



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

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Wednesday, 27th January, 2016 at 1.30 pm

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

MEMBERSHIP

Councillors

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

Co-opted Member (Non-voting)

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

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

**Agenda compiled by:
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A G E N D A

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

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			<p>LATE ITEMS</p> <p>To identify items which have been admitted to the agenda by the Chair for consideration.</p> <p>(The special circumstances shall be specified in the minutes.)</p>	
4			<p>DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS</p> <p>To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.</p>	
5			<p>APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES</p> <p>To receive any apologies for absence and notification of substitutes.</p>	
6			<p>MINUTES - 22 DECEMBER 2015</p> <p>To confirm as a correct record, the minutes of the meeting held on 22 December 2015.</p>	1 - 8
7			<p>MINUTES OF HEALTH AND WELLBEING BOARD - 12 JANUARY 2016</p> <p>To receive for information purposes the minutes of the Health and Wellbeing Board meeting held on 12 January 2016.</p>	9 - 14
8			<p>MINUTES OF EXECUTIVE BOARD - 16 DECEMBER 2015</p> <p>To receive for information purposes the minutes of the Executive Board meeting held on 16 December 2015.</p>	15 - 28
9			<p>CHAIR'S UPDATE</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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10			<p>CHANGE TO THE SERVICE PROVIDER AT SHAKESPEARE MEDICAL PRACTICE AND THE WALK-IN CENTRE WITHIN THE BURMANTOFTS HEALTH CENTRE</p> <p>To receive a report from the Head of Scrutiny and Member Development regarding proposed changes to the service provider at Shakespeare Medical Practice and the Walk-in Centre within the Burmantofts Health Centre.</p>	31 - 34
11			<p>CARE QUALITY COMMISSION (CQC) - INSPECTION OUTCOMES</p> <p>To receive a report from the Head of Scrutiny and Member Development to provide members of the Scrutiny Board with details of recently reported Care Quality Commission inspection outcomes for health and social care providers across Leeds.</p>	35 - 36
12			<p>WATERLOO MANOR INDEPENDENT HOSPITAL</p> <p>To receive a report from the Head of Scrutiny and Member Development to introducing further details in relation to Waterloo Manor Independent Hospital.</p>	37 - 78
13			<p>INQUIRY INTO PRIMARY CARE</p> <p>To receive a report from the Head of Scrutiny and Member Development introducing further information relating to the Scrutiny Board's inquiry around Primary Care.</p>	79 - 84

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14			<p>JOINT HEALTH AND WELLBEING STRATEGY (2016-2021) - ENGAGEMENT RESPONSE</p> <p>To receive a report from the Head of Scrutiny and Member Development introducing and presenting a draft response to the recent engagement around the Joint Health and Wellbeing Strategy (2016-2021), for agreement.</p>	85 - 86
15			<p>CHILDREN'S EMOTIONAL AND MENTAL HEALTH</p> <p>To receive a report from the Head of Scrutiny and Member Development introducing a further report in relation to the provision of services aimed to support Children's Emotional and Mental Health in Leeds.</p>	87 - 136
16			<p>WORK SCHEDULE (JANUARY 2016)</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>	137 - 138
17			<p>DATE AND TIME OF NEXT MEETING</p> <p>Tuesday, 16 February 2016 at 1.30pm (pre-meeting for all Board Members at 1.00pm)</p>	

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

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

TUESDAY, 22ND DECEMBER, 2015

PRESENT: Councillor P Gruen in the Chair

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

Co-opted Member: Dr J Beal

70 Late Items

The following late information was submitted to the Board:

- Agenda item 10 – Care Quality Commission Inspection Outcomes – Appendix 1 (Minute no. 80 refers)

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

71 Declaration of Disclosable Pecuniary Interests

There were no disclosable pecuniary interests declared to the meeting.

72 Apologies for Absence and Notification of Substitutes

An apology for absence was submitted by Co-opted Member, Mr Richard Taylor (Healthwatch Leeds).

73 Minutes - 24 November 2015

RESOLVED – That the minutes of the meeting held 24 November 2015 be approved as a correct record.

74 Matters arising from Scrutiny Board minutes

Minute no. 59 – Matters arising from the minutes

The Chair advised that the issue of proposed changes to and/or mergers of local GP practices continued to be monitored by the Board.

Minute no. 61 – Chair's Update – Healthwatch Leeds

Members were advised that due to the timing of proposed activity there was unlikely to be any joint visits involving Healthwatch Leeds in the 2015/16 municipal year.

Minute no. 61 – Chair’s Update – Richmond Medical Practice

The Board was advised that the allocation process had been completed and letters sent out to patients to confirm this, including an option to register elsewhere if necessary. There was concern that the phone number at Richmond Medical Practice was still active and that it was not entirely clear that the practice had shut permanently. The Board was awaiting a response from NHS England regarding this.

Minute no. 62 – Care Quality Commission Inspection Outcomes

The Board was in the process of drafting its response to the consultation document. Clarification was being sought whether an increase in fees resulted in additional services being provided.

Minute No. 63 – Charging for Non-Residential Adult Social Care Services

The Board received a brief update regarding charging for non-residential Adult Social Care Services.

75 Minutes of Executive Board - 18 November 2015

RESOLVED – That the minutes of the Executive Board meeting held on 18 November 2015, be noted.

76 Matters arising from Executive Board minutes

Minute No. 93 – The Future for Social and Emotional Mental Health (SEMH) Education Provision in Leeds

The Board sought clarification whether the proposal to further develop SEMH education provision in Leeds was due to the closure of provision at Elmete Wood.

RESOLVED – That the Director of Children’s Services provides clarification to the Board whether the proposal to further develop SEMH education provision in Leeds was due to the closure of provision at Elmete Wood.

77 Chair's Update

The Chair provided a verbal update on scrutiny activity since the November Board meeting.

