downside is that local authorities also bear 50% of the risk if their business rates fall or fail to keep pace with inflation, although a safety-net mechanism is in place to limit losses from year to year to 7.5% of their business rates baseline. Although BRR allows local authorities to benefit from business rates growth, it also exposes them to risk from reductions in rateable values. The system allows ratepayers and their agents to appeal to the Valuation Office against their rateable values if they think they have been wrongly assessed or that local circumstances have changed. When agreement cannot be reached, appeals may be pursued through the Valuation Tribunal and then through the courts. One major issue with the system is that successful appeals are usually backdated to the start of the current Valuation List, i.e. 1<sup>st</sup> April 2010, and this greatly increases the losses in cash terms – by nearly six times in the current financial year. At end of September 2015 there were approximately 6,500 appeals outstanding in Leeds and the total rateable value of the assessments with at least one appeal outstanding totals some £485m, which equates to more than half of the total rateable value of the city. It is worth noting that the Council does not set rateable values and nor does it have any role in the appeals process, but has to deal with the financial impact of appeals.

4.2.3 The budget proposals include a net general fund cost of £12.6m in 2016/17 which recognises the worsening position on business rates and the contribution required from the general fund to the collection fund. This £12.6m net pressure includes a £22.2m estimated contribution from the General Fund to the Collection Fund which in the main recognises the on-going impact of the



backdating of appeals. It should be noted that this £22.2m contribution in 2016/17 is in addition to the £6.4m contribution to the Collection Fund in 2015/16. This contribution assumes £13.4m of business rates growth which recognises the continuing improvement of the economic climate across the city.

Table 7 – Business Rates Retention scheme

	2015/16 £m	2016/17 £m
<b>Business Rates Baseline</b>	<b>143.8</b>	<b>145.0</b>
Projected growth above the baseline to March 2016		5.1
Estimated growth in 2016/17		4.8
Additional income from ending of Retail Relief		2.1
Growth due to increase in multiplier		1.4
<b>Total estimated growth</b>	<b>10.2</b>	<b>13.4</b>
Estimated provision for appeals		(20.1)
Additional estimated cost of transitional arrangements and provision for bad debts		(2.1)
<b>Estimated year-end Collection Fund deficit (Leeds Share)</b>	<b>(6.4)</b>	<b>(22.2)</b>
<b>Estimated Business Rates Funding</b>	<b>147.6</b>	<b>136.2</b>
<b>Increase/(reduction) against the Business Rates baseline</b>	<b>3.8</b>	<b>(8.8)</b>
<b>Business Rates Retention - Net General Fund Pressure</b>		<b>(12.6)</b>

4.2.4 The Spending Review and Autumn Statement further supports small businesses by extending the doubling of small business rate relief (SBRR) in England for 12 months to April 2017. However, the Retail Relief Scheme, which was a two-year local discount awarded at the Council's discretion which was fully funded by section 31 grant, has not been extended and will end at the end of March 2016 as previously announced. The impact will be to increase the income from business rates by £2.1m which is directly offset by a £2.1m reduction in the section 31 grant.

4.2.5 The new Enterprise Bill was introduced to the House of Lords on 16<sup>th</sup> September 2015. It contains provisions dealing with two aspects in respect of the non-domestic rating system: a) disclosure of information by HMRC and b) regulations covering appeals against rateable value that could affect local authorities. Whilst these proposals will help a little, they are unlikely to resolve the central problems for local authorities with the system of Business Rates Retention and specifically the risks associated with the appeals process.

### 4.3 Council Tax

4.3.1 The 2015/16 budget was supported by a 1.99% increase in the level of Council Tax which remains the 2<sup>nd</sup> lowest of the Core Cities and mid-point of the West Yorkshire districts.

Table 8 – 2015/16 Council Tax levels (Figures exclude Police and Fire precepts)

Core Cities	Band D	West Yorkshire Districts	Band D
	£		£
Nottingham	1,459.67	Kirklees	1,267.15
Bristol	1,419.01	Calderdale	1,251.43
Liverpool	1,384.53	Leeds	<b>1,168.80</b>
Newcastle	1,380.82	Wakefield	1,161.43
Sheffield	1,308.28	Bradford	1,152.11
Manchester	1,172.27		
Leeds	<b>1,168.80</b>		
Birmingham	1,158.43		

- 4.3.2 Government previously provided funding for the on-going effect of previous Council Tax freezes up to 2015/16. The Council accepted the Council Tax freeze grant for the years 2011/12 to 2013/14, and government funding of £9.4m was built into the Council's 2015/16 settlement (the grant for freezing Council Tax in 2012/13 was for one year only).
- 4.3.3 The 2016/17 Initial Budget Proposals recognise an additional £4.7m of income from increases to the Council Tax base (4,015 band D equivalent properties) together with a reduction in the contribution from the Collection Fund of £0.8m (a budgeted £2.03m surplus on the Collection Fund in 2015/16 reducing to an estimated surplus on the Collection Fund of £1.2m in 2016/17).
- 4.3.4 In previous years the Government has set a limit of up to 2% for Council Tax increases above which a Local Authority must seek approval through a local referendum. The referendum ceiling for 2016/17 has yet to be announced; when this information is known the Council will need to make a decision about the proposed Council Tax increase. However, subject to an announcement as to a referendum ceiling it is proposed that the standard Council tax is increased by 1.99%. In addition it is proposed that the Leeds element of Council tax is also increased by the 2% Adult Social Care precept.
- 4.3.5 Table 9 below sets out the estimated total income from Council Tax in 2016/17. This recognises the estimated increase in the Council Tax base, a £1.2m surplus on the Collection Fund together with £10.2m of additional income generated from the Adult Social Care precept and the general increase in the Council Tax rate.

Table 9 – Estimated Council Tax income in 2016/17

	£m
<b>2015/16 Council Tax Funding</b>	<b>251.9</b>
Less: Change in Collection Fund - Increase / <i>(reduction)</i>	<i>(0.8)</i>
Add: Increase in tax base	4.7
Add: 1.99% increase in Council Tax level	5.1
Add: 2% Adult Social Care Precept	5.1
<b>2016/17 Council Tax Funding</b>	<b>266.0</b>

4.3.6 The settlement funding assessment includes an element to compensate parish and town councils for losses to their council tax bases from the Local Council Tax Support (LCTS). The amount is not separately identifiable and, as in previous years, it is proposed that the LCTS grant for parish and town councils should be reduced in-line with the assumptions for Leeds' overall reduction in the Settlement Funding Assessment which would be a reduction of 9% for 2016/17 from £92k to £84k.

#### 4.4 The Net Revenue Budget 2016/17

4.4.1 After taking into account the anticipated changes to the Settlement Funding Assessment, Business Rates and Council Tax, the overall Net Revenue Budget for the Council is anticipated to reduce by £22.6m from £523.8m down to £501.2m, as detailed in table 10 below;

Table 10 – Estimated Net Revenue Budget 2016/17 compared to 2015/16 Net Revenue Budget

	2015/16 £m	2016/17 £m	Change £m
Revenue Support Grant	124.3	99.0	<i>(25.3)</i>
Business Rates Baseline	143.8	145.0	1.2
<b>Settlement Funding Assessment</b>	<b>268.1</b>	<b>244.0</b>	<b><i>(24.1)</i></b>
Business Rates Growth	10.2	13.4	3.2
Business Rates Deficit	<i>(6.4)</i>	<i>(22.2)</i>	<i>(15.8)</i>
Council Tax	249.9	264.8	14.9
Council Tax surplus/(deficit)	2.0	1.2	<i>(0.8)</i>
<b>Net Revenue Budget</b>	<b>523.8</b>	<b>501.2</b>	<b><i>(22.6)</i></b>

4.4.2 Table 11 below analyses the £22.6m estimated reduction in the net revenue budget between the Settlement Funding Assessment and locally determined funding sources.

Table 11 – Reduction in the funding envelope

<b>Funding Envelope</b>	<b>2016/17 £m</b>
Government Funding Settlement Funding Assessment	(24.1)
Sub-total Government Funding	(24.1)
Locally Determined Funding Council Tax	14.1
Business Rates	(12.6)
Sub-total Locally Determined Funding	1.5
Reduction in Net Revenue Budget	(22.6)

## **5. Developing the Council's Budget Proposals - consultation**

- 5.1 The financial strategy and initial budget proposals have both been driven by the Council's ambitions and priorities which have been shaped through past consultations and stakeholder engagement. Public perception evidence that services and localities already hold about people's priorities has been brought together and a summary of the findings produced to support the preparation of the initial budget proposals for 2016/17.
- 5.2 As in previous years, residents and wider stakeholders will have the opportunity to comment on the initial budget proposals in a variety of ways, for example hard-copy feedback forms in public spaces, online and also through city-wide networks.

## **6. Initial Budget Proposals 2016/17**

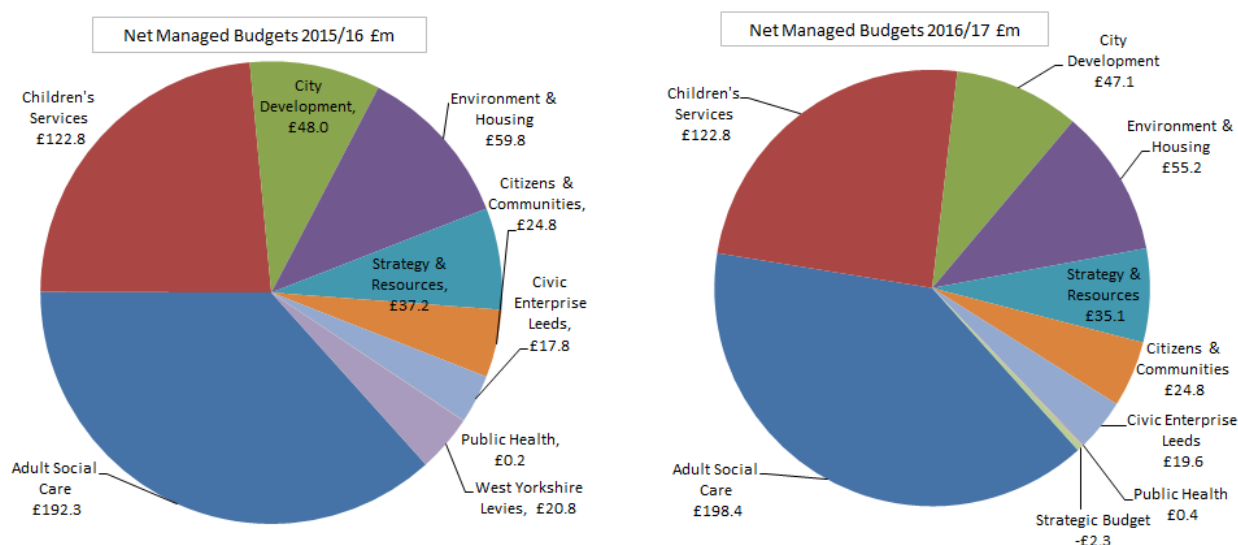
- 6.1 This section provides an overview of the spending pressures which the Council is facing in 2016/17 and the initial budget proposals to balance to the available resources. Table 12 below provides a summary of key cost pressures and savings areas:

Table 12 Initial Budget Proposals 2016/17

	£m
Reduction in Settlement Funding Assessment	24.1
Business Rates - potential growth offset by impact of backdated appeals	12.6
Inflation	8.4
National Insurance Changes	7.3
Real Living Wage	3.3
National Living Wage - Commissioned Services	5.2
Demand & Demography - Adult Social Care and Children's Services	6.5
Fall-out of Capitalised Pension costs	(2.3)
Debt and review of future capital funding	(1.3)
Tour de Yorkshire & World Triathlon	0.6
Council Tax Invest to Save - Customer Services Officers & review of Single Person Discounts	0.4
Income Generation & Inward Investment	0.3
Elections - reinstate budget	0.2
West Yorkshire Transport Fund	0.2
Business Rates - Retail rate relief - fall out of section 31 grant	2.1
Reduction in ring-fenced Public Health Grant	3.9
Other Corporate and Directorate Budget Pressures	15.8
<b>Cost &amp; Funding Changes</b>	<b>87.2</b>
Waste Strategy - full year effect of RERF	(4.0)
New Homes Bonus	(0.6)
Asset Management savings	(1.1)
Changes to Minimum Revenue Provision	(21.0)
Reserves/One-off income	(2.3)
Directorate Savings - see appendix 2	(44.1)
<b>Total Savings and Efficiencies</b>	<b>(73.1)</b>
Potential increase in Council Tax base, rate and Social Care precept	(14.1)
<b>Total - Savings, Efficiencies and Council Tax</b>	<b>(87.2)</b>

- 6.1.1 The pie charts below show the share of the Council's net managed expenditure between directorates for 2015/16 and the proposed allocations for 2016/17 based on the Initial Budget Proposals. It should be noted that these resource allocations may be subject to amendments as we move through the budget setting process. Net managed expenditure represents the budgets under the control of individual directorates and excludes items such as capital charges and pensions adjustments.
- 6.1.2 It can be seen that the proportion of the Council's spend on Children's Services and Adult Social Care has increased from 60.2% in 2015/16 to 64.1% in 2016/17 which reflects the Council's priorities around supporting the most vulnerable across the city and to prioritise spending in these areas.

Chart 2 – Net Managed budgets 2015/16 and 2016/17



## 6.2 Changes in Costs

- 6.2.1 **Inflation** - the budget proposals include allowance for £8.4m of net inflation in 2016/17. This includes provision of £4.1m for a 1% pay award over and above the cost of implementing the real living wage. The budget proposals allow for inflation where there is a contractual commitment, but anticipates that the majority of other spending budgets are cash-limited. An anticipated 3% general rise in fees and charges has also been built into the budget proposals.
- 6.2.2 **Employer's National Insurance** - employer's national insurance costs are due to increase in 2016/17 as announced in the Chancellor's Autumn Statement in 2013. The estimated cost of this in 2016/17 is £7.6m of which £7.3m relates to general fund services and £0.3m to the Housing Revenue Account. In addition, the impact on schools will be in the region of £4.9m in 2016/17.
- 6.2.3 **National Living Wage** – as part of the budget in July 2015, Government announced the introduction of a new National Living Wage of £7.20 per hour, rising to an estimated £9 per hour by 2020. Implemented from April 2016, this National Living Wage would be paid to all employees aged over 25. In addition to the additional cost of implementing the Real Living Wage for all directly-employed staff, the budget proposals also make allowance for implementing the cost of the National Living Wage for commissioned services, primarily those within Adult Social Care. The immediate impact in 2016/17 is estimated at an additional cost of £5.2m.
- 6.2.4 **Real Living Wage** – at its September 2015 meeting, the Executive Board agreed that Council would move towards becoming a real Living Wage employer.

In November 2015, the Campaign for Living Wage Foundation announced a living wage of £8.25 per hour (outside London). It is proposed to move to

becoming a real living wage employer during 2016/17 by implementing a minimum rate of £8.01 per hour from April 2016 and consider the impact of a further increase with a view to implementing during the year. A provision of £3.3m for 2016/17 has been included in the general fund with a further cost to the Housing Revenue Account of £0.1m and an impact for schools-based staff of £2.7m.

## 6.2.5 Demand and Demography

6.2.5.1 In Adult Social Care, the budget proposals recognise the increasing demographic pressures with provision of £5.8m in 2016/17. The population growth forecast assumes a steady increase from 2015 in the number of people aged 85 - 89 during 2016 and 2017 (2.9% and 2.8% respectively) followed by further increases but at a lower rate of 1.8% for the later years of the strategy, resulting in additional costs for domiciliary care and care home placements. In addition, the budget proposals reflect the anticipated increase in the number of customers opting for cash personal budgets. The Learning Disability demography is expected to grow by £3.7m per annum, which includes an anticipated growth in numbers of 3.5% (based on ONS data) through to 2020; but noting that the high cost increase is primarily a combination of increasingly complex (and costly) packages for those entering adult care, as well as meeting the costs of the increasing need for existing clients whose packages may last a lifetime.

6.2.5.2 In addition, there are increasing demographic and demand pressures in Children's Services. Across the city, the birth rate is increasing with a projected 3.3% increase in the number of children and young people rising from 183,000 in 2012 to 189,000 by 2017. This rising birth rate is further compounded by the impact of net migration into the city and typically, an increase of 6,000 children and young people would generate pressure of £2m across the Children's Services budget, particularly the budget supporting children in care.

This increasing demographic also brings with it an increasing number of children with special & very complex needs. In budgetary terms, this impacts in particular on the externally provided residential placement budget and also in the budgets that support children and young people with special educational needs, specifically the educational placement budget (funded through the dedicated schools grant), and the home to school/college transport budget which is funded through the general fund. In respect of the latter, the 2016/17 budget proposals include additional funding of £0.7m reflecting this increasing demand.

Additionally, it is worth noting that changes in government legislation have also increased the costs to local authorities, an example of this being the 'Staying Put' arrangements, which enables young people to remain with their carers up to the age of 21. These arrangements are resulting in additional costs of approximately £1m over and above the £0.2m grant allocation.