The following updates were provided from the West Yorkshire JHOSC meeting on 21 December 2015:

- **Report on Urgent and Emergency Care Vanguard (West Yorkshire wide)** – The West Yorkshire JHOSC continued to monitor progress and had requested a more detailed outline of timescales and milestones.

- **West Yorkshire Association of Acute Trusts (WYAAT)** – Work undertaken across West Yorkshire’s Acute Trust – The West Yorkshire JHOSC continued to maintain an overview of progress.
- **Yorkshire Ambulance Service (YAS)** – It was advised that the YAS was launching some engagement work around its future strategy in the next 2/3 months. The West Yorkshire JHOSC was likely to be involved.
- **Cancer Wait Times** – Potential role for West Yorkshire JHOSC in terms of patient experience and outcomes. There was a need to understand performance issues around delayed referrals and any capacity issues at Leeds Teaching Hospital Trust (LTHT).
- **Tobacco** – This was a previous request for scrutiny. There was no appetite to consider this on a West Yorkshire basis. The matter was being referred to Strategy and Resources Scrutiny Board to potentially examine wider issues around ethical investment.

RESOLVED – That the Chair’s update be noted.

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

The Head of Scrutiny and Member Development submitted a report which introduced the Safeguarding Adults Board Annual Report 2014/15 and Business Plan 2015/16 presented to the Executive Board on 18 November 2015.

The following were in attendance:

- Richard Jones, Chair of Leeds Safeguarding Adults Board
- Cath Roff, Director of Adult Social Services
- Shona McFarlane, Chief Officer (Access and Care Delivery), Adult Social Care.

The key areas of discussion were:

- Lessons learnt from failures to account for unexpected deaths at Southern Health NHS Foundation Trust.
- Measuring success through development of shared learning with health agencies and community organisations.
- Further information required about safeguarding investigations, particularly in terms of demographics and settings.
- Concern that the report had not included any specific reference to equality, diversity, cohesion and integration.
- A request that future reporting included a progress update with timescales.

- Significant concern that BME communities were not currently represented on the Leeds Safeguarding Adults Board and recommendations for this to be addressed in the short and longer-term.
- Development of more sophisticated approaches to identify autism at an early age.
- Confirmation of joint working with Leeds Safeguarding Children's Board. The current focus was on transition to adulthood and using resources more effectively.

RESOLVED –

- (a) That the contents of the report, together with the appended Safeguarding Adults Board Annual Report 2014/15 and Business Plan 2015/16, be noted.
- (b) That the 'progress version' of the report highlighted at the meeting be made available to members of the Scrutiny Board.
- (c) That the Chair of Leeds Safeguarding Adults Board and those officers supporting the work of the Board, consider:
 - i. mechanisms to ensure the appropriate representation of BME communities within the membership of the Board, in the longer-term; and,
 - ii. the co-option of appropriate representatives as an immediate, interim measure.

79 Initial Budget Proposals for 2016/17

The Head of Scrutiny and Member Development submitted a report which introduced the initial budget proposals for 2016/17.

The following were in attendance:

- Cath Roff, Director of Adult Social Services
- Doug Meeson, Chief Officer (Finance Services)
- Ann Hill, Head of Finance, Adult Social Care
- Dr Ian Cameron, Director of Public Health.

The key areas of discussion were:

- Confirmation that there had been a bigger reduction in the provisional local government finance statement than had been anticipated.
- Concern that the local government finance settlement for Leeds compared unfavourably to other local authorities and a request that the Board be provided with a comparator analysis.
- Confirmation of a new power for local authorities with social care responsibilities to increase council tax by up to and including 2% per year. The Board sought clarification regarding how long this applied.
- Confirmation that from 2017/18, the Government was making funding available to local government, worth £1.5 billion by 2019/20, to be included in the Better Care Fund.
- An update on savings in local authority public health spending and reductions to the public health grant to local authorities. The Board

was advised that the Council's Director of Public Health was currently developing a revised 2 year plan. It was suggested that an update on progress with the plan be reported back to the Board in due course.

- A suggestion that the Board writes a letter to Leeds MPs to seek their views on the local government finance settlement.

RESOLVED –

- (a) That the Board notes the Executive Board's initial budget proposals.
- (b) That the Board supports proposals to apply the additional 2% social care precept increase to Council Tax in 2016/17.
- (c) That the Director of Public Health reports details of the proposed 2-year budget strategy to a future meeting.

80 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 outcomes in relation to Health and Social Care organisations within the Leeds boundary.

A summary of the recent CQC inspection reports was submitted to the Board as late information.

The following were in attendance:

- Sarah Drossfield, Inspection Manager, Hospitals Directorate, Care Quality Commission (North Region).

The key areas of discussion were:

- The overall structure of the CQC and its directorates.
- Improvements needed in terms of notifying patients and families about enforcement action that was required.
- The difference in approach of CQC compared to Ofsted when providing notification about inspections.
- Perceived differences in the robustness of inspections relating to Primary Medical Services and the potential disparity between inspection outcomes and local intelligence.
- Significant concerns identified in relation to staffing and auditing.
- A request that the Board be provided with a report back regarding recent progress at Waterloo Manor Independent Hospital.
- The recent inspection outcome in relation to Richmond House and the associated action plan.

RESOLVED –

- (a) That the contents of the report and appendices be noted
- (b) That the request for information and progress relating to Waterloo Manor Independent Hospital be provided to a future meeting.

- (c) That the action plan in relation to Richmond House be made available to members of the Scrutiny Board.

81 Third Sector Involvement in the provision of Health and Social Care service in Leeds

The Head of Scrutiny and Member Development submitted a report which introduced a range of information regarding the involvement of the Third Sector in the provision of Health and Social Care Services across Leeds.

The following information was appended to the report:

- Joint report of the Director of Public Health, Director of Adult Social Services and the Accountable Officers of the three Leeds Clinical Commissioning Groups to Scrutiny Board (Adult Social Services, Public Health, NHS) – Commissioning of the third sector in the health, wellbeing and social care sector (22 December 2015)
- Appendix A – Summary of health, wellbeing and social care services commissioned from the third sector
- Appendix B – Input from Leeds Community Healthcare NHS Trust into Scrutiny into Scrutiny Board work schedule.

The following were in attendance:

- Cath Roff, Director of Adult Social Services
- Mick Ward, Head of Commissioning, Adult Social Services
- Emma Carter, Commissioning Manager, Adult Social Services
- Dr Ian Cameron, Director of Public Health
- Lucy Jackson, Consultant in Public Health
- Nigel Gray, Chief Officer, Leeds North Clinical Commissioning Group
- Rachel Cooper, Chief Executive Officer, Leeds Older People's Forum
- Hannah Howe, Director, Volition.

The key areas of discussion were:

- The vibrancy of the Third Sector in Leeds, particularly compared to other areas.
- An update on the Patient Empowerment Project (PEP) which provided GPs with a link to refer patients to a social or community organisation to support their needs.
- A request for further information regarding the impact of cuts on the third sector and whether some organisations had been disproportionately affected.
- Development of a more holistic approach to patient care and examples of locally based arrangements, particularly in relation to mental health.
- The need to publicise work undertaken by the third sector in communities.
- Acknowledgement of positive work undertaken by neighbourhood networks in addressing social isolation and supporting older people.

- A suggestion that the Board invited other relevant third sector organisations to contribute to the Board's discussion.

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

82 Co-commissioning of Primary Care in Leeds

The Head of Scrutiny and Member Development submitted a report which introduced an update from Leeds' Clinical Commissioning Groups (CCGs) regarding proposed co-commissioning arrangements for Primary Care from April 2016.

The following were in attendance:

- Nigel Gray, Chief Officer, Leeds North Clinical Commissioning Group
- Andy Harris, Clinical Chief Officer, Leeds South and East Clinical Commissioning Group
- Kirsty Turner, Associate Director of Primary Care, Leeds West Clinical Commissioning Group.

The key areas of discussion were:

- The role of CCGs in Leeds, particularly in terms of its response to a diverse range of health needs and engagement with local GP practices.
- An update on patient engagement work and patient leader training.
- The role of lay members on the CCG Board.
- The financial responsibilities of CCGs and making best use of available resources.
- The role of the Scrutiny Board in holding to account the work of CCGs.
- A suggestion that Community Committees and Health and Wellbeing Champions be involved in the work of CCGs' proposed Primary Care Committees.

RESOLVED –

- (a) That the contents of the report and appendices be noted.
- (b) That each of the Leeds' Clinical Commissioning Groups considers in more detail the potential role of the Council's Health and Wellbeing Champions in the future work of the proposed Primary Care Committees.

83 Work Schedule (December)

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.

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

84 Date and Time of Next Meeting

Wednesday, 27 January 2016 at 1.30pm (pre-meeting for all Board Members at 1.00pm)

(The meeting concluded at 5.15pm)

HEALTH AND WELLBEING BOARD

TUESDAY, 12TH JANUARY, 2016

PRESENT: Councillor L Mulherin in the Chair

Councillors N Buckley and S Golton

Representatives of Clinical Commissioning Groups

Dr Andrew Harris	Leeds South and East CCG
Dr Gordon Sinclair	Leeds West CCG
Nigel Gray	Leeds North CCG
Matt Ward	Leeds South and East CCG

Directors of Leeds City Council

Dr Ian Cameron – Director of Public Health
Cath Roff – Director of Adult Social Care
Nigel Richardson – Director of Children’s Services

Representative of NHS (England)

Brian Hughes

Third Sector

Heather O'Donnell – Age UK Leeds

Representatives of NHS providers

Jill Copeland - Leeds and York Partnership NHS Foundation Trust
Julian Hartley - Leeds Teaching Hospitals NHS Trust
Thea Stein - Leeds Community Healthcare NHS Trust

42 Chair's Opening Remarks

Councillor Mulherin welcomed all present to the meeting. The Chair reiterated the position as a result of the 2015/16 in-year government funding cuts to the Public Health budget and detailed the recent changes to Public Health funding implemented by Central Government which would represent a 10% funding reduction in real terms over the next two financial years. This additional meeting would allow the Board the opportunity to discuss the issue and its impact on the delivery of public health services in Leeds in order to promote one approach across the service areas.

The Board would receive two presentations concurrently in relation to the “Leeds Let's Get Active” scheme (minute 48 refers) and "Future Cuts to Local Authority Public Health Spending" (minute 49 refers) in order to facilitate one discussion on the broad theme of future public health funding and priorities.

Finally Councillor Mulherin expressed her thanks to colleagues on the Board for their response to the in-year government cuts to Public Health funding in 2015/16 and for the subsequent work undertaken to minimise the impact of the spending cuts on service users.

43 Appeals against refusal of inspection of documents

Draft minutes to be approved at the meeting
to be held on Wednesday, 20th January, 2016

There were no appeals against the refusal of inspection of documents

- 44 Exempt Information - Possible Exclusion of the Press and Public**
No items containing exempt information were included within the agenda

- 45 Late Items**
There were no late items of business.

- 46 Declarations of Disclosable Pecuniary Interests**
No declarations of disclosable interests were made.

- 47 Apologies for Absence**
Apologies for absence were received from Councillors Coupar and Yeadon and from Jason Broch (North Leeds CCG); Linn Phipps and Tanya Matilainen from Healthwatch Leeds; Phil Corrigan (Leeds West CCG) and Moira Dumma (NHS England).

The Chair welcomed Heather O'Donnell as a representative of the Third Sector, Jill Copeland from Leeds and York Partnership NHS Foundation Trust and Brian Hughes as a representative of NHS England.