6.2.6 **Debt** – the proposed budget recognises a reduction in the cost of debt and capital financing costs of £1.3m in 2016/17 which reflects the on-going capital

programme commitments together with anticipated changes in interest rates. The gross total capital programme is £1.1bn and seeks to deliver investment in line with the Council's plans and objectives. The level of the capital programme will continue to be reviewed to ensure that it is deliverable and that it continues to be supportive of the Council's priorities. The forecast debt budget reflects the costs of financing both present and future borrowing in line with assumed borrowing costs. These assumed borrowing costs will be kept under review and adjusted for the latest market estimates.

6.2.7 **Council Tax Support Scheme & Single Person Discount** – the initial budget proposals recognise that the Council Tax Support Scheme will continue unchanged. An additional investment of £0.32m has been included in the budget proposals to fund additional customer services officers who will support implementation of the Personal Work Packages as part of the Council Tax Support Scheme which commenced in October 2015. This additional cost will be funded through additional income from estimated increases to the Council tax base. In addition, the proposed budget includes funding to extend the invest to save work on single person discount where again the commensurate savings are recognised in the council tax base

6.2.8 **Public Health** - on the 4<sup>th</sup> November, Government announced the outcome of the consultation on the implementation of a £200m national in-year cut to the 2015/16 ring-fenced Public Health grant allocation. This confirmed the Department of Health's preferred option of reducing each local authority's allocation by 6.2%, which resulted in a reduction of £2.82m for Leeds in 2015/16.

In the Spending Review and Autumn Statement, Government indicated it will make savings in local authority public health spending with average annual real-terms savings of 3.9% over the next 5 years which will manifest in reductions to the public health grant to local authorities. It has become apparent that these further reductions are in addition to the 6.2% 2015/16 reductions which will now recur in 2016/17 and beyond. This will mean an estimated reduction to the Council's public health grant of £3.9m in 2016/17 with a total estimated reduction to the Council's grant allocation of £7.3m by 2019/20. This will effectively mean that the Council will have £25m less to spend on public health priorities between 2015/16 and 2019/20. The Department of Health will announce the specific allocation for Leeds only in January 2016.

In addition, the fall-out of £1.4m of non-recurrent funding from 2015/16 will mean the total savings needed from the public health budget in 2016/17 is £5.3m



Table 13 – Public Health – estimated grant allocation and reduction.

	National £'000	Leeds £'000
<b>Original 2015/16 grant</b>	<b>2,801,471</b>	<b>40,540</b>
Add: 0-5 transfer from health	859,526	9,986
	<b>3,660,997</b>	<b>50,526</b>
Less: 2015/16 recurring grant reduction (6.2%)	(200,000)	(2,823)
Less: estimated 2016/17 grant reduction (2.2%)	(76,142)	(1,049)
<b>Estimated 2016/17 grant</b>	<b>3,384,855</b>	<b>46,654</b>
Total estimated grant reduction in 2016/17	(276,142)	(3,872)
Percentage reduction in cash-terms	7.54%	7.66%

- 6.2.9 **Tour de Yorkshire & World Triathlon** – in 2016 Leeds is scheduled to host the World Triathlon and again host a stage of the Tour de Yorkshire. The budget proposals include £0.6m of invest to save funding which recognises the significant economic boost that these events will bring to the City and wider region.
- 6.2.10 **Income Generation and Inward Investment** – in support of the continuing drive to become a more enterprising and efficient organisation, the budget proposals include proposals to invest in additional capacity to support the Council’s income generation strategy including how we capitalise on the opportunities from trading services. In addition, the proposals include additional investment to support inward investment including working with partners to market our city.
- 6.2.11 **West Yorkshire Transport Fund** – the budget proposals recognise a potential increase in the contribution to the West Yorkshire Transport Fund from £5.4m in 2014/15 to £11.4m over 10 years, an increase of £0.6m each year. The Leeds share based on population figures is around £0.2m and provision has been built into the proposed budget to reflect this which would be a decision by the West Yorkshire Combined Authority as part of their levy proposals.
- 6.2.12 Other Pressures - £15.8m**
- 6.2.12.1 **Waste Management and Disposal Costs** – a pressure of £0.96m is reflected in the 2016/17 budget proposals which reflects changes to the costs of waste disposal/recycling income, maintenance costs and household waste.
- 6.2.12.2 **Grant & other funding** – the 2016/17 budget proposals also take into account anticipated grant reductions across a number of services. These include;
- the fall-out of the Children’s Social Care Innovations funding of £1.6m.
  - non-recurrent funding of £1m for capacity building for free early education entitlement.
  - a £0.3m pressure from the fall-out of the SEND reform grant.
  - a reduction to the Housing Benefit Administration grant of £0.3m.

- an anticipated continuation of the in-year cut in the Youth Offending Service grant of £0.3m
- an estimated reduction of £0.3m to the Education Services Grant recognising schools becoming academies.
- Non-recurrent health income of £1m for Community Intermediate Care beds.
- Non-recurrent funding of £1.9m from health around Health & Social Care initiatives.
- One-off income in 2015/16 in City Development which was supporting economic regeneration activities.

6.2.12.3 **Demand** – the budget proposals also recognise continuation of the 2015/16 demand pressures in Adult Social Care with a provision of £1.9m included in the budget proposals. In addition, there is a pressure of £0.2m reflecting additional commissioning costs for South Leeds Independence Centre.

6.2.12.4 **Income trends** – a £0.4m pressure in City Development reflecting income trends in respect of advertising, venues income and fee recovery in asset management.

6.2.12.5 **Police and Community Support Officers (PCSOs)** – from April 2016 the Police and Crime Commissioner is seeking to change the funding formula PCSOs so that local authorities will be required to make a contribution of 50% to their cost. Currently Leeds City Council spends £1.06m per annum on PCSOs which represents a 20% contribution to the cost of providing 165 PCSOs city wide. Therefore unless the Council increases its contribution, implementation of this revised funding agreement will have implications for the total number of PCSOs that the Council can support.

### 6.3 The Budget Gap – Savings Options – £73.1m

6.3.1 After taking into account the impact of the anticipated changes in funding and spend, it is forecast that the Council will need to generate savings, efficiencies and additional income to the order of £73.1m in 2016/17, in addition to an estimated £14.1m additional Council Tax income. The total budget savings options are shown at table 12 and detailed by directorate at appendix 2. This estimated budget gap and therefore the required savings are very much dependent on the range of assumptions highlighted previously in this report, particularly around the level of future core funding from Government, which for individual local authorities will not be confirmed until the provisional local government finance settlement is announced in mid-December 2015.

#### 6.3.2 New Homes Bonus – savings of £0.6m

6.3.2.1 The government introduced an incentive scheme in 2011 to encourage housing growth across the country; Councils receive additional grant equivalent to the average national Council Tax for each net additional property each year and is received annually for six years. An additional 2,800 band D equivalent properties per annum has been assumed for 2016/17 which includes both new builds and properties brought back into use. The Council not only benefits from

the additional Council Tax raised from these properties, estimated to be £3.3m in 2016/17, but also through the through New Homes Bonus which is estimated at an additional £4.1m per annum. However, taking account of the shortfall in the net increase in properties in 2015/16 together with the fall-out of the £2.7m income from 2010/11 means that the cash increase is reduced to £0.6m.

6.3.2.2 It should be noted that whilst the New Homes Bonus is intended as an incentive for housing growth, the funding for this initiative comes from a top-slice of the Local Government funding settlement and the distribution of this funding benefits those parts of the country with the highest level of housing growth and is weighted in favour of properties in higher Council Tax bands.

### **6.3.3 Efficiencies – savings of £14m**

6.3.3.1 Appendix 2 provides the detail of a range of proposed efficiency savings across all directorates which total some £14m in 2016/17. These savings are across a number of initiatives around;

- Organisational design.
- Continuing demand management through investment in prevention and early intervention, particularly in Adult Social Care and Children's Services.
- Savings across the range support service functions.
- Ongoing recruitment and retention management.
- Reviewing leadership and management.
- Realising savings by cash-limiting and reducing non-essential budgets.
- Estimated savings on energy and fuel through price and volume.
- Ongoing procurement and purchasing savings.

### **6.3.4 Fees & Charges – additional income of £2.8m**

6.3.4.1 The initial budget proposals assume a general increase in fees and charges of 3%. In addition, appendix 2 sets out detailed proposals around a number of fees and charges where further increases are proposed which in total would generate an additional £2.8m of income by March 2017.

### **6.3.5 Traded Services, partner income & other income – additional income of £12.5m**

6.3.5.1 Appendix 2 provides detail across directorates of a range of proposals that together would generate additional income of £12.5m. This includes;

- Adult Social Care – further health funding, including the Better Care Fund and transformation funding.
- Improvement partner income in Children's Services.
- Continued funding from schools and health to support the Children's Services strategy recognising the range of mutual benefits of the investment in preventative and early intervention.
- A range of additional trading with schools, academies and other external organisations.

### **6.3.6 Service Changes – savings of £14.9m**

- 6.3.6.1 By necessity, managing a reduction of £24.1m in government funding in addition to a range of cost pressures means that the Council will have to make some difficult decisions around the level and quality of services that it provides and whether these services should be increasingly targeted toward need.
- 6.3.6.2 Appendix 2 sets out these detailed service change proposals which together total savings of £14.9m by March 2017.

### **6.3.7 Minimum Revenue Provision – savings of £21m**

- 6.3.7.1 When capital investment is funded from borrowing, there is a cost to the revenue budget both in terms of interest and minimum revenue provision. The annual minimum revenue provision is effectively the means by which capital expenditure which has been funded by borrowing is paid for by the council tax payer.
- 6.3.7.2 By statute, local authorities need to make a prudent level of provision for the repayment of debt, and the government has issued statutory guidance, which local authorities are required to 'have regard to' when setting a prudent level of MRP. The guidance sets out the broad aims of a prudent MRP policy, which should be to ensure that borrowing is repaid either over the life of the asset which the capital expenditure related to or, for supported borrowing, the period assumed in the original grant determination. The guidance identifies four options for calculating MRP which would result in a prudent provision, but states that other approaches are not ruled out. Local authorities therefore have a considerable level of freedom in determining their MRP policies, provided that they are in line with the broad aims set out in the statutory guidance.
- 6.3.7.3 The Capital Finance and Audit Regulations require councils to produce an annual statement of policy on making MRP which the Council last did as part of the 2015/16 Capital Programme report to full Council in February 2015.
- 6.3.7.4 The Council has undertaken a review of the application of its existing MRP policies and identified opportunities for additional savings which will reduce the pressure on its revenue budget but still ensure that a prudent level of provision is set aside.
- 6.3.7.5 The main features of the Council's 2015/16 MRP policy include;
- If capital receipts have been used to repay borrowing for the year then the value of the MRP which would otherwise have been set aside to repay borrowing will be reduced by the amounts which have instead been repaid from capital receipts.
  - MRP for borrowing for 2014/15's capital expenditure will be calculated on an annuity basis over the expected useful life of the assets. For expenditure capitalised under statute where there is no identifiable asset,

the lifetimes used for calculating the MRP will be as recommended in the statutory guidance.

- MRP for borrowing on capital expenditure incurred between 2007/08 and 2013/14 for which an annuity asset life basis is already being used will continue on the same basis.
- For borrowing arising from earlier years, MRP will be charged on an asset life annuity basis. As data is not available to identify the individual assets which this borrowing relates to, an average asset life for categories of assets in the authority's current asset register will be used.
- For PFI and finance lease liabilities, a MRP charge will be made to match the value of any liabilities written down during the year which have not been otherwise funded by capital receipts.

The proposed MRP policy for 2016/17 will state that borrowing for 2015/16 capital expenditure will be calculated on an annuity basis over the expected life of the assets. It will also propose that the MRP liability on PFI schemes (to be met from capital receipts) is calculated over the life of the assets rather than the duration of the contract.

These changes have enabled the revenue budget strategy to include £21m of savings for 2016/17.

**6.3.8 Fall-out of Capitalised Pension Costs** – savings of £2.3m are included in the budget proposals which result from the fall-out of the pension costs from 2011/12 which were capitalised and spread across the 5-year period.

**6.3.9 Assets** – to date, the Council has successfully implemented a strategy which has seen a reduction in its asset portfolio and specifically a reduction in Council office accommodation by 250,000 square feet. The 2016/17 budget proposals include estimated revenue budget savings of £1.1m from the implementation of the asset management strategy and the reduction of the Council's asset portfolio.

**6.3.10 Recovery and Energy from Waste Facility** – the management of the long-term contract with Veolia for the construction and operation of the residual waste treatment facility in Leeds is estimated to realise savings of £4m in 2016/17.

## **6.4 Impact of proposals on employees**

6.4.1 The Council has operated a voluntary retirement and severance scheme since 2010/11 which has contributed to a forecast reduction in the workforce of 2,500 ftes to March 2016, generating savings of £55m per year.

6.4.2 The initial budget proposals provide for an estimated net reduction in anticipated staff numbers of 259 ftes by 31<sup>st</sup> March 2017, as shown in table 14 below:

Table 14 – Estimated staffing implications

Full-time Equivalents	Increases	Decreases	Net Movement
Adult Social Care	5	(161)	(156)
Children's Services	21	(59)	(38)
City Development	0	(27)	(27)
Environment & Housing	1	(35)	(34)
Strategy & Resources	0	(62)	(62)
Civic Enterprise Leeds	0	(5)	(5)
Citizens & Communities	10	(14)	(4)
Public Health	0	(5)	(5)
<b>Total - General Fund</b>	<b>37</b>	<b>(368)</b>	<b>(331)</b>
Housing Revenue Account	83	(11)	72
<b>Total - General Fund &amp; HRA</b>	<b>120</b>	<b>(379)</b>	<b>(259)</b>

## 6.5 Staffing Impact

6.5.1 The proposals outlined above are reflected in table 15 below which gives a subjective breakdown of the Council's initial budget in 2016/17, compared to 2015/16.

Table 15 Subjective Analysis- General Fund

	Budget 2015/16 £m	Budget 2016/17 £m	Variation £m
Employees	437.1	438.9	1.9
Other running expenses	142.1	140.0	(2.1)
Capital Charges	47.1	24.8	(22.3)
Payments to external service providers	341.5	349.7	8.3
Fees & Charges/Other Income	(223.2)	(234.5)	(11.3)
Specific Grants	(219.2)	(215.3)	3.9
Use of General Fund reserves	(1.5)	(2.5)	(1.0)
<b>Net Revenue Budget</b>	<b>523.8</b>	<b>501.2</b>	<b>(22.6)</b>
Funded by:			
SFA/Business Rates	278.3	257.4	(20.9)
Collection Fund surplus/(deficit) - Business Rates	(6.4)	(22.2)	(15.8)
Council Tax	249.9	264.8	14.9
Collection fund surplus/(deficit) - Council Tax	2.0	1.2	(0.8)
<b>Total Funding</b>	<b>523.8</b>	<b>501.2</b>	<b>(22.6)</b>

## 7. General Reserve

- 7.1 General and useable reserves are a key measure of the financial resilience of the Council, allowing the authority to address unexpected financial pressures. Since 2010/11, the Council's general reserve level has reduced from £29.56m down to £22.3m at April 2015 with further budgeted use of £1.5m in 2015/16.
- 7.2 The assumed general reserve balance of £20.9m at March 2016 is predicated on the delivery of a balanced budget in 2015/16. Executive Board will be aware of the pressures in the 2015/16 financial year and the Financial Health report (month 7) indicates a potential pressure of £4m, primarily due to continuing demand pressures in Children's Social Care. The expectation is that measures will be put in place to bring the budget into balance by March 2016.
- 7.3 The 2016/17 budget proposals assume a £1m increase in the use of general reserves in 2016/17 up to £2.45m. This will reduce the estimated level of the general reserves to £18.4m by March 2017 as set out in the table below;

*Table 16 – General reserve level*

<b>General Reserves</b>	<b>2015/16 £m</b>	<b>2016/17 £m</b>
Opening Balance 1st April	22.3	20.9
Budgeted usage	(1.5)	(2.5)
<b>Closing Balance 31st March</b>	<b>20.9</b>	<b>18.4</b>

- 7.4 Given the uncertainty about the future government funding, the financial challenges ahead and the inherent risks in future budgets, there is a strong argument that the level of general reserves should be increased over the next few years in order to increase the Council's resilience. To this end, and as envisaged in the medium-term financial strategy report, proposals will be brought to the February Executive Board around the potential to ring-fence specific capital receipts from asset sales to reduce the Council's minimum revenue provision requirement and to then use these savings to increase the level of General Reserves.

## 8. The Schools Budget

- 8.1 The Dedicated Schools Grant (DSG) for 2016/17 will continue to be funded as three separate blocks for early years, high needs and schools.
- 8.2 The early years block will fund free early education for 3 and 4 year olds and the early education of eligible vulnerable 2 year olds. The per pupil units of funding will be confirmed in December 2015 and will continue to be based on participation. From September 2017, Government will double the amount of free childcare to 30 hours/week for working families of 3 and 4 year old children.

- 8.3 The high needs block will support places and top-up funding in special schools, resourced provision in mainstream schools and alternative provision; top-up funding for early years, primary, secondary, post-16 and out of authority provision; central SEN support and hospital & home education. Published place numbers for the 2015/16 academic year will be rolled forward as the base for 2016/17 allocations and adjusted in accordance with the Education Funding Agency's (EFA) place change request process. The overall high needs block allocation will not be known until December 2015.
- 8.4 The schools block funds the delegated budgets of primary and secondary schools for pupils in reception to year 11, and a number of prescribed services and costs in support of education in schools. The grant for 2016-17 will be based on pupil numbers in Leeds (including those in academies and free schools) as at October 2015, multiplied by the schools block unit of funding which for 2016/17 is £4,545.94. This rate incorporates the former non-recoupment academies. It is estimated that pupil numbers will increase by over 2,000 year on year, mainly in primary.
- 8.5 Following agreement with Leeds Schools Forum, the Council applied to continue to retain £5.2m of the schools block centrally in 2016/17 in order to support Clusters and this application has been approved by the Secretary of State. The EFA has stipulated that from April 2017, the local authority will have to put a plan in place so that schools may opt to purchase the service through individual agreement.
- 8.6 Funding for post-16 provision is allocated by the EFA through a national formula. No changes to the formula are expected for 2016/17. From 2017/18, sixth-form colleges will be able to become academies. The current national base rate per student for 16-19 year olds will be protected in cash terms over the parliament.
- 8.7 Pupil Premium grant is paid to schools and academies based on the number of eligible Reception – year 11 pupils on roll in January each year. The rates for 2015/16 are: primary £1,320, secondary £935, looked after/adopted £1,900, service £300. The early years pupil premium is payable to providers for eligible 3 and 4 year olds at the rate of £0.53 per child per hour. The pupil premium grant will continue and the rates will be protected.
- 8.8 The Primary PE grant will be paid in the 2015/16 academic year to all primary schools at a rate of £8,000 plus £5 per pupil. The Year 7 catch-up grant will be paid in the 2015-16 financial year at a rate of £500 for each pupil in year 7 who did not achieve at least level 4 in reading and/or mathematics (maximum £500 per pupil) at key stage 2. The rates for 2016-17 have yet to be announced.
- 8.9 A grant for the universal provision of free school meals for all pupils in Reception, Year 1 and Year 2 was introduced in September 2014. Funding is based on a rate of £2.30 per meal taken by eligible pupils. Data from the October and January censuses will be used to calculate the allocations for the



academic year. The government has given a commitment to maintain this funding.

- 8.10 From 2017/18, the government has announced that funding for schools, early years and high needs will be delivered through a national funding formula and there will be a transitional phase to smooth its introduction. Funding for the pupil premium and universal infant free school meals grants will continue. There will be a reduction in the education support grant (ESG) paid to local authorities as part of Government's commitment to reduce the local authority role in running schools as well as the removal of a number of statutory duties. Government will launch a detailed consultation on policy and funding proposals in 2016.

### 8.11 Schools funding summary

Estimated figures for the 2015/16 and 2016/17 financial years are shown below:

	2015/16 £m	2016/17 £m	Change £m
DSG - schools block	456.98	466.24	9.26
DSG - early years block	39.20	41.24	2.04
DSG - high needs block	58.35	58.35	-
EFA Post 16 funding	33.23	33.23	-
Pupil premium grant	41.36	42.26	0.90
Early years pupil premium grant	0.60	0.60	-
PE & sport grant	2.07	2.09	0.02
Summer schools grant	0.75	0.75	-
Yr 7 catch-up grant	0.84	0.87	0.03
Universal infant free school meals grant	9.23	9.43	0.20
<b>Total Schools Budget</b>	<b>642.61</b>	<b>655.06</b>	<b>12.45</b>

(Note: figures include estimated allocations for academies and free schools)

## 9. Housing Revenue Account

- 9.1 The Housing Revenue Account (HRA) includes all expenditure and income incurred in managing the Council's housing stock and, in accordance with Government legislation, operates as a ring fenced account.
- 9.2 In July 2015 the Chancellor announced that for the 4 years 2016/17 to 2019/20 housing rents would need to reduce by 1% each year. The Council's current HRA Financial Plan is based on the assumption that dwelling rents would increase in line with CPI +1% each year for 10 years which is in line with previous Government policy introduced in April 2015. Based on the Government's CPI target of 2% the Council anticipated rent increases of 3% each year for the next 10 years.

- 9.3 The change in Government Policy announced in July 2015 is effectively a 4% pa reduction from that assumed within the Council's HRA Financial Plan for each of the next 4 years. In cash terms this is a reduction of £20.5m in rental income over the four year period, of which £5.9m falls within the next two years (£1.9m in 2016/17, £4m in 2017/18). When compared to the level of resources assumed in the Financial Plan (and assuming that from 2020/21 rent increases will revert back to the previous policy of CPI+1%) this equates to a loss of £283m of rental income over the 10 year period (2016/17 to 2024/25).
- 9.4 The reduction in rental income will need to be managed in addition to other pay, price and service pressures. A combination of staffing efficiencies, improved targeting of resources which are used to improve environmental aspects of estates along with the use of reserves will all contribute towards offsetting these pressures. In addition, consideration will be given each year to increasing service charges to reflect more closely the costs associated with providing services. This will generate additional income which will contribute towards offsetting the reduction in rental income receivable as a result of the change in Government's rent policy.
- 9.5 Tenants in multi storey flats (MSFs) and in low/medium rise flats receive additional services such as cleaning of communal areas, staircase lighting and lifts and only pay a notional charge towards the cost of these services meaning other tenants are in effect subsidising the additional services received. It is proposed to increase service charges by £1 per week in 2016/17.
- 9.6 Currently tenants in sheltered accommodation receiving a warden service are charged £12 per week for this service. This charge is eligible for Housing Benefit. Consideration will be given to increasing the charge to £13 per week to reflect the costs associated with the service. For those tenants who benefit from the service but do not currently pay it is proposed from 2016/17 to introduce a nominal charge of £2 per week.
- 9.7 An analysis of the impact on individual tenants of reducing rents by 1% and implementing the proposed charges as above has been undertaken. This analysis shows that should the proposals be agreed 71.1% of tenants will pay 79p per week less in overall terms in 2016/17 than in 2015/16. Of those paying more, 22% will pay up to 34p more per week, 5% will pay £1.30 more with 2% paying an additional £2.30 per week. These increases will be funded through Housing Benefit for eligible tenants. It should be noted that had rents been increased by 3% in line with previous Government Policy and in line with assumptions in the Council's HRA Financial Plan - based on the average rent for 2015/16 tenants would have received an average rent increase of £2.23 per week in 2016/17.
- 9.8 The rollout of Universal Credit in Leeds commences in 2016 and once fully implemented it will require the Council to collect rent directly from around 24,000 tenants who are in receipt of full or partial Housing Benefit. This will have implications for the level of rental income receivable.

- 9.9 A reduction in the qualifying period after which tenants are able to submit an application to purchase a council house through the Government's Right to Buy legislation continues to sustain an increase in the number of sales and the subsequent reduction in the amount of rent receivable.
- 9.10 Since all housing priorities are funded through the HRA any variations in the rental income stream will impact upon the level of resources that are available for the delivery of housing priorities.
- 9.11 Resources will be directed towards key priority areas which include fulfilling the plan to improve the homes people live in, expanding and improving older person's housing and improving estates to ensure that they are safe and clean places to live.
- 9.12 The Council remains committed to delivering the investment strategy agreed by Executive Board in March 2015 and to replacing homes lost through Right to Buy by the planned £99.4m investment in new homes and the buying up of empty homes.

## **10. Capital Programme**

- 10.1 Over the period 2015/16 to 2018/19 the existing capital programme includes investment plans which total £1.1bn. The programme is funded by external sources in the form of grants and contributions and also by the Council through borrowing and reserves. Where borrowing is used to fund the programme, the revenue costs of the borrowing will be included within the revenue budget. Our asset portfolio is valued in the Council's published accounts at £3.96bn, and the Council's net debt, including PFI liabilities stands at £1.98bn.
- 10.2 The financial strategy assumes a £1.3m reduction in the cost of debt and capital financing. This assumes that all borrowing is taken short term at 0.5% interest for the remainder of 2015/16 and 0.75% for 2016/17.
- 10.3 The strategy allows for capital investment in key annual programmes, major schemes that contribute to the Councils best plan objectives and schemes that generate income or reduce costs. Capital investment will continue to be subject to robust business cases being reviewed and approved prior to schemes approval. Whilst the capital programme remains affordable, its continued affordability will be monitored as part of the treasury management and financial health reporting.
- 10.4 A separate Capital Programme update report will be presented to the Executive Board in February 2016.

## **11. Corporate Considerations**

### **11.1 Consultation and Engagement**

- 11.1.1 As explained at section 5 above the Initial Budget Proposals have been informed through the wealth of consultation evidence gathered in recent years on residents' budget priorities. Since 2012 there has been only minor changes

to those priorities and, in addition, residents and service users have had significant involvement in on-going service-led change projects. Subject to the approval of the board, this report will be submitted to Scrutiny for their consideration and review, with the outcome of their deliberations to be reported to the planned meeting of this Board on the 10<sup>th</sup> February 2016.

- 11.1.2 Consultation is an ongoing process and residents are consulted on many issues during the year. It is also proposed that this report is used for wider consultation with the public through the Leeds internet and with other stakeholders. Consultation is on-going with representatives from the Third Sector, and plans are in place to consult with the Business sector prior to finalisation of the budget.

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

- 11.2.1 The council continues to have a clear approach to embedding equality in all aspects of its work and recognises the lead role we have in the city to promote equality and diversity. This includes putting equality into practice taking into account legislative requirements, the changing landscape in which we work and the current and future financial challenges that the city faces.

- 11.2.2 As an example of the commitment to equality, scrutiny will again play a strong role in challenging and ensuring equality is considered appropriately within the decision making processes.

- 11.2.3 The proposals within this report have been screened for relevance to equality, diversity, cohesion and integration and a full strategic analysis and assessment will be undertaken on the Revenue Budget and Council Tax 2016/17 which will be considered by Executive Board in February 2016. Specific equality impact assessments will also be undertaken on the implementation of all budget decisions as they are considered during the decision-making processes in 2016/17.

## **11.3 Council Policies and Best Council Plan**

- 11.3.1 Work is underway to develop the 2016/17 Best Council Plan in line with the renewed 'Best City' ambition and draft outcomes agreed by the Executive Board in September and as detailed in the separate report on today's agenda, 'Emerging 2016/17 Best Council Plan priorities, tackling poverty and deprivation'. This ambition and draft set of outcomes underpin the Initial Budget Proposals and have been used to ensure that the Council's financial resources are directed towards its policies and priorities and, conversely, that these policies and priorities themselves are affordable.

## **11.4 Resources and Value for Money**

- 11.4.1 This is a revenue budget financial report and as such all financial implications are detailed in the main body of the report.

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

- 11.5.1 This report has been produced in compliance with the Council's Budget and Policy Framework. In accordance with this framework, the initial budget proposals, once approved by the board will be submitted to Scrutiny for their review and consideration. The outcome of their review will be reported to the February 2016 meeting of this Board at which proposals for the 2016/17 budget will be considered prior to submission to full Council on the 24<sup>th</sup> February 2016.
- 11.5.2 The initial budget proposals will, if implemented, have significant implications for Council policy and governance and these are explained within the report. The budget is a key element of the Council's Budget and Policy framework, but many of the proposals will also be subject to separate consultation and decision making processes, which will operate within their own defined timetables and managed by individual directorates.
- 11.5.3 In accordance with the Council's Budget and Policy Framework, decisions as to the Council's budget are reserved to Council. As such, the recommendation at 13.1 is not subject to call in, as the budget is a matter that will ultimately be determined by Council, and this report is in compliance with the Council's constitution as to the publication of initial budget proposals two months prior to adoption.

## **11.6 Risk Management**

- 11.6.1 The Council's current and future financial position is subject to a number of risk management processes. Failure to address medium-term financial pressures in a sustainable way is identified as one of the Council's corporate risks, as is the Council's financial position going into significant deficit in the current year resulting in reserves (actual or projected) being less than the minimum specified by the Council's risk-based reserves policy. Both these risks are subject to regular review. In addition, financial management and monitoring continues to be undertaken on a risk-based approach where financial management resources are prioritised to support those areas of the budget that are judged to be at risk, for example the implementation of budget action plans, those budgets which are subject to fluctuating demand, key income budgets, etc. This risk-based approach has been reinforced with specific project management based support and reporting around the achievement of the key budget actions plans.
- 11.6.2 It is recognised that the proposed strategy carries a number of significant risks. Delivery of the annual budget savings and efficiencies proposed will be difficult, but failure to do so will inevitably require the Council to start to consider even more difficult decisions which will have far greater impact upon the provision of front line services to the people of Leeds.
- 11.6.3 A full risk assessment will be undertaken of the Council's financial plans as part of the normal budget process, but it is clear that there are a number of risks that could impact upon these plans put forward in this report; some of the more significant ones are set out below.

- The reductions in government grants are greater than anticipated. Specific grant figures for the Council for 2016/17 will not be known until later in the budget planning period.
- Demographic and demand pressures, particularly in Adult Social care and Children's services could be greater than anticipated.
- The implementation of the transformation agenda and delivery of the consequential savings could be delayed or the savings less than those assumed in the budget.
- Delivery of savings proposals could be delayed and reductions in staffing numbers could be less than anticipated.
- Inflation and pay awards could be greater than anticipated
- Other sources of income and funding could continue to decline
- The increase in the Council Tax base could be less than anticipated.
- The position on Business Rates Retention, and specifically the impact of back-dated appeals, could deteriorate further.
- Changes in the level of debt and interest rates could impact upon capital financing charges
- The estimated asset sales and capital receipts could be delayed which would impact on the assumed reduction in the minimum revenue budget and which would also require the Council to borrow more to fund investment
- Failure to understand and respond to the equality impact assessment.

11.6.4 A full analysis of all budget risks in accordance will continue to be maintained and will be subject to monthly review as part of the in-year monitoring and management of the budget. Any significant and new risks and budget variations are contained in the in-year financial health reports submitted to the Executive Board.

## **12. Conclusions**

12.1 This report has shown that the current financial position continues to be very challenging. The Council is committed to providing the best service possible for the citizens of Leeds and to achieving the ambition for the city of being the best in the UK with a firm focus on tackling inequalities. In order to achieve both the strategic aims and financial constraints, the Council will need to work differently, helping people to look after themselves, others and the places they live and work by considering the respective responsibilities of the 'state' and the 'citizen' (the social contract). This approach underpins the medium-term financial strategy and the emerging 2016/17 Best Council Plan.

12.2 Based on the information available through the November 2015 Spending Review there will be a further reduction in the Settlement Funding Assessment for 2016/17 of £24.1m which means that core funding from government (SFA and other grants) will have reduced by around £204m by March 2017. The initial budget proposals for 2016/17 set out in this report, subject to the finalisation of the detailed proposals in February 2016, will, if delivered, generate savings and additional income of £87.2m to produce a balanced budget.

12.3 Clearly savings of this magnitude will require many difficult decisions to be taken and these will not be without risk. The level of reductions required for 2016/17 will impact on front line services which the Council has worked, and continues to work, extremely hard to protect. In this context, it is important that risks are fully understood and the final budget is robust.

**13. Recommendations**

13.1 Executive Board is asked to agree the Initial Budget Proposals and for them to be submitted to Scrutiny and also for the proposals to be used as a basis for wider consultation with stakeholders.

**14. Background documents<sup>2</sup>**

None

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<sup>2</sup> The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.