- 48 Leeds Let's Get Active**
Further to minute 34 of the Health and Wellbeing Board meeting held 30th September 2015, the Director of Public Health submitted a report as the basis for discussions on funding options for the short term continuation of the Leeds Let's Get Active scheme and seeking agreement for continuation of funding.

Mark Allman, LCC Sport and Active Lifestyles, presented the report and outlined the success of the scheme as it continued to grow. He stated that 350,000 visits had now been made overall with nearly half of those being people previously declaring as being inactive.

Steve Zwolinsky of Leeds Beckett University referred to the quantitative and qualitative evidence produced so far through evaluation of the scheme. Data analysed could enable assessment of behaviours and service provision and allow for resources to be targeted appropriately to local services and/or communities most in need.

In conclusion, officers highlighted that funding for Leeds Let's Get Active would cease at the end of March 2016 with no source of funding as yet identified to allow continuation beyond the end of April 2016. Closing the scheme in March would require an exit strategy to be implemented from the end of January 2016.

The report sought the Board's consideration of funding sources to allow the continuation of the Leeds Let's Get Active (LLGA) scheme for the full research period commissioned by Public Health to be evaluated and reported upon, and the Board noted the preferred option of the continuation of the scheme at least until March 2017.

The Board discussed the following matters:

- Whether a precise cost analysis of the benefits of the scheme had been undertaken. The response that an interim report was anticipated in summer 2016 was noted. Additionally, it was reported that funding had been secured until 2018 for a PHD student to assess the wider economic benefits of the LLGA scheme

(Matt Ward withdrew from the meeting for a short while at this point)

- That LLGA was an innovative scheme commissioned by Public Health to tackle health inequalities in Leeds when public health functions transferred to the Local Authority
- Prioritisation for the future would be a challenge, and LLGA was a project that provided data to help inform strategic investment. Detail on the impact of the possible withdrawal of the scheme was required. The response that it was difficult to quantify the impact of withdrawal or amendment of the scheme was noted - different users of the scheme with differing health needs would present different outcomes in either eventuality
- Recognised the difficulty in expressing support for this scheme without full knowledge of the Public Health budget for 2016/17 and the National Health Service and Leeds CCGs budgets
- The suggestion that the LLGA scheme be funded until the summer 2016 to allow further evaluation of the impact of the project on health outcomes within the context of overall budget provision was discussed. It was noted that in the present circumstances, this would require the HWB partners to commit to funding the scheme. Again, this would prove difficult without full knowledge of the local NHS and CCG budgets and would impact on the budgets available for other schemes in similar circumstances.
- A cost analysis of the scheme was urgently required so that the value of the scheme could be assessed.

A suggestion that the Integrated Commissioning Executive (ICE - set up to support HWB) be tasked with consideration of supporting the scheme until the Leeds Beckett University evaluation could be completed was agreed. ICE is due to meet on 19/1/16 and a verbal report on the outcome of ICE deliberations could be made to the next HWB meeting on 20/1/16. Details of the LLGA cost and benefit analysis undertaken so far should be presented to ICE for consideration. However it was noted that full funding figures may not have been released by that date, in order to properly set the scheme in the wider funding context and balance it against other initiatives also seeking future funding support for the longer term.

RESOLVED -

- a) That the contents of the report and the comments made during discussions on the Leeds Let's Get Active scheme be noted

- b) To note the contribution the Leeds Let's Get Active is making to the overarching ambition of the city's Joint Health and Wellbeing Strategy of ensuring that those who are the poorest improve their health fastest
- c) The Board, having considered funding sources to allow the continuation of the Leeds Let's Get Active (LLGA) scheme for the full research commissioned by Public Health to be evaluated and reported upon, and having noted the preferred option of the continuation of the scheme ideally up to March 2017, requested
 - i) That the Health Partnership Team ensure that a report on the LLGA scheme (to include cost and benefit analysis information collated so far) be presented to the meeting of the Integrated Commissioning Executive on 19th January 2016 for consideration; and
 - ii) That Cath Roff as the Co-Chair of ICE be requested to present a verbal update on the outcome of the ICE discussions to the next meeting of the Health and Wellbeing Board on 20th January 2016
- d) That subject to c) above, the Board requested that a fuller evaluation report is presented for consideration by the Board in October 2016 to allow discussion about the longer term funding of the scheme and the impact on health and wellbeing outcomes.

49 Future cuts to Local Authority Public Health funding

The Director of Public Health submitted a report providing an update on the recent government announcement to cut Local Authority public health funding from 2016/17 onwards. The report noted how the government Spending Review and Autumn announcement on 25th November 2015 would lead to significant reductions in the public health grant received by Leeds City Council.

Dr Ian Cameron, Director of Public Health, presented the report and stated that specific details of Leeds' funding were anticipated by the end of January 2016. Present indications suggested that there be a recurrent reduction of £3.9m from 2016/17 followed by a further £1.1m reduction in 2017/18. This would result in a £5m reduction (10%) by the end of 2017/18 and would be followed by smaller reductions in subsequent years.

In context, in June 2015, a £200m in-year cut to the 2015/16 national Public Health budget had been announced and, following a summer consultation, the Department of Health announced on 4th November 2015 that the cut for Leeds would be £2,818,328 (out of a budget of £45.5m).

The presentation included outline commissioning figures for Public Health spending for the 2015/16 financial year.

The report outlined the need for a two year plan to encompass both the £3.9m reduction in 2016/17 and the £5m reduction in 2017/18.

The report set out how, in determining where public health savings could be made, key criteria would be achievability. Other criteria that could inform the

decision making process were identified as being likely impacts (on the health & wellbeing of the population, on organisations – directly or indirectly, on demand for services), scale of impact, priorities within the new Health & Well Being Strategy, health inequalities, the burden of conditions, evidence of effectiveness, fairness, mandatory requirements, value for money, wider benefits (e.g. social value), contractual obligations and links to other priorities.