# APPENDIX 1

<b>2016/17 Budget Strategy</b>										
	Adult Social Care £m	Children's Services £m	City Development £m	Environment & Housing £m	Strategy & Resources £m	Citizen's & Communities £m	Civic Enterprise Leeds £m	Public Health £m	Strategic Budget £m	Total £m
<b>Net Managed Budget 2015/16 (adjusted)</b>	<b>192.3</b>	<b>122.8</b>	<b>48.0</b>	<b>59.8</b>	<b>37.2</b>	<b>24.8</b>	<b>17.8</b>	<b>0.2</b>	<b>20.8</b>	<b>523.8</b>
Inflation	2.9	1.9	1.7	0.7	0.7	0.5	(0.1)	0.1		8.4
National Insurance Changes	1.1	1.7	1.0	1.1	0.9	0.5	0.8	0.1		7.3
National Living Wage	5.2									5.2
Campaign for a Real Living Wage	0.1	0.1	0.2	0.4	0.0	0.1	2.5			3.3
Demography	5.8	0.7							(1.3)	6.5
Debt & Capital Financing						0.4		3.9		0.4
Council Tax base & Support										3.9
Public Health grant reduction										0.6
Tour de Yorkshire & World Triathlon			0.6							0.3
Income Generation & Inward Investment									0.3	0.3
West Yorkshire Transport Fund									0.2	0.2
Elections - reinstate budget						0.2				0.2
Business Rates - Retail rate relief - fall out of s31 grant	(0.6)	(0.6)	(0.3)	(0.3)	(0.2)	(0.1)	(0.2)		2.1	2.1
Fall-out of Capitalised Pension costs	14.5	3.8	3.2	1.9	1.4	1.4	3.0	4.1	1.3	34.7
Sub-total - Strategy Increases - row to hide	6.0	6.0	0.7	2.3	0.0	0.0	0.0	1.4	(0.5)	15.8
Other Pressures										
<b>Total - Cost Changes</b>	<b>20.5</b>	<b>9.8</b>	<b>3.8</b>	<b>4.2</b>	<b>1.4</b>	<b>1.4</b>	<b>3.0</b>	<b>5.5</b>	<b>0.8</b>	<b>50.5</b>
Budget Savings Options;										
Waste Strategy				(4.0)						(4.0)
New Homes Bonus				(0.03)	(0.5)				(0.6)	(0.6)
Asset Management	(0.3)	(0.1)	(0.1)						(21.0)	(1.1)
Review of Minimum Revenue Provision									(2.3)	(2.3)
Reserves/Other Income										
Appendix 2:-										
Changes to Service	(6.0)	(1.6)	(1.7)			(0.3)		(5.3)		(14.9)
Efficiencies	(1.3)	(2.8)	(2.0)	(3.6)	(2.9)	(0.5)	(0.9)			(14.0)
Income - Fees & Charges	(1.0)	(0.7)	(0.7)	(1.1)	(0.2)	(0.6)	(0.4)			(2.8)
Income - Traded Services, Partner & Other Income	(5.7)	(5.3)	(0.2)	(0.1)	(0.2)	(0.6)	(0.4)			(12.5)
<b>Total - Appendix 2</b>	<b>(14.0)</b>	<b>(9.7)</b>	<b>(4.6)</b>	<b>(4.8)</b>	<b>(3.1)</b>	<b>(1.5)</b>	<b>(1.2)</b>	<b>(5.3)</b>	<b>0.0</b>	<b>(44.1)</b>
<b>Total - Budget Savings</b>	<b>(14.3)</b>	<b>(9.8)</b>	<b>(4.7)</b>	<b>(8.8)</b>	<b>(3.6)</b>	<b>(1.5)</b>	<b>(1.2)</b>	<b>(5.3)</b>	<b>(23.9)</b>	<b>(73.1)</b>
<b>Target 2016/17 Net Revenue Budget</b>	<b>198.4</b>	<b>122.8</b>	<b>47.1</b>	<b>55.2</b>	<b>35.1</b>	<b>24.8</b>	<b>19.6</b>	<b>0.4</b>	<b>(2.3)</b>	<b>501.2</b>
<b>Increase/(decrease) from 2015/16</b>	<b>6.2</b>	<b>0.0</b>	<b>(0.9)</b>	<b>(4.6)</b>	<b>(2.2)</b>	<b>(0.0)</b>	<b>1.8</b>	<b>0.2</b>	<b>(23.1)</b>	<b>(22.6)</b>



## Appendix 2

### Adult Social Care - Savings Options 2016/17

Savings Proposal	Customer Impact	Ease of Deliverability	Comments	Saving		Is this relevant to Equality & Diversity?
				2016/17	2017/18	
	H/M/L	R/A/G		£m	£m	
<b>A) Efficiencies</b>						
Assessment & Care Management - Efficiency & Effectiveness	L	A	End to end review including revisiting skills mix, staff turnover rates and activities undertaken. Minimal customer impact	(0.5)	(1.5)	N
Vacancy Management	L	G	Holding vacant posts - almost all relates to back-office functions	(0.8)		N
<b>Sub-Total Efficiency</b>				<b>(1.3)</b>	<b>(1.5)</b>	
<b>B) Changes to Service</b>						
Adults - Assessment & Care Management - Practice	M	A	This will focus on new clients. Review of approval mechanisms, team performance, commissioning decisions, access to residential care and approach to Continuing Health Care, increased use of telecare and reablement. To include looking at community and universal alternatives and developing and supporting community action. Main impact likely to be on costs/processes, but there will be some impact on service provision, with more customers signposted to community based services and a reduction in the average spend per customer.	(1.0)	(3.0)	Y
Physical Impairment Services	M	A	This will focus on existing customers. Review high cost care packages and review customers against Care Act eligibility, meeting eligible needs in a cost-effective way. Promotion of 'Ordinary Lives', expand the personalised offer through Shared Lives and review the resource allocations system for personal budgets. 2017/18 may involve a review of day service provision. The impact likely to be mainly for older people with physical impairments. Any customers not meeting Care Act eligibility will be signposted to alternative services in the community and reduced average spend per care package.	(0.5)	(0.5)	Y
Mental Health Services	M	A	This will focus on existing customers. Review high cost care packages and review customers against Care Act eligibility, meeting eligible needs in a cost-effective way. Promotion of 'Ordinary Lives' and review of the resource allocation system for personal budgets'. 2017/18 may involve a review of day service provision. Impact will include reduced average spend per care package. Any customers not meeting Care Act eligibility will be signposted to alternative services in the community.	(1.0)	(1.0)	Y

Learning Disability Services	H	A	This will focus on existing customers. Service will manage with standstill budget rather than the £3m growth in previous years. Review high cost care packages and review supported living and home care services. Review customers against Care Act eligibility, meeting eligible needs in a cost-effective way. Promotion of 'Ordinary Lives' and review of the resource allocation system for personal budgets'. Review the transitions pathway and work closely with Children's Services to manage expectations and deliver cost-effective services for those aged 18+. Impact will include reduced average spend per care package. Any customers not meeting Care Act eligibility will be signposted to alternative services in the community. May need to review the service offer, including Aspire services.	(3.0)	(3.0)	Y
Closure of residential homes and day centres for older people	M	A	Includes the full-year effect of the closure of Primrose Hill home in 2015/16. Requires Executive Board approval for further residential and day care closures scheduled for Summer 2016 to deliver the 2017/18 closures and part of the 2016/17 savings.	(0.5)	(1.8)	Y
Older People's Services	M	A	Further phase of Better Lives programme in Provider Services. Closure of all remaining directly provided homes except those used for short stays/ intermediate care. Will require consultation and Executive Board approval.		(1.1)	Y
<b>Sub-Total Service Changes</b>				<b>(6.0)</b>	<b>(10.4)</b>	
<b>C) Additional Income - Fees and Charges</b>						
Charging review for Non-Residential Services	H	A	Consultation on proposals underway closing December 2015, with Executive Board approval required in early 2016. Around one third of customers likely to pay more (2,600 people) but financial assessment ensures affordability.	(1.0)	(2.0)	Y
<b>Sub-Total Additional Income (Fees &amp; Charges)</b>				<b>(1.0)</b>	<b>(2.0)</b>	
<b>D) Additional Income - Traded Services, Partner and Other Income</b>						
Better Care Fund	L	A	Requires agreement with health to convert capital funding provided by LCC for the BCF to be released back as revenue funding	(1.8)		N
Further health funding/use of the Health & Social Care earmarked reserve	L	R	Exploring whether further health funding can be secured and/or exploring the potential use of the Health & Social Care earmarked reserve. These will require further discussion/agreement with CCGs.	(3.9)		N
<b>Sub-Total Additional Income (Traded Services, Partner and Other Income)</b>				<b>(5.7)</b>	<b>0.0</b>	<b>0.0</b>
<b>Total Savings Options - Adult Social Care</b>				<b>(14.0)</b>	<b>(13.9)</b>	

## Children's Services - Savings Options 2016/17

Savings Proposal	Customer Impact	Ease of Deliverability	Comments	Saving		Is this relevant to Equality & Diversity?
				2016/17	2017/18 fye	
	H/M/L	R/A/G		£m	£m	
<b>A) Efficiencies</b>						
Children in Care	L	R	The 2016/17 budget proposal is a real-terms stand-still for the budgets that support children in care. This proposal recognises the 2015/16 budget pressure on placements for Children looked After (CLA) of approximately £4m (as at November 2015). The challenge is to continue to safely and appropriately reduce the need for statutory intervention against a back-drop of increasing demographic/demand for services arising from inward migration to the city, increasing birth rates and greater awareness around child protection.	0.0	0.0	N
Children's Homes (Mainstream & Disability)	L	A	Further efficiencies in running costs (primarily staffing/Agency/Overtime) as a result of reconfiguration of Children's Homes and the closure of Bodmin & Pinfolde children's homes earlier in the financial year.	(0.4)	0.0	N
Youth Offending Service	M	A	Restructure Youth Offending Service (YOS) to deal with £0.3M reduction in government grant and contribute £0.1M to savings required in 16/17. 3 posts currently identified for Early Leavers Initiative and several posts being held vacant. Savings will also be required from services rendered by other organisations working for the YOS.	(0.4)	0.0	Y
Special Educational Needs & Disability (SEND) Reform	M	A	Reduce staffing spend to mitigate against a £0.4m fall-out of SEND Reform Grant. Reduction equivalent to approximately 5 FTE's.	(0.3)	0.0	Y
Family Placement	L	A	Transfer Family Placement Team to the Complex Needs service to reduce management costs	(0.1)	0.0	Y
Multi Systemic Therapy and Families First Programme	L	G	Reduction in supervision / management through cross team working	(0.1)	(0.0)	N
Children's Centres	L	A	Reduce the net cost of Learning for Life managed Children's Centres childcare by reducing supernumerary management posts e.g. assistant managers or Children's Centre managers, ensuring correct number of term time only and all year round staff, and catering cost savings.	(0.5)	(0.5)	N
Family Support Services - Recharge to the Housing Revenue Account	L	A	Optimise Housing Revenue Account (HRA) funding for services to Families to reflect the work that our Multi-systemic Therapy (MST) Teams do with families within Council Tenancies	(0.3)	0.0	N
Targeted Services Leaders	M	A	Reduction in Targeted Services Leaders posts and associated costs. Linked to cluster/locality working and re-focusing of resources in high need clusters	(0.2)	(0.2)	Y
Partnership Development & Business Support	L	A	Further rationalisation of staffing across IMT, Workforce Development, Voice & Influence & Commissioning	(0.5)	0.0	Y
Supplies and Services			Cash-limit budgets and limit spend to essential items	(0.2)	0.0	N
<b>Sub-Total Efficiency</b>				<b>(2.8)</b>	<b>(0.7)</b>	

**B) Changes to Service**

Services for Young People	H	R	Proposal to fundamentally change the way in which Children's Services respond to the needs of young people including further savings on the 'Youth Offer', Youth inclusion Project (YIP) and services to young people at risk of becoming NEET (not in education, employment or training)	(1.2)	0.00	
Externally Commissioned Family Intervention Service	L	A	Cessation of Domestic Violence contract (wef 1/10/2015) - £250k saving. Propose to reduce the Family Intervention Service contract in South Leeds by approximately 10% (£70k saving) and reduce the budget for the in house service by £80k by not recruiting to vacancies.	(0.4)	0.0	Y
Transport	H	R	Range of options for Post 16 Transport which would deliver savings of between £0.25m and £1m by 2017/18. Decision around consultation will be needed	0.0	(1.0)	Y
<b>Sub-Total Service Changes</b>				<b>(1.6)</b>	<b>(1.0)</b>	

**C) Additional Income - Traded Services, Partner and Other Income**

Income -Health Clinical Commissioning Groups	L	R	£1.6m of funding from Clinical Commissioning Groups (CCG's) agreed for 2015/16 - further work to be done to agree funding in 16/17 and beyond	(1.6)	0.00	N
Income (Schools Forum)	L	R	Schools Forum funding of £3.4m per academic year provisionally agreed subject to delivery of activity/outcomes. £1m of funding for SEMH already assumed within base budget	(2.4)	0.00	N
Income (Improvement Partner)	L	R	Aim to maximise potential income from work commissioned by DfE in relation to other local authorities. Initial work is being undertaken in 2 local authorities with interest shown by 2 other authorities	(0.5)	(0.3)	N
Income (Adel Beck)	L	A	Aim to maximise potential income from Welfare Beds following reduction in block beds purchased by Youth Justice Board. Contribution for Welfare beds daily rate higher than for YJB.	(0.4)	0.0	N
Early Years Improvement	L	A	Reduce the net cost of the non-statutory element of the service either by additional traded income or reducing service provision.	(0.2)	(0.2)	Y
School to Work Transition (14-19) Team	L	G	Trade with schools, academies and colleges	(0.1)	0.0	N
Educational Psychology Service	L	R	Increase traded income target - challenge will be increasing income and meeting statutory duty with rising demography/demand pressures	(0.1)	(0.1)	N
Income (trading with Schools)	L	A	Aim to achieve full cost recovery of primary and secondary school improvement service	0.0	(0.4)	N
<b>Sub-Total Additional Income (Traded Services, Partner and Other Income)</b>				<b>(5.3)</b>	<b>(1.0)</b>	
<b>Total Savings Options - Children's Services</b>				<b>(9.7)</b>	<b>(2.6)</b>	

## City Development - Savings Options 2016/17

Savings Proposal	Customer Impact	Ease of Deliverability	Comments	Saving		Is this relevant to Equality & Diversity?
				2016/17	2017/18 fye	
				£m	£m	
	H/M/L	R/A/G				
<b>A) Efficiencies</b>						
Cash limit on most expenditure with only essential inflation provided for	L	G	Only provide for essential inflation on contracts e.g. PFI and areas of spend facing inflationary pressures.	(0.8)		N
Elland Road Park & Ride Scheme	L	G	Removal of the budgeted subsidy. The park and ride scheme is successfully operating and no longer requires a budgeted subsidy.	(0.1)		N
Highways Insurance	L	G	Saving on the highways insurance charge reflecting the reduction in claims.	(0.3)		N
Building Control	L	G	Reduce net cost to zero subsidy over 2 years - review staff and income	(0.1)	(0.1)	N
Energy Savings	L	G	Additional savings on energy costs in Sport, Highways and Culture reflecting the reduction in prices.	(0.1)	0.0	N
Highways Maintenance budget	L	G	Additional capitalisation of Highways Maintenance Budget	(0.5)		Y
Cultural Services	L	G	Maintain current vacancies in Libraries and other savings that have been achieved this financial year.	(0.1)	0.0	N
<b>Sub-Total Efficiency</b>				<b>(2.0)</b>	<b>(0.1)</b>	
<b>B) Changes to Service</b>						
Arts Grants budget	M	G	Reduction to the Arts Grants budget in 2016/17 previously approved by Executive Board.	(0.1)		Completed
City Development - Staffing	L	A	Staffing savings across Asset Management and Regeneration/Economic Development/Resources and Strategy/Highways and Transportation. Reduced staffing levels and cost across the services to be achieved through staff leaving through the Early Leaver Initiative in March 2016, not filling vacant posts and restructures. Reduction in staffing levels will lead to a reduction in some service levels.	(0.6)		N
Street Lighting - Energy savings	H	R	Potential to increase cost savings if a more extensive switch off is considered. This would entail changing the selection criteria regarding road layout features and the incidence of crime in the locality of the lighting column. Discussions are presently taking place on this matter although additional savings would be more likely in 17/18 due to lead in times for implementation.	0.0	tbd	Y

Reduction to the net cost of Planning Services, Planning Policy, Urban Design and Conservation	L	A	Over half of the savings will be achieved through staffing reductions with a number of staff leaving through ELI at the end of March 2016 together with a planned management restructure. A redesign of the service will be undertaken including a review of current services.	(0.4)		Y
Economic Development	L	A	Reduced expenditure on some aspects of the service. This will include reductions in supplies and service budgets.	(0.1)		Y
Cultural Services.	H	R	To be achieved through a combination of staffing reductions and expenditure savings. Whilst the service is considering some invest to save options if these are not forth coming in 16/17 then the £300k of savings will need to be achieved through service reductions. These include £100k saving from the book fund with reduced spend on talking books and foreign language books although the option to capitalise additional book fund expenditure should reduce the impact of this. The service is also proposing a reduction in the overall budget for events of £170k. Savings will be achieved by consolidating event budgets across Sport and Culture, through reducing the net cost of some events and also by considering ending support for some events.	(0.3)	0.0	Y
Sport	L	G	A review of running costs and the potential for increased income as a result of the anticipated Marketing Partnership.	(0.1)	0.0	Y
Sport Development Unit	M	A	Further savings anticipated from the the changes to the Sport Development Unit which have moved the service to a more community basis.	(0.1)	0.0	Y
<b>Sub-Total Service Changes</b>				<b>(1.7)</b>	<b>0.0</b>	

### C) Additional Income - Fees and Charges

City Development - Fees & Charges	L	A	Consider opportunities to increase some prices above the assumptions in the budget strategy or proposals to increase income volumes across services e.g. Highways licences and permits, surveyor fees and other professional services.	(0.7)	0.0	Y
<b>Sub-Total Additional Income (Fees &amp; Charges)</b>				<b>(0.7)</b>	<b>0.0</b>	

### D) Additional Income - Traded Services, Partner and Other Income

Kirkgate Market	L	A	Once the re-development of Kirkgate Market is complete there will be an increase in income as more units are available to be let. This will be subject to a revision of the business plan and the success in letting the stalls.	0.0	(0.1)	N
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Culture	L	A	Opportunities to increase income from trading across Cultural Services. Includes increased income in venues and heritage services from bookings and shows.	(0.1)	0.0	N
Highways & Transportation Service - Alternative Delivery Model	L	A	Potential to increase the trading of services including to the West Yorkshire combined services and other potential trading opportunities with other authorities in the Leeds City Region. There is a potential for this to increase but there will be a need for additional staff in order to generate the additional net income. Discussions currently being held could deliver the £100k with potential for this to be increased.	(0.1)	tbd	N
<b>Sub-Total Additional Income (Traded Services, Partner and Other Income)</b>				<b>(0.2)</b>	<b>(0.1)</b>	
<b>Total Savings Options - City Development</b>				<b>(4.6)</b>	<b>(0.2)</b>	

## Environment & Housing - Savings Options 2016/17

Savings Proposal	Customer Impact	Ease of Deliverability	Comments	Saving		Is this relevant to Equality & Diversity?
	H/M/L	R/A/G		2016/17 £m	2017/18 fye £m	
<b>A) Efficiencies</b>						
Leeds Building Services	M	A	Realisation of reductions in running cost expenditure	(0.19)		N
Energy Costs - Directorate wide	L	G	Reduction in energy (gas, electricity & water) costs	(0.10)		
Waste Management / Env Action / Parks - Fuel savings	L	G	Assumption that the reduction in fuel prices continues into 2016/17	(0.49)		N
Waste Management - Refuse Collection	L	G	Refuse Collection Staffing - Savings delivered through a combination of the removal of support for Alternate Week Collection 4, a review of staffing across routes including back up and the full year effect of the 2015/16 restructure.	(0.24)		N
Waste Management - Recycling	M	A	Target a 2% improvement in recycling from greater participation in existing recycling services. This will require a step change in some residents habits with emphasis upon the "Social contract." In addition a review of total waste volumes, the mix of waste and the price of recycled materials will realise savings.	(0.56)		Y
Waste Management - PFI advisor savings	L	G	Reduce PFI advisor budget following the opening of the RERF plant	(0.05)		N
Waste Management - Refuse Collection	L	G	Reduce annual capital spend on replacement bins and no further roll out of kerbside collection of garden waste will realise savings in capital financing costs.	(0.06)	(0.01)	N
Waste Management - Procurement saving - Closed Landfill contract	L	G	Minor levels of income generated at Gamblethopre Closed landfill site from electricity generation	(0.02)		N
Staffing (Directorate wide) - including vacancy management	M	G	Realisation of staff savings through the management of vacant posts across the Directorate.	(0.85)		Y
Waste Management - Review Household Waste Sort Site provision	M	A	Implement the review of provision of HWSS across the city.	(0.13)		Y
Environment & Housing - line by line budget review	L	G	Review of Directorate line by line expenditure budgets to target reductions in non essential spend.	(0.61)		N
Housing Related Support - contract savings	M	G	Full Year Effect of 2015/16 contract negotiations and targeting further cost reductions in contracts	(0.32)		N
<b>Sub-Total Efficiency</b>				<b>(3.60)</b>	<b>(0.01)</b>	
<b>B) Changes to Service</b>						
<b>Sub-Total Service Changes</b>				<b>0.00</b>	<b>0.00</b>	



### C) Additional Income - Fees and Charges

Bereavement Services - price increases	M	A	Implement a 1% price rise above inflation for cremation in 2016/17.	(0.04)		Y
Lotherton Hall	M	A	Implement an above inflation rise for entry in 2016/17	(0.01)		Y
Car Parking	M	G	Additional income realised through both an increase of price tariffs for On and Off street parking. It is also assumed that activity levels that have resulted in additional parking income in 2015/16 continues.	(0.53)		Y
Environmental Action Service	L	G	Reduced 33% discount on early payment of fines - down to 20% this only relates to Environmental FPN and not car parking (covered by specific legislation) Discounted value £60	(0.03)		Y
Environmental Action - Pest Control	L	G	Review charges and give consideration to introducing charges for services that currently aren't charged for e.g charging for dealing with rats in domestic properties.	(0.04)		N
Parks & Countryside - Tropical World/ Café / Retail	L	G	Assumed continuation of the increased income trend from 2015/16	(0.40)	(0.09)	Y
<b>Sub-Total Additional Income (Fees &amp; Charges)</b>				<b>(1.05)</b>	<b>(0.09)</b>	

### D) Additional Income - Traded Services, Partner and Other Income

Community Safety - CCTV	L	G	Generation of additional income through providing the CCTV to other public bodies such as Local Authorities and Passenger Transport Authorities.	(0.10)		Y
<b>Sub-Total Additional Income (Traded Services, Partner and Other Income)</b>				<b>(0.10)</b>	<b>0.00</b>	
<b>Total Savings Options - Environment &amp; Housing</b>				<b>(4.8)</b>	<b>(0.1)</b>	

## Strategy & Resources - Savings Options 2016/17

Savings Proposal	Customer Impact	Ease of Deliverability	Comments	Saving		Is this relevant to Equality & Diversity?
				2016/17	2017/18 fye	
A) Efficiencies				£m	£m	
	H/M/L	R/A/G				
Financial Services	M	A	Further changes to the way financial services are provided focussing on key budgets, possible self service for low risk budgets, more centralised service/ hub approach where appropriate and a reduction in the Internal Audit service	(0.6)	(0.6)	Y
Human Resources	M	A	Further review of various elements of the service including a move to more on-line and telephone guidance service, a reduction in HR input into lower profile casework and restrictions on some face to face occupational health appointments. Savings to be realised through early leavers, and although the service do want to make some appointments, a normal level of staff turnover would mean that a saving of £200k is achievable	(0.3)	(0.2)	Y
ICT Further Print Smart savings	L	G	New contract now in place and printer estate has reduced and is expected to reduce further	(0.1)	(0.1)	N
ICT Telephony: procurement savings from switching from BT to Virgin	L	G	Transition to Virgin under PSN, contract now in place	(0.2)		N
ICT Telephony modernisation	L	A	Wide review of telephony within the council, including assessing options to make more use of VOIP, Skype and reduced use of landlines. 18 month project. Some of the potential options would mean change to the way we work, eg phones connected to laptops.	(0.1)	(0.1)	N
ICT Essential Services Programme	M	G	Reduce capital spend by £500k from £4.1m to £3.6m. Impact on revenue (corporate account) is -£110k per annum	(0.1)		
Projects Programmes & Procurement Unit	L	G	Challenge the need to support all projects - cease or downscale lower priority projects			Y
Projects Programmes & Procurement Unit	L	A	Identify efficiencies the service could deliver, eg a less resource intensive service (identifying associated risks), possibilities to reduce internal support costs	(0.5)	(0.5)	Y
Projects Programmes & Procurement Unit	L	A	Further opportunities for external income			N
Corporate Communications and Intelligence	L	G	Savings will be delivered in this area by continuing to reduce and refocus the Communications and Intelligence capacity. It will rely on requirements for these services being clearer and better prioritised by using insight from evaluation activity. Non staffing budgets will be reviewed again for further savings	(0.3)	(0.3)	Y

Democratic Services	L	R	Reconfiguration of Scrutiny and Governance support to deliver staffing savings plus other savings in running costs across the whole service	(0.1)		Y
Better Business Management	L	A	Business Admin - further savings following transfer of core staff and budget into the Business Support Centre. In addition, implementation of manager/employee self-service	(0.4)	(0.4)	Y
Further savings			Additional savings of £250k still to be identified	(0.3)		
<b>Sub-Total Efficiency</b>				<b>(2.9)</b>	<b>(2.2)</b>	

**B) Additional Income - Traded Services, Partner and Other Income**

Yorkshire Purchasing Organisation - Corporate Rebate	L	G	Actual rebate (based on Council wide spend) has been consistently higher than budget in recent years	(0.1)		N
ICT	L	G	Provide full managed service for West Yorkshire Joint Services, estimated 200 devices - 5 year contract at fixed price per device	(0.2)		N
<b>Sub-Total Additional Income (Traded Services, Partner and Other Income)</b>				<b>(0.2)</b>	<b>0.0</b>	
<b>Total Savings Options - Strategy &amp; Resources</b>				<b>(3.1)</b>	<b>(2.2)</b>	

## Citizens & Communities - Savings Options 2016/17

Savings Proposal	Customer Impact	Ease of Deliverability	Comments	Saving		Is this relevant to Equality & Diversity?
				2016/17	2017/18 fye	
	H/M/L	R/A/G		£m	£m	
<b>A) Efficiencies</b>						
Community Hubs	M	A	Further efficiencies from bringing services together into the Community Hubs	(0.1)	(0.1)	Y
Review of Communities pay and running costs	L	A		(0.2)		Y
Transactional web	L	A	Savings per business case approved by Executive Board	(0.2)	(0.2)	Y
Registrars Service	L	A	Review of costs and income	(0.1)	(0.1)	Y
<b>Sub-Total Efficiency</b>				<b>(0.5)</b>	<b>(0.4)</b>	
<b>B) Changes to Service</b>						
Third sector infrastructure grant	H	R	10% potential reduction	(0.1)		Y
Reduction in Well Being and Youth Activities	H	A	10% potential reduction	(0.2)		Y
Innovation Fund	M	A	Reduce by £50k in 2016/17, a further £50k in 2017/18 and cease in 2018/19	(0.1)	(0.1)	Y
<b>Sub-Total Service Changes</b>				<b>(0.3)</b>	<b>(0.1)</b>	
<b>C) Additional Income - Traded Services, Partner and Other Income</b>						
Housing Benefit Overpayments	L	G	Increase resource on identification of Housing Benefit overpayments - will cease in 2017/18 as Universal Credit is implemented	(0.4)		Y
Council Tax - Single Person Discount	L	A	Extend review - saving of £200k net of £80k fee to Capita. Additional income added to the Council Tax base in 2016/17			Y
Advice Consortium and Welfare Rights	L	A	Proposed HRA contribution to support Council housing tenants relating to under occupancy and rent arrears	(0.2)		N
Local Welfare Support Scheme	L	A	Proposed HRA contribution re Council housing tenants in financial difficulty paying their rent or through the impact of under occupancy changes	(0.1)		N
<b>Sub-Total Additional Income (Traded Services, Partner and Other Income)</b>				<b>(0.6)</b>	<b>0.0</b>	
<b>Total Savings Options - Citizens &amp; Communities</b>				<b>(1.5)</b>	<b>(0.4)</b>	

## Civic Enterprise Leeds - Savings Options 2016/17

Savings Proposal	Customer Impact	Ease of Deliverability	Comments	Saving		Is this relevant to Equality & Diversity?
				2016/17	2017/18 fye	
	H/M/L	R/A/G		£m	£m	
<b>A) Efficiencies</b>						
Maintenance of Council Buildings	M	A	Marginal reduction in spend on responsive maintenance of Council buildings. Current budget £4.9m	(0.6)	(0.2)	Y
Catering - savings on agency staff budget	L	A		(0.1)		
Vehicle Fleet	L	G	Extend vehicle lives - light commercials only	(0.2)	(0.2)	Y
Energy	L	A	Impact of energy efficiency measures	(0.1)	(0.1)	Y
<b>Sub-Total Efficiency</b>				<b>(0.9)</b>	<b>(0.5)</b>	
<b>B) Additional Income - Traded Services, Partner and Other Income</b>						
Civic Enterprise Trading	M	A	Recover the additional costs from the Living wage via income in respect of schools and HRA	(0.2)	(0.2)	Y
Civic Enterprise - Additional income	L	A	Develop further opportunities for additional external income	(0.2)	(0.1)	Y
<b>Sub-Total Additional Income (Traded Services, Partner and Other Income)</b>				<b>(0.4)</b>	<b>(0.3)</b>	
<b>Total Savings Options - Civic Enterprise Leeds</b>				<b>(1.2)</b>	<b>(0.7)</b>	

## Public Health - Savings Options 2016/17

Savings Proposal	Customer	Ease of	Comments	Saving		Is this relevant to Equality & Diversity?
	Impact	Deliverability		2016/17	2017/18 fye	
	H/M/L	R/A/G		£m	£m	
<b>A) Changes to Service</b>						
General Fund - Review of commissioning contracts	H	A	Drug Intervention Programme & Integrated Offender Management cessation of service if PCC funding falls out.	(0.6)		Y
Public Health - Review of commissioning contracts	H	G	Continuation of savings agreed in 2015/16	(0.5)		Y
Public Health - reduction in remaining eligible contracts	H	A	Reduction in most other commissioned services, including services carried out by other directorates	(2.5)		Y
Staffing budgets, overheads and general running costs	L	A	Reduction in general running costs and staffing pay budget.	(0.4)		Y
Savings still to be identified	H	R	Follows letter from Chief Executive of PH England 30/11/15 clarifying that the in-year grant reductions in 2015/16 will recur and are in addition to the reductions in 2016/17.	(1.3)		Y
<b>Sub-Total Service Changes</b>				<b>(5.3)</b>	<b>0.0</b>	<b>0.0</b>
<b>Total Savings Options - Public Health</b>				<b>(5.3)</b>	<b>0.0</b>	<b>0.0</b>

## Equality, Diversity, Cohesion and Integration Screening

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

A **screening** process can help judge relevance and provides a record of both the **process** and **decision**. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions. Completed at the earliest opportunity it will help to determine:

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

<b>Directorate: Strategy and Resources</b>	<b>Service area: Corporate Financial Management</b>
<b>Lead person: Doug Meeson</b>	<b>Contact number: 74250</b>

### 1. Title: Initial Budget Proposals 2016/17

Is this a:

**Strategy / Policy**
                 
  **Service / Function**
                 
  **Other**

**If other, please specify**

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

The Council is required to publish its initial budget proposals two months prior to approval of the budget by full council in February 2016. The Initial Budget Proposals report for 2016/17 sets out the Executive's plans to deliver a balanced budget within the overall funding envelope. It should be noted that the budget represents a financial plan for the forthcoming year and individual decisions to implement these plans will be subject to equality impact assessments where appropriate.

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

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

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

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

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

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

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

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



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

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

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

• **How have you considered equality, diversity, cohesion and integration?**  
(think about the scope of the proposal, who is likely to be affected, equality related information, gaps in information and plans to address, consultation and engagement activities (taken place or planned) with those likely to be affected)

The Initial Budget Proposals identify a funding gap of £87m due to a reduction in Government funding and unavoidable pressures such as inflation and demand/demography. Savings proposals to bridge this gap will affect all citizens of Leeds to some extent. The Council has consulted on its priorities in recent years and has sought to protect the most vulnerable groups. However, the cumulative effect of successive annual government funding reductions, means that protecting vulnerable groups is becoming increasingly difficult. Further consultation regarding the specific proposals contained in this report will be carried out before the final budget for 2016/17 is agreed.

• **Key findings**

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

The budget proposals will impact on all communities but those who have been identified as being at the greatest potential risk include:

- Disabled people
- BME communities
- Older and younger people and
- Low socio-economic groups

The Initial Budget Proposals have identified the need for significant staffing savings in all areas of the Council which may impact on the workforce profile in terms of the at-risk groups. There will be some impact on our partners through commissioning and/or grant support which may have a knock on effect for our most vulnerable groups.

• **Actions**

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

A strategic equality impact assessment of the budget will be undertaken prior to its approval in February 2016.

There will also be further equality impact assessments on all key decisions as they go through the decision making process in 2016/17.

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

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

**6. Governance, ownership and approval**

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

Name	Job title	Date
Doug Meeson	Chief Officer Financial Services	26/11/15
<b>Date screening completed</b>		26/11/15

**7. Publishing**

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

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

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

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

For Executive Board or Full Council – sent to <b>Governance Services</b>	Date sent: 7/12/15
For Delegated Decisions or Significant Operational Decisions – sent to appropriate <b>Directorate</b>	Date sent:
All other decisions – sent to <a href="mailto:equalityteam@leeds.gov.uk">equalityteam@leeds.gov.uk</a>	Date sent:



Report author: Steven Courtney  
Tel: 24 74707

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

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

**Date: 22 December 2015**

**Subject: Third Sector Involvement in the Provision of Health and Social Care services in Leeds**

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

**Summary of main issues**

1. At the beginning of the current municipal year (2015/16) the Scrutiny Board identified Third Sector involvement in the provision of health and social care services across Leeds as an area for more detailed consideration.
  
2. In October 2015, in order to provide the Scrutiny Board with an overview of Third Sector commissioning, Adult Social Services, Public Health, Leeds' Clinical Commissioning Groups and NHS England were asked to provide the following information:
  - a) Current involvement of the 3<sup>rd</sup> sector (in terms of services provided and value/cost)
  - b) Level/ ratio of savings 3<sup>rd</sup> sector orgs required to make over recent years.
  - c) Quality measures/ outcomes – how these are set and managed
  - d) Any examples of joint working in commissioning the 3<sup>rd</sup> sector
  - e) Future plans
  
3. A joint report has now been submitted and is provided at Appendix 1.
  
4. In addition, the main NHS provider Trusts across the City were invited to provide any additional information that might assist the Scrutiny Board's consideration of the

overall involvement of the Third Sector. Details received from Leeds Community Healthcare NHS Trust (LCH) are attached at Appendix 2. Any further details received will be provided to the Board in advance of the meeting.

5. The Executive Member for Health, Wellbeing and Adults, along with other appropriate representatives have been invited to the meeting to discuss the details provided.

### **Recommendations**

6. Members are asked to consider the details presented and determine any future scrutiny activity.

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

7. None

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

**Report of Director of Public Health, Director of Adult Social Services and the Accountable Officers of the three Leeds Clinical Commissioning Groups**

**Report to Health and Wellbeing and Adult Social Care Scrutiny Board**

**Date:** 22<sup>nd</sup> December 2015

**Subject:** Commissioning of the third sector in the health, wellbeing and social care sector

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

**Summary of main issues**

1. The third sector is a vital part of the health, wellbeing and social care economy in Leeds and public health, adult social care, and the North, West and South and East Clinical Commissioning Groups work with the sector in a number of ways including the development of strategic plans for the city, the commissioning and shaping of services and developing innovative approaches and solutions to some of the challenges we face.
2. This paper summarises the intentions of all partners to improve the integrated commissioning of the third sector both jointly and individually commissioned including an outline of future plans.
3. Savings and efficiencies are anticipated that will impact on the sector and we are working together to ensure that any impact is minimised on the third sector. Exact details are not known or yet agreed for 2016 until funding allocations are announced for all partners.
4. The intentions of all partners is to improve the integrated commissioning of the third sector, achieving best value for the Leeds pound and supporting the third sector by more coordinated partnership working.