Additionally the report highlighted where there were also opportunities for developing stronger links with other commissioners including the Clinical Commissioning Groups (CCGs) and NHS England. The Director of Public Health had already given a commitment to the three CCGs in Leeds to work together on future public health services commissioning.

During discussions, the following issues were raised:

- The challenge presented in balancing implementation of service amendments required by the reduced funding from Central Government against the Government's stated priority of prevention services.
- Recognition for the collaborative working with Board colleagues which had ensured the continued delivery of most services threatened by the in-year cut to local authority Public Health funding. In order to meet the £2.8m in-year cut, planned activities dealing with issues such as oral health, campaigns on cancer awareness, mental health and winter warmth had not taken place. Public Health involvement in emergency planning for the city had also been hit and the department had put a stop on recruitment. A share of PH funding to Leeds Community Health had been withdrawn and the Board noted that HWB partners had supported LCH to continue service delivery. The Board noted that the in-year cut had been anticipated to be a one-off cut, and the stop on services and campaigns had been intended to be until 2016. However in the light of information on the likely budgets, a full review had been required.
- The impact and potential for increased costs and worse outcomes on other services (e.g. Adult Social Services, Children's Services, NHS) and service users downstream should funding be saved or ceased from some existing PH services.
- The comment that the Local Authority could, in its' consideration of the Council Budget 2016/17, decide to fund the £5m shortfall to cover service provision, but that this would impact on the Council's delivery of other service areas at a time when Leeds City Council is facing a further £34m funding reduction for 2016/17. Similarly, if the CCGs or NHS solely funded a service, that would remove funding from another service area
- The urgent need for cost analysis of schemes, such as Leeds Let's Get Active, in order to weigh up the current and future benefits of schemes to inform priority setting across the health and care system.
- Acknowledgement that individual services had a wide reaching positive impact, an example being the services provided by designated School Nurses commissioned by LCH, whose work provided positive

outcomes for children, supported the work of local healthcare providers, general practice and education services. The intended and unintended consequences of the withdrawal of support for services must be analysed in the wider context

(Cath Roff withdrew from the meeting for a short while at this point)

- Whether discussions had commenced with 3rd Sector providers. The strategic Third Sector Forum would meet for the first time in April 2016
- The opportunities to address issues - such as streamlining of contracts and joint commissioning

The Board received assurance that processes were in place to deal with future commissioning; however discussions were needed on future priorities, future commissioning and future de-commissioning of services.

The Board also noted the intention for a report on city-wide financial challenges to be presented at the next meeting. The Board generally agreed that once the funding figures were released for Public Health, CCGs and the NHS, collective discussions on the future priorities for the city and planning for service delivery would follow.

(Julian Hartley left the meeting at this point)

RESOLVED -

- a) That the Health and Wellbeing Board recognise the scale and potential negative impact for health & wellbeing and the reduction of health inequalities that arise from the public health grant cuts announced in the Spending Review and Autumn Statement.
- b) To recognise that members of the Board will continue to collectively consider how best to minimise the negative impact of the public health grant cut in light of the emerging priorities of the Joint Health & Well Being Strategy, the Best Council Plan and the recent NHS planning guidance.
- c) That the Health and Wellbeing Board support a partnership approach that works collaboratively to respond to these cuts, taking into account the need of the population and the “Leeds pound” as evidenced through the discussions at this meeting and the collective response to the in-year cuts to public health funding

50 Chair's Closing Remarks

The Chair took the opportunity to highlight the final wave of consultation on the Joint Health and Wellbeing Strategy and encouraged partners to share the document with service users and patients in order to promote further public engagement.

51 Date and time of next meeting

RESOLVED – To note the date and time of the next meeting as Tuesday 20th January 2016 at 10:00 am

EXECUTIVE BOARD

WEDNESDAY, 16TH DECEMBER, 2015

PRESENT: Councillor J Blake in the Chair

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

SUBSTITUTE MEMBERS: Councillors J Bentley and J Procter

APOLOGIES: Councillor A Carter

99 Substitute Member

Under the provisions of Executive and Decision Making Procedure Rule 3.1.6, at the point at which Councillor Golton left the meeting (Minute No. 107 refers), Councillor J Bentley was invited to attend for the remainder of the meeting on behalf of Councillor Golton.

Under the same provisions, Councillor J Procter was invited to attend the meeting on behalf of Councillor A Carter, who had submitted his apologies for absence from the meeting.

100 Declaration of Disclosable Pecuniary Interests

There were no Disclosable Pecuniary Interests declared at the meeting, however, in relation to those relevant reports within the 'Health, Wellbeing and Adults' portfolio, Councillor Golton drew the Board's attention to his position as a Board Member of Aspire Community Benefit Society Limited.

101 Minutes

RESOLVED – That the minutes of the previous meeting held on 18th November 2015 be approved as a correct record.

HEALTH, WELLBEING AND ADULTS

102 Out of the Shadows - Time to Shine Project

The Director of Adult Social Services and the Director of Public Health submitted a joint report providing an update on the progress made in the development and delivery of the project. Also, the report described the outcomes following the commissioning of a number of activities, including the local evaluation and the wider impact that the project has had on raising the profile of social isolation across the city.

In considering the report, the Board welcomed the leading role played by the third sector in the initiative and also welcomed the external evaluation process which was to be undertaken. With regard to the evaluation, it was noted that the outcomes would be submitted to the Board in due course, and it was suggested that delivery partners were involved in that process.

Responding to a Member's enquiry regarding the projects which had been commissioned as part of the initiative to date, specifically in terms of the geographical spread and the groups which had been targeted, it was highlighted that any gaps which existed would be the focus of the next round of commissioning.

In conclusion, the overarching vision of the project, as outlined within the report, was welcomed, together with how the report had highlighted the significant issue of loneliness and isolation amongst older people in the city.

RESOLVED -

- (a) That the progress made in the development and delivery of the 'Time to Shine' project be welcomed;
- (b) That the positive impact that the work on tackling loneliness and social isolation will have, together with the contribution it will make towards the breakthrough project 'Making Leeds the Best City to Grow Old In', be recognised;
- (c) That the excellent work of Leeds Older People's Forum in leading on the project be commended;
- (d) That Executive Board receive an annual report which provides an update on the progress of the project;
- (e) That it be noted that the lead officers responsible for ensuring updates are brought are the Consultant in Public Health (Older People) and the Head of Commissioning, Adult Social Care.

103 Telecare equipment for the Leeds Telecare Service 2015/16

The Director of Adult Social Services submitted a report which sought authority to incur capital expenditure of the final £1,000,000 on telecare equipment for the Leeds Tele Care Service from December 2015, in accordance with the Council's Financial Procedure Rules.

Responding to a Member's specific enquiry, the Board noted that any income received from receipt of fees and charges in respect of the telecare service would be invested back into the provision of the service.

RESOLVED –

- (a) That authority to spend the further £1,000,000 capital expenditure for the Leeds Tele Care Service from December 2015, be approved;
- (b) That it be noted that the Service Delivery Manager Assisted Living Leeds is the lead officer responsible for the implementation of such matters.

104 Delivering the Better Lives Strategy Adult Social Care - BME Day Services

Further to Minute No. 53, 23rd September 2015, the Director of Adult Social Services submitted a report providing an update on proposals for the future delivery of day support for older people from Black and Minority Ethnic (BME) communities at Apna (Hyde Park and Woodhouse) and Frederick Hurdle (Chapel Allerton) day centres. Specifically, the report provided details of the review of such services and on the proposed consultation to be undertaken with service users, carers, trade unions, staff, partner organisations and Elected Members. Furthermore, the report provided details of how the consultees' views would be taken forward as part of the proposed next steps for improving the range of services offered to older people from BME communities.

In receiving the submitted report, the Board discussed the role which would be played by trade unions in the development of a new service model and also in any associated consultation exercise.

RESOLVED –

- (a) That the proposed change of approach towards determining the future model for delivering of services at Apna and Frederick Hurdle day centres from that outlined in the report approved by Executive Board in September 2015 be noted.
- (b) That approval be given for a revised two stage approach to a proposed service change:-
 - In Phase One, currently anticipated to be between January 2016 and December 2016, a new service model would be developed, including producing a service specification in co-production with service users, carers, unions, staff, partner organisations, community groups and Elected Members, working with Adult Social Care Commissioning;
 - Work on the new service model would include consideration of whether the service can continue to be provided directly by the Local Authority to meet the needs of the BME community or whether commissioning externally provides the best option;
 - The proposals arising from the development of the service model would then be subject to a formal consultation process;
 - The outcome of the consultation and recommendations would be reported back to Executive Board for a decision;
 - Contingent on the approval of the recommendation, Phase Two would involve the implementation of the Executive Board decision and a move to a new model of delivery.
- (c) That it be noted that the lead officer responsible for the implementation of such matters is the Director of Adult Social Services.

ECONOMY AND CULTURE

105 Initial Budget Proposals for 2016/2017

The Deputy Chief Executive submitted a report which sought the Board's agreement to the Council's initial budget proposals for 2016/2017, as detailed within the submitted paper. The report sought approval for those proposals to be submitted to Scrutiny and also used as a basis for wider consultation with stakeholders.

It was highlighted to the Board that whilst the initial budget proposals were presented within the submitted report, confirmation of the 2016/17 Local Government finance settlement was still to be received.

Responding to an enquiry regarding proposals to change the funding formula for the provision of Police Community Support Officers (PCSOs), it was highlighted that discussions between relevant parties on such matters continued, and that once further information had been received, the views of the relevant Scrutiny Board would be sought prior to the final budget proposals being submitted to the Executive in February 2016. Also in relation to this matter, it was requested that Parish and Town Councils be included in any related consultation exercise, as appropriate. Furthermore, it was suggested that as and when appropriate, consideration be given to cross-party correspondence being submitted to the Police Crime Commissioner which highlighted the Council's commitment to the valuable role played by PCSOs across the city.

The Board considered the cumulative impact upon the Council arising from the challenging funding reductions it had faced to date, with tribute being paid to the key role played by Council employees for their continued efforts throughout this period, and with thanks also being given to those officers responsible for managing the budget setting process.

RESOLVED – That the Initial Budget Proposals, as set out within the submitted report, be agreed, and that approval be given for the proposals to be submitted to Scrutiny and also used as a basis for wider consultation with stakeholders.

(In accordance with the Council's Budget and Policy Framework Procedure Rules, decisions as to the Council's budget are reserved to full Council. As such, the resolution above is not subject to call in, as the budget is a matter that will ultimately be determined by full Council, and the submitted report is in compliance with the relevant Procedure Rules as to the publication of initial budget proposals two months prior to adoption).

(Under the provisions of Council Procedure Rule 16.5, Councillor Golton required it to be recorded that he abstained from voting on the decisions referred to within this minute. Also, in relation to such matters, as Councillor J Procter was in attendance as a non-voting Member, he drew the Board's attention to the fact that if he were able to, he would abstain from voting on the decisions referred to within this minute)

(Councillor Mulherin left the meeting at 1.30pm, at the conclusion of this item)

106 European Capital of Culture 2023 - Progress Report

Further to Minute No. 178, 18th March 2015, the Director of City Development submitted a report which provided an update on the work being undertaken towards the preparation of a Leeds Bid for the 'European Capital of Culture' title in 2023. Specifically, the report presented details of the progress made over the past eight months with establishing governance structures, and also in respect of preparing the human and financial resources for making a bid.

In considering the report, Members highlighted the need to ensure that the bid was truly representative of the city as a whole. In addition, emphasis was also placed upon effectively conveying the key linkages between the city's cultural diversity and heritage and the continued growth of the Leeds economy.