## **Recommendations**

5. To note the approach that the three clinical commissioning groups, public health and adult social care are taking to working with the third sector and each other.
6. To note the potential implications for the third sector for the reduction of funding for both adult social care and public health.
7. To note information regarding current and future commissioning of the third sector in Leeds by the three clinical commissioning groups, public health and adult social care, including joint commissioning where appropriate.
8. To note the intentions of all partners to continue to improve the integrated commissioning of the third sector.

### **1 Purpose of this report**

- 1.1 The purpose of this report is to provide information to the Health and Wellbeing and Adult Social Care Scrutiny Board regarding commissioning of the third sector across Leeds' health, wellbeing and social care economy. This report gives an overview of commissioning of the third sector by public health (PH) and adult social care (ASC) directorates within Leeds City Council and the North, West and South and East Clinical Commissioning Groups (CCGs).

### **2 Background information**

- 2.1 The Leeds Joint Health & Wellbeing Strategy 2013-15 is the key overarching strategy for the health, wellbeing and social care sector, whose development has been led by the Health and Wellbeing Board (representing all of the statutory commissioners and providers in the city as well as the third sector and citizens). The vision for health and wellbeing is that Leeds will be a healthy and caring city for all ages with a key principle in all of the outcomes in the strategy being: 'people, who are the poorest, will improve their health the fastest'. The strategy is currently being reviewed with a refreshed version to be published in March 2016. This will build on the previous strategy and set the strategic direction for commissioning across the city up to 2020.
- 2.2 The Health and Wellbeing Strategy provides the commissioning framework for the health, wellbeing and social care sector supported by strategies specific to particular areas of focus, for example, the Ageing Well strategy, Best Start Strategy, Mental Health Framework, Dementia Strategy and the Carers Strategy. All of these strategies have had input from the third sector and third sector representatives also sit on the Health and Social Care Transformation Board and the Third Sector Partnership.
- 2.3 These strategies are supported by more specific commission plans. For example, ASC's Market Position Statement for 2015/18 sets out commissioning intentions for care and support services, the direction of travel and policy intent, and a summary of demands and trends. The CCGs also have a five year plan agreed by the Health and Wellbeing Board.
- 2.4 There is also a range of legislation that both the council and the CCGs are subject to which influences and provides the context for our commissioning plans. For

example, the recent introduction of the Care Act (2014) which places a duty on councils to take a lead on facilitating and shaping the care and support market as well as emphasising the need for further integration with health and social care and other related areas such as education and housing.

- 2.5 The Leeds Third Sector Ambition Statement outlines that the success of Leeds and the wellbeing of all of its citizens is dependent on having thriving private, public and third sectors, each independently successful but working effectively in partnership. The city's ambition is to have a sustainable, diverse third sector economy, with organisations from the smallest self-help group through to larger, local and national service providers and the ambition is to use the Leeds pound to invest in a local infrastructure that has a legacy beyond the life of any single funding programme. This report focuses on the services commissioned by health, public health and adult social care from the third sector (which ranges from small groups through to larger national organisations) but it is important to note that we also work with the sector in a number of ways, including engagement and consultation, and building community capacity.

### **3 Main issues**

#### **3.1 How we work with the third sector**

- 3.1.1 All partners work with the third sector in a number of ways including partnership, consultation and engagement, co-production of services and commissioning.

##### ***Partnership working***

- 3.1.2 The third sector is a member of a number of strategic boards and planning groups in the city. At a city wide level there is the Third Sector Partnership – chaired by Councillor Macniven where representatives from the third sector meet with the council, (including PH and ASC) and the CCGs to discuss the shared commitment to maintain and develop a thriving third sector. There are also a number of boards that focuses on specific areas of the health, wellbeing and social care sector, for example, the Mental Health Partnership board, Ageing Well Board, Learning Disability Partnership Board, Autism Partnership Board, Leeds Integrated Dementia Board, Children and Families Trust Board, Best Start Strategy Group, Locality forums (e.g. Gipton and Harehills health partnership).
- 3.1.3 ASC and the three CCGs fund four third sector health and social care forums which represent the sector working in the area of mental health (Volition), learning disabilities (Tenfold), physical and sensory impairments (Physical and Sensory Impairment Network) and older people (Leeds Older People's Forum). The role of the networks is to support the development of a strong and vibrant third sector, delivering support to people with care and support needs, to enable the sector to actively contribute to and influence strategies, policies, and plans that have an impact on the sector and the people that use their services. The forums have a key role in working with commissioners, as outlined above. A new contract for the delivery of forum services post March 2016 is currently in the process of being commissioned, with a new model of a single health and social care forum service for the city, which also retains the focus on the areas outlined above.

- 3.1.4 Partnership working with the third sector has also resulted in bringing in additional investment to the city. For example, PH and ASC worked with Leeds Older People's Forum and a number of third sector organisations that provide support to older people to successfully bid for Big Lottery Funding to tackle social isolation in the city. The Time to Shine project brings £6 million of additional funding into the city. PH also supports the sector with additional training and resources – for example the Winter Friends programme which has included both training for the sector on high impact interventions to avoid excess winter deaths, resources for referrals, and winter well-being packs to give out to vulnerable older people.

### ***Co-production***

- 3.1.5 When we are reviewing any third sector services or contracts we work within an ethos of co-production. For example the present PH review of locality community health development contracts has been built on two years of joint work with the sector to move these contracts towards a more effective outcome for local people, and to support the third sector providers to be in a stronger position for securing contracts in the future.
- 3.1.6 Another example is the criteria for the dementia small grants process (due to be launched in December 2015) was co-produced with the sector. The needs and priorities were established at a BME dementia event, attended by 200 people in November 2014, and developed through the Leeds BME dementia forum (commissioning lead with third sector partners). Priorities include access to diagnosis and support, prevention of dementia, raising awareness and building dementia-friendly communities, and developing an understanding of local needs.
- 3.1.7 The CCGs Third Sector Grants scheme administered by Leeds Community Foundation ensures that two third sector representatives are included in each panel when reviewing applications to the scheme.

In addition we work collaboratively with the third sector to develop new, innovative ways of delivering services. For example:

- The Winter Wellbeing Community Grants Scheme, managed by Leeds Community Foundation on behalf of PH invests in support for vulnerable people during winter.
- The Ideas That Change Lives investment fund, managed by Leeds Community Foundation on behalf of ASC, invests in the development of new socially enterprising services that support people with care and support needs to remain independent for longer.
- The development of the CCG commissioned Social Prescribing programmes have involved the third sector in their development; Leeds North CCG held an event co-ordinated by Leeds Involving People for the third sector to present the initial outline of the programme and feedback used to inform the final specification.



## ***Co-ordinated and Joint Commissioning***

3.1.8 We already jointly commission services from the third sector in a number of areas across the health, wellbeing and social care sector as well as with other directorates such as children's services and examples of this are included in section 3.13. All partners recognise that this can be improved as we work in a more co-ordinated manner since the changes in the 2012 Health and Social Care Act. Together with the Better Care Fund only in its second year and continuing to develop into the potential vehicle in making this possible. To facilitate this we have a number of joint forums and boards which support this, as follows:

- **Better Care Fund** - A considerable health contribution towards commissioning and funding of third sector providers is now held within the Better Care Fund (BCF). The BCF is a partnership fund held between the 3 CCG's and Leeds City Council. The BCF has further formalised joint commissioning relationships between health and social care commissioners that have been growing over recent years. Many of the services were previously jointly commissioned under Section 256 agreements prior to the BCF being established this financial year. The partnership arrangements for managing third sector services are through the Joint Adult Community Commissioning Group with resources held within Fund 3 – Community support and third sector.
- **Joint Adult Community Commissioning Group** - The Joint Adult Community Commissioning Group is the sub-group responsible to the BCF Partnership Board for the management of the community support and third sector non-pooled fund. The Joint Adult Commissioning Group meets regularly to assess progress, receive provider monitoring reports, oversee the budget and address any issues. The Joint Adult Commissioning Group will routinely report performance exceptions and strategic issues to the BCF Partnership Board making recommendations for action as necessary.
- **Partnership boards** - Additional to this group, lead commissioner's co- chair other relevant citywide groups for example, the Hospital to Home Steering group (a service pilot delivered by Age UK and British Red Cross) and the Leeds Carers Strategy Group. This commitment, alongside the BCF investments, has resulted for example in the recent appointment of a joint health and social care commissioner for carer's services. The move towards closer joint commissioning is recognised to offer similar benefits to those described for the BCF as increasingly being recognised by all partners.
- **The Integrated Commissioning Executive**, attended by the three CCG's, PH, children's services and ASC commissioning, the purpose of which is to explore, provide oversight, and to negotiate opportunities for integrated commissioning of health and social care services in Leeds.
- At an operational level, representatives from the CCGs, PH and children's commissioning also attend the **Adult Commissioning Board** which oversees commissioning and procurement activity with the ASC directorate.
- There are also a number of jointly appointed commissioner posts to support this work, for example for Dementia and Carers services. Discussions are also taking place between ASC and Leeds North and Leeds South and East CCG

regarding the appointment of a post specifically looking at integrated commissioning which would include the third sector.

### **3.2 Current involvement of the third sector in delivery of health, public health and social care services**

3.2.1 **Appendix A** provides a summary of the value of the services commissioned from the third sector by service area. A more detailed breakdown is available if required.

#### ***Public health***

3.2.2 The services commissioned by PH are from a range of third sector organisations, both of large value (e.g. over £1million contribution to the Neighbourhood Networks contract) and small (e.g. £20K for CALLS which also raised over £7K in additional funding) in a range of areas but are mainly targeted at achieving outcome one and outcome five of the Joint Health and Well Being Strategy (people will live longer and have healthier lives; people will live in healthy and sustainable communities).

3.2.3 The summary for PH includes directly commissioned contracts and contracts where PH funding is supporting contracts commissioned by other council directorates.

#### ***Adult social care***

3.2.4 ASC commissions more than 200 different third sector organisations, with a good spectrum in terms of local, national, and small and large third sector organisations. The third sector is represented in nearly all areas of care and support service delivery (of which a large proportion is statutory service provision), and represents the majority of the providers involved in the delivery of preventative services (non statutory). The sector is less well represented in regards to delivering personal care in residential care or home care services, with the exception of care homes for people with a physical impairment.

3.2.5 Although efficiencies have been sought on some individual contracts delivered by the third sector since 2011/12, overall expenditure in the sector has not been significantly impacted (from 2013/14 to 2014/15 there was a slight increase in total expenditure with the sector from £53.8 million to £55.5 million). In 2015/16 total expenditure on third sector commissioned services will increase again as on 1st August 2015, ASC's in-house learning disability services spun out as an independent social enterprise.

#### ***Clinical commissioning groups***

3.2.6 Each of the three Leeds CCGs has commissioned a number of third sector organisations independently of each other. Quality measures and outcomes are set through the contract and reflect local need and priorities. Procurement exercises are undertaken and monitoring is done in partnership and is agreed during the mobilisation of a service. All three Leeds CCGs will continue to identify local third sector organisations to work with them to supporting the meeting of local priorities, dependant on available resources. The third sector are key local partners who will be integral to developing new models of care in the future.

### **3.3 NHS Leeds West CCG**

- 3.3.1 NHS Leeds West CCG has commissioned a number of individual third sector organisations to carry out pieces of work which help meet the local commissioning strategy. These contracts are managed and monitored through the Commissioning and Development Team at Leeds West CCG and are available on request.
- 3.3.2 The Patient Empowerment Project (PEP) is a social prescribing service commissioned by NHS Leeds West CCG in 2014 which aims to improve the wider health and wellbeing of patients by providing GPs with a link to refer patients to local groups, services and community activities in the third sector and other statutory organisations. Referred patients are supported either on a one-one basis or in a group, to help them to develop the skills, knowledge and confidence to self-manage their condition.
- 3.3.3 The PEP project was mobilised in September 2014 following a full procurement exercise. Barca-Leeds, a local third sector organisation, was awarded the contract and leads the project in partnership with 3 other third sector organisations: Better Leeds Communities, Leeds Mind, and Touchstone. It creates a formal means of enabling general practitioners to refer patients with social, emotional or practical needs to a variety of holistic, local community services through referral to one of the community based PEP workers, thus expanding the range of options available in a GP consultation. In the model the PEP worker acts as a 'facilitator' or 'navigator' for the range of services available offering patients the opportunity to express their health concerns and decide the type of activity in the community they want to be referred to; including signposting and support to attend according to patient to need. The service has received over 700 referrals to date. Evaluation of first year of PEP finds that the PEP cohort generates a cost per Quality Adjusted Life Years (QALY) of £19,842. This is within the National Institute for Health and Care Excellence (NICE) threshold value of £20,000 per QALY and is therefore a cost effective treatment.

### **3.4 NHS Leeds South and East CCG**

- 3.4.1 Third sector grant scheme - Following a procurement process in January and February 2015, LSE CCG appointed Leeds Community Foundation (LCF) to administer a grant-bidding process aligned to our strategic priorities, targeting local third sector organisations, and identified £1million of non-recurrent funding for allocation through this scheme. LCF is responsible for running an applications and approvals process, for managing the funds which are allocated through the scheme, along with contracting, activity monitoring, and regular reporting/evaluation to the CCG. Leeds South and East and Leeds North CCG worked collaboratively to actively promote the launch of this grant scheme to the sector.
- 3.4.2 The LSE Third Sector Grant Scheme supports the CCG's commitment to a more sustainable, strategic approach to third sector commissioning, and is a vehicle to increase current levels of engagement and contracting with the voluntary sector – and in doing so achieve a number of related aims:

- To better meet the needs of local communities in the South and East CCG area.
- To deliver (and provide links between) non-medical activities which promote health and wellbeing.
- To deliver the CCG's strategic aims, particularly in relation to Potential Years of Life Lost (PYLL) and health related quality of life, and ultimately to improve the health of our population .
- To support the local economy in South and East Leeds
- To test a new approach to commissioning.
- To develop new relationships with non-profit organisations

3.4.3 Social prescribing - LSE CCG's approach to social prescribing was developed jointly with input from the third sector through the South and East Leeds Health and Wellbeing Partnership Forum. Following a procurement process in July 2015, a consortium led by the charity Leeds Mind has been identified to provide a social prescribing service as a three year pilot. This will be formally evaluated by an academic partner, with an interim report in May 2017 and a final report in May 2019. The service went live on 23 November 2015.

3.4.4 Before the Third Sector Grant Scheme was implemented, LSE CCG's Local Commissioning Team commissioned a number of services from third sector organisations. These include Ministry of Food, The Market Place, Age UK Leeds, ThinkTank and The Works, all currently commissioned with non-recurrent funding.

## **3.5 NHS Leeds North CCG**

3.5.1 Leeds Third Sector Health Grants programme - Funding is available to support various projects, such as developing or delivering services, establishing and maintaining partnerships and involving local people in community activities surrounding health and wellbeing and building capacity in order to relieve pressure or demand elsewhere in the system. NHS Leeds North CCG has expressed a commitment to invest in services and projects which support improvements in health, wellbeing and quality of life, in line with the aims of the Leeds Joint Health and Wellbeing Strategy. This strategy sets out a vision for Leeds to be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest. The CCG has made a one-off investment of £750,000 to deliver this innovative grants scheme, managed and assessed by the city's largest independent grant-maker, Leeds Community Foundation. The on-going scheme aims to improve health and wellbeing, prevent ill health and ultimately enable local people to lead healthier lives. The plan was to have three deadlines for the submission of applications, each preceded by a briefing session for potential applicants. The first round was held in June 2015 which resulted in seven grants being awarded with a total value of over £130,000.

3.5.2 Social Prescribing - The principle drive for the creation of a Leeds North CCG social prescribing service came from GP membership and was based on their direct experience of caring for patients with unmet social needs. The public, professionals and relevant organisations across the area were engaged with to determine the best approach. A project team that included three public members created a specification based on that feedback. The team then steered the project through a full tender process and recently assisted in the process of choosing a winning bidder. The pilot service is expected to begin deployment in December

2015 followed by an 18 month operational phase commencing in April 2016. The pilot service will be subject to a rigorous evaluation to be undertaken by York St John University.

### **3.6 Impact of budget savings on the third sector**

#### ***Public health***

- 3.6.1 Within the Department of Health ring fenced PH grant (which was transferred to the council in 2013) there are a number of contracts historically held by the third sector. All PH contracts are required to be re-procured within set time scales and as such there are now new third sector contracts (either as part of wider consortia, for example the drugs and alcohol service Forward Leeds, or on their own such as the Touchstone BME diabetes contract).
- 3.6.2 For 2015/16 there is a £200 million cut to the national Public Health grant which equates to a £2.8 million cut for Leeds, as with all sectors this has had implications for the third sector. This year the third sector has been asked to make £58,000 savings and £302,000k of planned activities with the third sector has not gone ahead. However, this year the council has succeeded in ensuring the impact of this on the third sector is minimal.
- 3.6.3 Following the spending review and the announcement of a further cut from the PH grant, significant work will be required to achieve the required cut in 2016/17 and beyond. We will not be aware of the actual size of the grant for Leeds for 2016/17 until January 2016. We will then enter into consultation and negotiations regarding future savings from all PH funded contracts including third sector contracts.