Responding to a Member's enquiry, the Board received further information on the potential options available with regard to the funding of the Leeds bid.

RESOLVED –

- (a) That the progress made over the past eight months, as set out within the submitted report, be approved;
- (b) That the 'Leeds 2023 Champions' scheme be promoted to communities in local Wards;
- (c) That the Director of City Development be requested to return with a further progress report in 2016 before submitting the city's formal expression of interest;
- (d) That the Director of City Development be requested to return in 2016 with a report into a strategic approach towards capital investment in cultural infrastructure for the medium to long term;
- (e) That the competitive nature of the bidding process, together with the implications for transparency and openness, be noted.

EMPLOYMENT, ENTERPRISE AND OPPORTUNITY

107 State of the City 2015: Driving Skills for the Manufacturing Sector

This Director of City Development and the Director of Children's Services submitted a joint report presenting the outcomes arising from the recent 'State of the City' event, with particular reference being made to the actions being taken to address the issue of skills shortages within the city, particularly with regard to the manufacturing sector.

Responding to a Member's enquiry, the Board was provided with further detail on the specific actions which were being or would be undertaken to address the issue of skills shortages in this area.

Emphasis was placed upon the need to effectively convey the importance of the manufacturing sector in the city and the actions that needed to be taken to promote the sector with young people.

In conclusion, it was requested that a further report be submitted to a future Board meeting which provided more information on the actions being taken in this area, and the outcomes arising from such actions.

RESOLVED –

- (a) That the following actions be approved:-
- Telling and selling the story of Leeds manufacturing
The Council support measures to better tell the story of Leeds' manufacturing, including: facilitating better collaboration between employers and schools; encouraging greater engagement between Elected Members and manufacturing businesses in their Wards; and supporting further development of the Leeds Manufacturing Forum website, newsletter and other communications activity.
 - Fostering innovation and collaboration
Facilitation of greater connections between manufacturers and universities, linking these with initiatives such as the Retail Institute at Leeds Beckett University, the National Facility for Innovative Robotic Systems and the Institute of Medical and Biological Engineering at the University of Leeds, and to national bodies and with programmes such as Innovate UK.
 - Developing skills and increasing the diversity of the workforce
To explore possibilities for greater collaboration between schools and businesses in promoting opportunities offered by a career in manufacturing, including further embedding the awareness among young people and schools of apprenticeship pathways, and work to support all schools including the newly established Leeds University Technical College.

To look into further opportunities to support diversity in the manufacturing workforce, including: 1) considering how the manufacturing sector can be involved in work to increase BAME representation on apprenticeships; and 2) collaborate with Women in Science and Engineering (WiSE) in promoting opportunities for women in manufacturing.

Look at further means by which the voice of employers can be heard by education and training providers in creating and delivering courses that reflect the needs of local businesses.

- Supporting business growth
To explore what further support can be given to strengthen the Leeds Manufacturing Forum, working with the Chamber of Commerce and manufacturing businesses.

To review how a wider range of sites and premises can be brought forward through means available to Leeds City Council, including, but not limited to, the Enterprise Zone.

- (b) That it be noted that the Chief Officers for Economic Development and Employment and Skills will be responsible for overseeing the implementation of such matters, with a future update report being provided to Executive Board in due course, which provides more information on the actions being taken in this area, and the outcomes arising from such actions.

(Councillor Golton left the meeting at 1.50pm during the consideration of this item, with Councillor J Bentley attending in his place for the remainder of the meeting)

RESOURCES AND STRATEGY

108 Financial Health Monitoring 2015/16 - Month 7

The Deputy Chief Executive submitted a report which set out the Council's projected financial health position after seven months of the 2015/2016 financial year.

Responding to a Member's enquiry, the Board received an update on the current budgetary position of Civic Enterprise Leeds (CEL) and the actions to be taken in order to promote the catering service within CEL.

In response to an enquiry, the Board received further information on the currently projected saving within the Adult Social Care staffing budget. Further to this, officers undertook to provide the Member in question with a briefing on such matters, if required.

RESOLVED - That the projected financial position of the Council for 2015/16 be noted.

109 Safeguarding in Taxi & Private Hire Licensing - 12 Month Review of Progress

Further to Minute No. 132, 17th December 2014, the Assistant Chief Executive (Citizens and Communities), the Director of Children's Services and the Director of Adult Social Services submitted a joint report setting out the developments in regard to further improving safeguarding arrangements in Taxi and Private Hire Licensing. Furthermore, the report also recommended the approval of a new policy in respect of the 'fit and proper' person assessment for applicants born outside of the EU.

Members received further information on the key aspects of the submitted report and welcomed the ongoing work which was being undertaken with West Yorkshire Police in order to address concerns following the introduction of the Common Law Police Disclosure guidance.

In conclusion, the Chair thanked those officers and Elected Members involved for the considerable work which had been undertaken in this crucial area of safeguarding.

RESOLVED -

- (a) That the direction officers and Members of Licensing Committee are taking with regard to improvements for safeguarding in Taxi and Private Hire Licensing, be noted and endorsed;
- (b) That the new 'fit and proper' person character assessment policy, as recommended to Executive Board by Licensing Committee, and as outlined within the submitted appendix 3, be approved;
- (c) That it be noted that such matters will be implemented immediately (following the conclusion of any eligible 'Call In' timeframes) by the Section Head of Taxi and Private Hire Licensing.

COMMUNITIES

110 Emerging 2016/17 Best Council Plan priorities, tackling poverty and deprivation

Further to Minute No. 48, 23rd September 2015, the Deputy Chief Executive and the Assistant Chief Executive (Citizens and Communities) submitted a joint report presenting the emerging 2016/2017 Best Council Plan priorities for the Board's early consideration which would provide the framework for the Council's approach towards tackling poverty and deprivation in the city. In addition, the report also presented a summary of the latest analysis on poverty and deprivation in order to inform the priorities, together with an outline of key initiatives aimed at tackling economic disadvantage.