#### ***Adult social care***

- 3.6.4 In 2011/12 ASC worked with third sector organisations delivering non-statutory services to agree savings of up to 15% of the annual contract or grant value. Although this was an overarching target ASC did not impose a blanket cut across all services. The savings were negotiated individually with each organisation and agreed only where they least impacted on service delivery or on strategic priorities. To minimise the impact, in some cases, the agreed efficiencies were staggered over three years.
- 3.6.5 In 2015/16 a further round of savings from non-statutory services, which are primarily delivered by the third sector, was sought. This time, the approach used was to review services that were due to be re-commissioned to see whether efficiencies could be achieved by delivering them in a different way, through negotiation with individual providers on larger contracts and in a small number of cases the decommissioning of services where a review had shown that the service was not delivering value for money or meeting priority outcomes. A total of £747,000 recurrent savings were agreed as a result of this work. An additional £125,000 was saved through the Neighbourhood Networks in the city agreeing to voluntary one-off payments back to the council from their reserves and through efficiencies achieved.

#### ***Clinical commissioning groups***

- 3.6.6 Through joint working within the Joint Adult Community Commissioning Group initial conversations have commenced about future efficiency opportunities. For example health funding for third sector Deaf and Blind services will be integrated with ASC to commission a single integrated sensory impairment service for the

city from 2017. There has been no savings on Leeds CCG third sector service level agreements over recent years.

### **3.7 Service outcomes and quality measures**

3.7.1 Across the health, wellbeing and social care economy as part of the process of jointly commissioning services from the third sector we are increasingly working together to develop services outcomes and jointly contract management services, although we recognise that this can be improved. The sections below outline the current approaches to setting services outcomes and performance management.

#### ***Public health***

3.7.2 In PH each contract has a responsible chief officer (public health consultant) and a contract manager. They have a range of appropriate performance measures in relation to outputs, quality and outcomes. For example, the locality community health development contracts all submit data on numbers and demographic data, but for a certain percentage of their users they also submit 'Well Being Wheels'. These wheels are used to track the impact on the person of their use of the service in relation to key areas over the time they are working with them e.g. looking after yourself, social networks and relationships, emotional and mental well-being, meaningful use of time and managing money. Regular meetings are held by PH contract managers to ensure performance is on track and to enrich the understanding of the needs of the sector.

#### ***Adult social care***

3.7.3 In ASC the approach to setting service outcomes is to work with service users, carers and families, as well as providers to understand the priorities and co-produce the outcomes for the service. ASC is guided by the 'Commissioning for Better Outcomes' document publicised in 2014 which outlines nine standards for commissioning practice, for example, being person centred and outcomes focused.

3.7.4 Establishing and implementing quality standards are essential for delivering consistent, safe and reliable services that help people to achieve their desired outcomes. Over the last five years ASC has worked to develop a number of quality assurance frameworks, in conjunction with providers, in the areas of home care, residential and nursing care (older people) and accommodation based services (mental health, learning disability and physical or sensory impairment services).

3.7.5 For preventative services we have worked with third sector providers to develop appropriate monitoring frameworks. For example, with the Neighbourhood Network contract the Older People's Outcome Star (a nationally recognised tool) was initially piloted with a small number of Networks to test whether it would be an appropriate tool for measuring the services' outcomes on individual's lives before rolling it out to all.

3.7.6 A critical part of monitoring quality within services is gathering feedback from people who use services and their carers and there are a range of mechanisms in place to do this, including two volunteer initiatives, 'Good Lives Leaders' (who are

people with a learning disability and their family carers) and 'Dignity Champions' (for residential care), which independently visit services to gather the views of people using them about the quality of the support they are receiving. ASC also commissions Leeds Healthwatch (delivered by a consortium of third sector organisations) which is the consumer champion for health and adult social care locally and is responsible for promoting and supporting the involvement of people in the commissioning, provision and scrutiny of local care services.

### ***Clinical commissioning groups***

3.7.7 Typically, the performance management arrangements within the CCGs include:

- A contract manager with responsibility for managing the NHS and third sector mental health contracts who works closely with the relevant commissioning leads. This ensures that commissioners have input into contract development and can influence contractual levers such as CQUINs, quality incentives etc. There is a robust contract management structure in place with all providers and associate CCGs and Clinical Leads are assured via the bi-monthly the relevant Provider Management Group.
- Regular contract quality and performance reports are received from providers and hold quality and performance reviews. Issues of performance are dealt with through contract management processes.
- All key performance indicators and performance targets are set out in service specifications and these are reported on monthly/quarterly. Most services provide outcome data which is shared with commissioners through performance reports. Some services are commissioned for very specific outcomes (such as IAPT or Early Intervention in Psychosis) and they are monitored on this, some use validated outcome tools such as the Recovery Star to assess impact of their interventions on a service user's recovery in a number of domains. Pen-pictures/case studies are also provided by a number of services as an addition to the more quantitative outcome data that is also provided.

3.7.8 An example of joint contract management is the Third Sector Grants Scheme Contract Management Board where all three CCGs and PH are represented.

## **3.8 Examples of joint commissioning of the third sector**

3.8.1 There has been a move towards more joint commissioning of services from the third sector, across the council and the CCGs as well as across different council directorates, and this will continue to be direction of travel over the coming years. Examples of joint commissioning and contract management include:

- **The Leeds Advice Consortium** - PH working with several council directorates (children's services, environments and housing, citizens and communities and ASC) to commission a consortium of third sector organisations (consisting of Leeds CAB, Chapeltown CAB and Better Leeds Communities) to deliver a single advice contract over three years commencing on 1st April 2014.

- PH working closely with the three CCGs which has led to additional funding for the council's third sector contracts e.g. Health Trainer service commissioned from Health for All, and Forward Leeds the new Drug and Alcohol Service; and advising on CCG commissioning of the Third sector.
- **Care and Repair home adaptations and improvement service** - Funding from PH and environments and housing has been joined into one contract to ensure value for money and better outcomes for vulnerable people in Leeds.
- **Leeds Mental Health Framework** - The Leeds Mental Health Framework has been developed by the Mental Health Partnership Board and sets out the aspirations of the city with regards to the future state of mental health provision for the city. The Mental Health Partnership Board is made up of people with lived experience of mental health, commissioners from health, social care and public health, and providers of services from the statutory and third sectors. It provides a framework for commissioning of mental health services, of which a significant number are delivered in the third sector.
- **Dementia** - Better Care Fund invest to save funding has been used to employ 14 Memory Support Workers (13 full-time equivalents) to ensure that everyone with a diagnosis has someone to talk to about living with dementia, and connect with local services and networks of support. They are employed by the Alzheimer's Society, working in partnership with the Leeds Partnerships NHS Trust (the local provider of mental health and dementia NHS services). In addition, over the past four years, the third sector has developed new services for people with dementia and carers such as dementia cafes, increasing dementia awareness, carers dementia information and education sessions and a South Asian dementia support service. These were initiated with relatively small amounts of grant funding, an approach that was successful because of the existing strength and infrastructure of the third sector in Leeds, and the ability of a joint commissioning lead to use both council and NHS funding sources based on a city-wide strategy.
- **Carers contract** - ASC jointly commissions with the CCGs a combined carers support service which is delivered by a consortium of organisations led by Carers Leeds, a third sector organisation. The consortium includes a statutory partner; Leeds and York Partnership Foundation Trust, which seconded its mental health carers team to Carers Leeds to deliver the service. The consortium delivers a number of key services which support the Leeds carers offer including information and advice; help with completing a carers assessment, and other support services.
- **Advocacy contract** - Following a joint review of advocacy services by the NHS (now CCGs) and ASC in 2009 a new model for the delivery of services in the city was developed. The new model involved third sector advocacy providers coming together to form a consortium, led by Advonet, to provide a single point of access for advocacy services with specialist provision for older people, black and minority ethnic people, people with learning disabilities, people with mental health problems and dementia, people with physical impairments and a culturally sensitive and bilingual support. The service is jointly commissioned by health and social care.

### 3.9 Future commissioning plans



- 3.9.1 The three CCGs, ASC and PH commissioning plans for the third sector are derived from the overarching Joint Health and Wellbeing Strategy. All are driven by national guidance and local population needs under this strategy.
- 3.9.2 We are working together to continue to build on the joint commissioning already happening to maximise the Leeds pound.
- 3.9.3 A number of commissioning activates planning to involve the third sector include:
- PH to complete the review of Locality Community Development contracts to advise Executive Board in relation to re procurement.
  - CCGs to continue working with all partners to look at supporting the third sector to develop invest to save opportunities e.g. Social Prescribing, third sector grants
  - Community based mental health services will be re-commissioned in line with the Leeds Mental Health Framework.
  - Neighbourhood Networks - The current contracts are currently in the first year of three possible extensions, which would take them to 2018. Due to the importance and complexity of these services PH and ASC are planning to carry out a significant review working with the CCGs in 2016 to plan for the re-commissioning of the services after the extensions have taken place.
  - Sensory Impairment Services - ASC currently commissions four community based support services for blind and partially sighted and deaf and hard of hearing people. The services are all delivered by third sector organisations and the intention is to extend the existing contracts for a further 12 months up to the end of March 2017 to allow for consultation on the new proposed service model and commission accordingly with the CCGs.
  - The CCGs, PH and ASC will continue working together through the Better Care Fund arrangement to develop invest to save opportunities, such as the Hospital to Home Scheme that has been piloted in the city with the third sector.
  - ASC will be looking at personalisation and increasing the number of people in receipt of a Direct Payment will be a priority in the coming years. This will also involve developing the market for services that people can buy with their Direct Payment which is a potential market opportunity for the third sector.

## **4 Corporate Considerations**

### **4.1 Consultation and Engagement**

- 4.1.1 Consultation and engagement is carried out whenever there are plans to re-commission or change services. CCGs and the council consult with service users, carers and families as well as providers that may be impacted by any changes.
- 4.1.2 CCGs and the council consult with providers, including the third sector, regarding our wider strategic plans which set the framework for commissioning of services in the sector as outlined in section 3.

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

- 4.2.1 Each time a commissioning exercise is undertaken an Equality Impact Assessment is completed and any issues identified or recommendations resulting

from the assessment are taken into account as part of the commissioning process and incorporated into the service specification and contract monitoring plans.

### **4.3 The Best Council Plan**

4.3.1 The Best Council Plan 2015-20 outlines six key objectives for the council including the delivery of the better lives programme, supporting communities and tackling poverty and the breakthrough projects of early intervention and reducing health inequalities and Making Leeds the best city to grow old in. The third sector widely contributes to the better lives programme and the breakthrough projects, both in regards to delivery of commissioned services such as the Neighbourhood Networks for older people, health trainers, carers services and community based mental health services as well as representing service users and communities on strategic boards and informal support provided in neighbourhoods.

4.3.2 The work of the third sector contributes to the overall vision of Leeds being a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest, as detailed in the Leeds Joint Health and Wellbeing Strategy 2013-15.

4.3.3 The CCGs have a strategic direction written in the Leeds five year plan which is derived from the national five year forward from the Secretary of State.

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

4.4.1 There are no specific financial or resources implications arising from this report. However, as outlined in section three under future plans, the council as a whole is continuing to face budget reductions and ASC, PH along with other directorates, is looking at how savings can be achieved over the next two financial years. This will have an impact on commissioned services, including those commissioned by the third sector. We will have a clearer understanding of the impact of this in January 2016. There are currently no implications for budget reduction of third sector funding by the CCGs.

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

4.5.1 There are no legal implications arising from this report.

4.5.2 It is important to note that when the council and CCGs are commissioning services any procurement process must be carried out in line with the council's Contract Procedure Rules and where the value of the procurement exceeds the European Union threshold (currently £172,514.00 for goods and services) the procurement will also be subject to the Public Contract Regulations. These rules apply regardless of whether the service being procured is to be delivered by an independent or third sector organisation.

4.5.3 Any procurement over EU threshold is also subject to the Public Services (Social Value) Act which was introduced in January 2013. It requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. Taking this a step further the council, in partnership with the third sector and other key partners such as the CCGs, have developed a Social Value Charter for Leeds which sets out our guiding principles regarding social value and how they can contribute to the vision for Leeds to be a healthy, fair, compassionate and caring city where everyone benefits from the city's economic growth.

### **4.6 Risk Management**

- 4.6.1 Each time a commissioning exercise is undertaken an assessment of risks will be undertaken and a risk register maintained to identify the key risks, along with actions required to mitigate these risks. This will include consideration of any financial risks, risks in relation to safeguarding, business continuity and information governance.

## **5 Conclusions**

- 5.1 The third sector is a vital part of the health, wellbeing and social care economy in Leeds and this is reflected in the number and variety of services that are commissioned from the sector by all partners.
- 5.2 The report also reflects the increasing amount of joint commissioning of the third sector across the health, wellbeing and social care economy in Leeds and the structures that we have in place to facilitate this. This will continue to be a priority moving into 2016/17.
- 5.3 This paper has given an opportunity for all partners to reflect on their approaches to commission the third sector. It illustrates how different these can be – even between CCGs for example. However, there is the will and intention to move forward to a more co-ordinated approach to serve the people of Leeds, our flourishing third sector and the best value for the Leeds pound.

## **6 Recommendations**

- 6.1 To note the approach that the three clinical commissioning groups, public health and adult social care are taking to working with the third sector and each other.
- 6.2 To note the potential implications for the third sector for the reduction of funding for both adult social care and public health.
- 6.3 To note information regarding current and future commissioning of the third sector in Leeds by the three clinical commissioning groups, public health and adult social care, including joint commissioning where appropriate.
- 6.4 To note the intentions of all partners to continue to improve the integrated commissioning of the third sector.

### **Appendix A – Summary of health, wellbeing and social care services commissioned from the third sector**

#### **Public health third sector commissioned services summary**

<b>Type of Commissioned Service</b>	<b>Annual</b>
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	<b>grant/contract value</b>
Locality Community Health Improvement and Development	£802,838
Healthy Living Services	£578,100
Cancer Awareness	£75,000
Vulnerable Groups	£370,064
Sexual Health	£563,740
Mental Health & Wellbeing	£570,778
Domestic Violence	£57,840
Young Children 0-5	£43,000
Older People	£1,685,406
Addiction Services	£8,079,977
Health Protection	£158,000
<b>Total</b>	<b>£12,984,743</b>

### **Adult social care third sector commissioned services summary**

<b>Type of Commissioned Service</b>	<b>Annual grant/contract value</b>
<b>Care and support services for people with care and support needs*</b>	
Services for adults under 65 with a learning disability	£798,805
Services for adults under 65 with mental health	£4,764,350
Services for older people aged 65 and over	£15,329,238
Services for people under 65 with a physical impairment	£4,638,250
HIV/Aids	£321,701
Substance misuse	£693,451
Carers	£1,357,774
Equipment	£1,037
Other	£250,474
<b>Sub total</b>	<b>£ 26,641,093</b>
<b>Learning Disability Pooled Budget</b>	
A range of services including supported living, day opportunities for people with a learning disability that have been assessed as having eligible needs.	£26,641,093
<b>Sub total</b>	<b>£26,641,093</b>
<b>Grand total</b>	<b>£55,603,230</b>

\*Please note that the majority of the above commissioned services are commissioned to support people who are assessed as having eligible needs and ASC is therefore required to provide care and support services for as part of its statutory duties. The table includes residential, nursing and homecare services commissioned from the third sector and will therefore include the services provided by a number of large national third sector organisations as well as smaller local third sector organisations.

### **Clinical Commissioning Groups third sector commissioned services summary**

Type of Commissioned Service	Annual grant/contract value
<b>Leeds West CCG</b>	
Healthy Living	£560,000
Children and families	£25,000
Mental health	£277,500
<b>Sub total</b>	<b>£862,500</b>
<b>Leeds North CCG</b>	
Children and young people	£135,000
Older people	£50,000
Healthy Living	£29,788
Drug and alcohol misuse services	£80,000
Hospital admission avoidance	£417,037
BME communities	£27,838
Carers	£43,950
Parenting and early years	£23,396
Disabled people	£4,996
Refugees	£5,000
<b>Sub total</b>	<b>£817,005</b>
<b>Leeds South &amp; East CCG</b>	
Mental health	£130,532
Parenting/early years	£153,236
Older people	£33,850
Women's health	£68,160
Men's health	£28,734
Capacity building	£43,600
BME communities	£37,058
Disabled people	£19,737
End of life care	£14,420
Children and young people	£30,788
General population	£5,000
<b>Sub total</b>	<b>£594,592</b>
<b>Grand total</b>	<b>£2,274,097</b>
<b>Better Care Fund</b>	
Community support and third sector services which sit within the Better Care Fund	£14,785,356
<b>Total</b>	<b>£14,785,356</b>

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## Involvement of the third sector in the provision of health and social care services

December 2015

Input from Leeds Community Healthcare NHS Trust into Scrutiny Board work schedule:

### 1. Involvement of the 3<sup>rd</sup> sector (in terms of services provided and value/ cost)

Leeds Community Healthcare NHS Trust works with and subcontract / contract in partnership with the third sector. In 2014/15 we spent £1.3m with the voluntary and independent sectors. The budget for 2015/16 remains £1.3m.

Organisations from whom we commissioned services included:

- Armley Helping Hands
- Carers Leeds
- St George`s Crypt
- Community Links Ltd
- Marie Curie Cancer Care
- Partnerships For Wellbeing
- Leeds Involving People
- Yorkshire Mesmac Ltd
- Touchstone
- Leeds Counselling

Recent collaborations with 3<sup>rd</sup> sector organisations for delivery of contracts have included:

- Improving Access to Psychological Therapies (IAPT)
- Sexual Health
- NHS Values Network (NHS England Inclusion Health)

We work with 3<sup>rd</sup> sector organisations around patient, carer and community engagement and provision of activities in inpatient units. Where possible, we also use third sector facilities for external room bookings.

### 2. Quality measures / outcomes – how these are set and managed

For contract / subcontract arrangements these are set according to the service contract. In other arrangements, quality measures and outcomes are agreed at the outset and delivered through joint monitoring of the project plan.

### 3. Future plans

Partnerships with the third sector contribute to fulfilment of our corporate social responsibility and sustainability. They support us to provide the best possible care within the resources available, develop services that meet people's needs and get as much impact for every health 'pound' we spend. Our future plans are to continue to add value through existing partnerships and proactively seek out new opportunities for partnerships with the third sector.

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Report author: Steven Courtney  
Tel: 24 74707

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

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

**Date: 22 December 2015**

**Subject: Primary Care Co-commissioning**

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

**Summary of main issues**

1. At the Scrutiny Board meeting in November 2015, the Board considered an outline of information from NHS England and Leeds' Clinical Commissioning Groups (CCGs) regarding the potential future arrangements for commissioning primary care services.
  
2. At that meeting it was suggested that the Board give more formal consideration to the details provided, specifically in relation to governance issues and managing conflicts of interest. A more detailed report has now been provided and is attached at Appendix 1 for consideration.
  
3. Appropriate representatives have been invited to the meeting to discuss the details provided and address any questions from the Scrutiny Board.

**Recommendations**

4. Members are asked to consider the details presented and determine any future scrutiny activity.

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

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

5. None

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published works.



**NHS LEEDS NORTH CCG, NHS LEEDS SOUTH AND EAST CCG and NHS  
LEEDS WEST CCG**

**REPORT FOR SCRUTINY BOARD (ADULT SOCIAL CARE PUBLIC HEALTH  
AND NHS) ON PRIMARY CARE CO-COMMISSIONING**

**SUMMARY**

NHS Leeds North Clinical Commissioning Group, NHS Leeds South and East Clinical Commissioning Group and NHS Leeds West Clinical Commissioning Group have submitted a formal application to co-commission primary care medical services with NHS England from 1 April 2016.

This paper sets out the principles of co-commissioning and aims to address the specific issues raised by the Scrutiny Board (Adult Social Care, Public Health, NHS) as follows:

- Patient benefits from the new model of commissioning
- How CCGs will manage conflicts of interest
- CCGs preparedness by April
- Risks and mitigating actions

**1.0 BACKGROUND**

1.1 Co-commissioning describes the process of CCGs and NHS England working more closely together to commission services for the local population through the delegating certain commissioning responsibilities from NHS England to CCGs. Co-commissioning is one of a number of initiatives highlighted in the NHS Five Year Forward View.

1.2 Co-commissioning supports organisations to influence the way the *whole* of NHS funding is being invested for local populations and support effective integrated care outside hospital. Commissioning services in a more integrated way will lead to a range of benefits for the public and patients, including:

- improved access to primary care and wider out-of-hospital services, with more services available closer to home;
- high quality out-of-hospitals care;
- improved health outcomes, equity of access, reduced inequalities; and
- a better patient experience through more joined up services.

1.3 Nationally, the current scope of primary care co-commissioning is limited to general practice services and excludes primary care pharmacy, dentistry and ophthalmic services. The scope of delegated co-commissioning responsibilities of general practice services, includes:

- contractual GP performance management,
- undertaking reviews of primary medical services in the area
- budget management

Co-commissioning excludes all functions relating to individual GP performance management (medical performers lists for GPs, appraisal and revalidation) which remain with NHS England.

1.4 Since May 2014, CCGs have been invited to apply for one of three levels of co-commissioning:

- Level 1 - Greater involvement in decision making
- Level 2 - Joint commissioning arrangements
- Level 3 - Full delegated arrangements

1.5 From April 2015, 63 CCGs assumed 'Level 3' delegated co-commissioning responsibilities for commissioning general practice services. 86 CCGs nationally are co-commissioning with NHS England through 'Level 2' joint commissioning arrangements.

1.6 Nationally, CCGs have been encouraged to apply for Level 3 delegated co-commissioning responsibilities.

## **2 Co-commissioning arrangements within Leeds.**

2.1 NHS Leeds North Clinical Commissioning Group, NHS Leeds South and East Clinical Commissioning Group and NHS Leeds West Clinical Commissioning Group have worked closely with NHS England to scope and understand the risks and benefits associated with co-commissioning primary care.

2.2 Over the last 18 months each CCG has worked with its own member practices and governing body to discuss the implications, challenges and opportunities associated with the different levels of co-commissioning. Discussions were progressed through each CCG's internal governance structure. However, there was a commonality of the themes raised across all three CCGs. These related to the need for clear assurances around:

- the benefits for patients and public;
- the need to manage perceived conflicts of interest;
- undertaking financial due diligence of inherited budgets;
- ensuring CCGs continue to work together to reduce fragmentation of commissioning across the city.

2.3 In October 2015, NHS Leeds North Clinical Commissioning Group, NHS Leeds South and East Clinical Commissioning Group and NHS Leeds West Clinical Commissioning Group each submitted individual expressions of interest for Level 3, fully delegated co-commissioning responsibilities.

### **3.0 BENEFITS TO PATIENTS**

3.1 As part of their individual application to NHS England, each CCG identified and articulated the benefits of co-commissioning to patients and the wider CCG populations.

3.2 The key benefits of Level three delegated co-commissioning of primary care responsibilities can be seen as follows:

- The ability to better respond and support local population health needs through using the CCGs' local and specific knowledge to improve quality and range of services within our practices.
- A more patient centered approach to commissioning by being able to commission whole pathways of care (as opposed to different commissioners commissioning different components of patient pathways).
- Control of the wider NHS budget to facilitate and enable a shift in investment from acute to primary and community services to enable patients to receive care closer to home. This is something that patients and the public have said is important.
- The CCGs in Leeds already have a commissioning strategy, which enables us to commission for population health needs. The additional responsibility for commissioning primary medical services will enable us to progress a more integrated commissioning approach across the whole system.

3.3 Co-commissioning will help us achieve our vision for primary care in line with new models of care identified through the Five Year Forward View. A key aim is to create sustainable General Practice for the future and develop services to meet the local population needs through the integrated neighbourhood teams and 'wraparound' community services.

3.4 Although the vast majority of primary medical services are currently commissioned by NHS England, CCGs have a statutory role in improving the quality of primary care and for commissioning local primary care initiatives. Inevitably, this often leads to confusion across general practices, staff, patients and the public as to roles and responsibilities. It is anticipated that by CCGs taking on Level Three co-commissioning responsibilities this confusion, and in some cases duplication, will significantly reduce.

3.5 Across Leeds, new innovations and primary care development have been led by individual CCGs through ongoing member engagement and GP leadership. This has been driven by CCGs and member practices responding to local population needs and other local influences, rather than through the national contract commissioned by NHS England. Co-commissioning and the ability to localise elements of national contracts to reflect local innovation and population is the next logical step for CCGs.

## 4.0 CONFLICTS OF INTEREST

- 4.1 NHS England has developed a clear policy for CCGs assuming Level 3 co-commissioning responsibilities of primary medical services. Detailed national guidance was issued in December 2014 on managing Conflicts of Interest. Each CCG has reviewed its own policy relating to Declarations of Interests to take account of the guidance. This includes asking individual practices to submit any conflicts of interest so that these can be recorded.
- 4.2 National guidance requires that CCGs with Level 3 co-commissioning responsibilities establish a 'Primary Care Commissioning Committee' as a formal sub-committee of their (statutory) Governing Body. As this is a statutory requirement each CCG will have their own committee.
- 4.3 The purpose of the committee is make decisions on primary care commissioning. These include:
- approval of practice mergers;
  - decision making in relation to poorly performing practices
  - developing and agreeing local variations to the GP contract and enhanced services.
- 4.4 Guidance relating to the Primary Care Commissioning Committee also states that:
- the Chair and Vice Chair must be lay members of the CCG;
  - the committee must have a lay and executive member majority;
  - standing invitations must be made to Healthwatch;
  - the local Health and Wellbeing Board should appoint representatives to attend meetings in a non-voting capacity;
  - meetings must be held in public.
- 4.5 Standard terms of reference for the committee have been made available via NHS England to set out the remit and function of the committee (Appendix A).
- 4.6 Each CCG has reviewed their constitution to include reference to the Primary Care Commissioning Committee and to include the Committee's functions in the overarching scheme of delegation. These have been approved by each CCG's Governing Body and member practices.
- 4.7 It is important to note that CCGs are already accustomed to managing conflicts of interest across a variety of areas. Across the city there a number of mechanisms in place to ensure transparency and probity in decision making process. Examples of these are highlighted below:
- 4.6.1 NHS Leeds North CCG has arrangements in place which ensure that when decisions relating to primary care are made, anyone with an interest is excluded from the decision making process. The Board is constituted in such a way as to enable decisions to be made when practice members are excluded. To further aid transparency, the Board

register of interests is on the agenda as an information item at each public Board meeting.

- 4.6.2 NHS Leeds South and East CCG has had a GP Conflicts Committee in place to ensure any decisions related to CCG primary care funding are made effectively and can demonstrate transparency both internally and externally, without conflicts of interest affecting the outcome. Clinical GP leadership is available to support the discussions in which the Conflict committee members debate and raise questions before excluding the Executive GPs from the decision making process.
- 4.6.3 NHS Leeds West CCG has tested out its governance procedures over the past year in the approval of a number of business cases which invest in general practice. In all cases, the GP members have been removed from the decision making process. In relation to the enhanced primary care scheme, the actual decision was delegated to the assurance committee to manage conflicts of interest appropriately. Since then, the quorum has been revised to ensure that the Governing Body can make decisions when all of the GP members are removed.

## **5.0 PREPARED AND READINESS**

- 5.1 Over the last 18 months, the Leeds CCGs and NHS England have developed closer working relationships. CCGs have become increasingly involved in both activities and decision making relating to member practices. This has provided opportunities to develop greater understanding and insight regarding the additional responsibilities and functions associated with Level Three co-commissioning responsibilities.
- 5.2 Each CCG has continued to review their current workforce capacity and capability in relation to delivering additional delegated functions. CCGs are working together and with NHS England to describe how specific responsibilities will be delivered from April 2016. Within Leeds, CCGs are working closely together on a 'make, buy, share' framework to identify how new functions can be delivered most effectively and efficiently across the three CCGs.
- 5.3 NHS England is able to provide expert knowledge and experience within primary care contracting and the Leeds CCGs continue to work with NHS England to understand what functions they will continue to deliver in conjunction with individual and collective CCGs. This phased, supportive approach will create headroom within the CCGs to ensure the relevant systems and processes are in place whilst developing the workforce capacity and capability.
- 5.4 Each CCG is developing and implementing an internal action plan to ensure additional delegated responsibilities transition smoothly from April 2016. At the same time, CCGs are working together, and with NHS England, to share learning, avoid duplicating efforts and to ensure that there is a consistent approach. CCG plans cover the following areas:

- Governance, including establishing the Primary Care Commissioning Committees.
- Review of workforce requirements, team functionality and other committees across the City i.e. Quality and Safety.
- Establishing financial mechanisms and systems.
- Engaging members, staff and patients.

5.5 Whilst there is clear guidance that each statutory body needs to have its own Primary Care Commissioning Committee; the CCGs have also established a citywide forum to enable strategic alignment and learning and to support consistency across the city.

## 6.0 RISKS AND MITIGATING ACTIONS

6.1 Each CCG has undertaken a full due diligence review which included a specific review of the financial impact of co-commissioning. Whilst some financial risks are associated with taking on full delegated responsibility the overall recommendation from all CCGs was to continue to move towards full delegation.

6.2 The following table highlights key risks and mitigating actions associated with co-commissioning.

Risk	Mitigation	RAG
<p><b>Capacity</b></p> <p>There is a risk that there is insufficient capacity within teams to support primary care commissioning.</p>	<p>Continue to work with NHS England to look at the Memorandum of Understanding to understand roles and responsibilities.</p> <p>Continue to work with citywide colleagues to look for opportunities to develop joint arrangements where possible.</p> <p>Internally, teams to review their capacity to identify how they may need to adjust to meet the changing requirements of co-commissioning.</p>	<b>AMBER</b>
<p><b>Finance</b></p> <p>Some specific financial risks have been identified within individual CCGs.</p>	<p>Due diligence process undertaken to identify all known risks.</p>	<b>AMBER</b>
<p><b>Relationships</b></p> <p>Being responsible for commissioning primary care will change the relationship of a members led organisation.</p>	<p>The CCGs' role has evolved and our strong relationships with our members means that difficult conversations can take place in a positive and constructive way.</p>	<b>AMBER</b>



<p><b>Governance</b></p> <p>Review governance arrangements to take on the additional primary care responsibilities including establishing a new committee resulting in additional responsibilities for lay members.</p>	<p>Robust arrangements for managing conflicts of interest during decision making processes have already been established</p>	<p><b>GREEN</b></p>
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**Report of Head of Scrutiny and Member Development**

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

**Date: 22 December 2015**

**Subject: Work Schedule (December)**

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

**1 Purpose of this report**

1.1 The purpose of this report is to consider the progress and 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 previous meetings, 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 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.

**3. Recommendations**

- 3.1 The Scrutiny Board (Adult Social Services, Public Health, NHS) is 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 work schedule for the remainder of the current municipal year.

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

4.1 None used.

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

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

**APPENDIX 1**

**2015/16 WORK SCHEDULE**

Title	Dec.	Jan.	Feb.	March	April
<b>Integrated Health &amp; Social Care Teams</b>	Working Group meeting to consider progress and determine any specific scrutiny activity.	Possible visits		Scrutiny Board report / statement for agreement	
<b>Air Quality</b>		Evidence session 2 - working group meeting			Scrutiny Board report / statement for agreement
<b>Primary Care</b>	Primary Care	Evidence session 3			Scrutiny Board report / statement for agreement
* Access to GPs/ dentists	co-commissioning proposals				
* Workforce planning					
* Future plans for primary care					
* Some aspects of health inequalities					
<b>Cancer Wait Times</b>		Scrutiny Board report/ statement for agreement			

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

**APPENDIX 1**

**2015/16 WORK SCHEDULE**

<b>Title</b>	<b>Dec.</b>	<b>Jan.</b>	<b>Feb.</b>	<b>March</b>	<b>April</b>
<b>Involvement of 3rd Sector</b>	Service commissioners & provider reports		Scrutiny Board report / statement for agreement		
<b>Co-commissioning - specialised commissioning</b>	Update to HSDWG		Update to HSDWG		Update to HSDWG
<b>Integrated performance reports</b>	To be determined				
<b>CQC Inspection outcome</b>	Standing item	Standing item Waterloo Manor lessons learned Progress from providers	Standing item Visits with HWL	Standing item LCH - progress LYPFT - progress LTHT - progress	Standing item
<b>Care Act Implementation</b>				Progress report from Dir ASC	

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

**APPENDIX 1**

**2015/16 WORK SCHEDULE**

<b>Title</b>	<b>Dec.</b>	<b>Jan.</b>	<b>Feb.</b>	<b>March</b>	<b>April</b>
<b>Adult Safeguarding - Annual Report</b>	Annual Adult Safeguarding Report				
<b>Health Protection Board</b>					
<b>Director of Public Health - Annual Report</b>					
<b>Quality Accounts - monitoring / development</b>		Joint working group with HWL (proposed)			Joint working group with HWL (proposed for May 2016)
<b>CAMHS &amp; TaMHS</b>		Follow-up report. Content & timing to be determined			Follow-up report. Content & timing to be determined
<b>Future provision of homecare</b>				Progress report from Dir ASC	

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

**APPENDIX 1**

**2015/16 WORK SCHEDULE**

<b>Title</b>	<b>Dec.</b>	<b>Jan.</b>	<b>Feb.</b>	<b>March</b>	<b>April</b>
<b>Children's Epilepsy</b>	Update to HSDWG		Update to HSDWG		Update to HSDWG
<b>Maternity Strategy</b>					CCG progress report
<b>Children's Oral Health Plan</b>					DPH progress report
<b>Budget performance/ proposals</b>	Director Reports: ASC & PH				
<b>Public Health Budget Reduction</b>	Future activity to be determined	Future activity to be determined	Future activity to be determined	Future activity to be determined	Future activity to be determined
<b>Health Service Developments</b>	W/G meeting		W/G meeting		W/G meeting