RESOLVED –

- (a) That the emerging 2016/2017 Best Council Plan priorities be noted alongside the Initial Budget Proposals, as detailed elsewhere on the Executive Board agenda, and that the priorities be submitted to Scrutiny for consideration. It also be noted that the annual budget proposals form part of the medium-financial strategy, which is the financial expression of the Council's Best City / Best Council ambition, policies and priorities;
- (b) That the latest analysis on poverty and deprivation be noted, and that approval be given to further work being undertaken in order to develop a more targeted geographic approach towards tackling inequalities, which will include engagement with the Community Committees in order to help inform this approach and the decisions that the

Community Committees make about services and priorities for their local areas.

ENVIRONMENTAL PROTECTION AND COMMUNITY SAFETY

111 Update on Cutting Carbon and Improving Air Quality Breakthrough Project

The Director of Environment and Housing submitted a report outlining the significant progress that the Council had made in respect of the 'Cutting Carbon and Improving Air Quality' breakthrough project, whilst also providing some insight into the progress made in this area by the city as a whole. In addition, the report also presented future priorities and highlighted the challenges faced. Finally, the report set out a proposed Council-wide energy policy, its associated benefits and the targets contained within it, whilst also providing background information to the European Covenant of Mayors movement and the associated Sustainable Energy Action Plan (SEAP).

The Board was provided with details of the Council's key achievements in this area, and how Leeds performed comparatively against other cities. In noting the ambitious nature of the Council's policy in this area, Members discussed a number of initiatives which had already been progressed, and others which could be potentially be progressed in the future.

RESOLVED –

- (a) That the progress the Council has made to date, together with its continued plans to reduce carbon emissions, be noted;
- (b) That the Sustainable Energy Action Plan be endorsed in support of the Council's participation in the European Covenant of Mayors;
- (c) That the adoption of a Council wide energy policy from 4th January 2016 be supported, together with the acknowledgement that a Council wide behaviour change to drive energy savings is required;
- (d) That the Council continue to demonstrate leadership in this area and also to continue to work closely with private, public and third-sector partners across the city.

REGENERATION, TRANSPORT AND PLANNING

112 Response to Sir David Higgins' decision about the HS2 station location

Further to Minute No. 170, 18th March 2015, the Director of City Development submitted a report providing an update on the work being undertaken with regard to HS2 in the Leeds City Region. This followed the approval of the Council's response to the HS2 Phase 2 proposed line of route formal consultation in December 2013, and its approval to work with Government to consider the best way of accommodating future rail in the city in December 2014. This report also set out the main principles for the continued development of the Council's policy in relation to Leeds station, and

considered how the Council could realise the regeneration and economic growth benefits of enhanced connectivity.

Members welcomed the contents of Sir David Higgins' report and the prospect of establishing a transport hub for the city region. Emphasis was placed upon the key role which the collaborative working of local government had played in getting to the current position, and the Board also welcomed the correspondence received from HS2, as appended to the submitted report, with regard to the line of route refinement and mitigation process.

In addition, Members discussed the range of benefits arising from the proposed solution for HS2 arriving into Leeds and received an update on the latest position regarding the redevelopment of the station including the opening of the southern entrance.

RESOLVED -

- (a) That the conclusions of the Sir David Higgins' report entitled, 'The Yorkshire Hub' (as appended to the submitted covering Executive Board report), which is an interim report on the redevelopment of Leeds Station that the location of the HS2 station in Leeds should be a 'T' shaped configured integrated station, be welcomed and supported;
- (b) That approval be given for the Council to continue to press HS2 Limited and the Government on the mitigation of the line of route and to review compensation arrangements for those adversely affected;
- (c) That in accordance with resolution (a) (above), the following principles be agreed as a basis by which the Council will support the development of the station:-
 - (i) The existing station and the HS2 station should share a common concourse for passengers to allow easy access between HS2 and other services, including improved city region services and Northern Powerhouse Rail. The concourse should have easy access to the city centre, the South Bank and the waterfront;
 - (ii) The new combined station should have good quality car and bus access enabling it to become a fully integrated transport hub for the region;
 - (iii) The new station and its approaches should have sufficient capacity and be future proofed to allow for the improvements needed to accommodate significant increases in rail services resulting from the Northern Powerhouse Rail network, and on city region rail routes. This should include four tracking to the east of the existing station;
 - (iv) The station and its approaches should allow for through trains to enhance local services to the rest of the city region. This should include a connection between HS2 and the existing network, to enable some classic

- compatible HS2 trains to run through the existing station to and from York and beyond;
- (v) The design of the combined station (including the existing concourse areas) should reflect the significance of its role and place not just for Leeds and Yorkshire, but as a major national landmark. It should be a world class iconic design, surrounded by outstanding public realm, in line with the masterplan for development and growth of Leeds South Bank, one of the most significant regeneration projects in Europe. The station needs to create an attractive environment for all users of the city centre, including pedestrians moving across the city centre who need to walk through and around the station but may not to rail users.
- (d) That approval be given for the Council to take a lead role in the work with HS2 Limited, Department for Transport, Network Rail, Transport for the North and West Yorkshire Combined Authority in order to develop a long term plan for the station, including the necessary short term improvements, its integration with the transport network and its seamless integration with the city itself;
 - (e) That approval be given for the Council to now progress detailed work on the HS2 Growth Strategy in order to maximise the growth associated with HS2 for the city, and the city region, with approval also be given for the Council to work closely with City Region districts and West Yorkshire Combined Authority and Central Government on its development;
 - (f) That approval be given for the Council to now finalise the masterplan for the Southbank area in order to help realise the potential regeneration and place making opportunities of the new station, whilst approval also be given to develop a policy approach that will maximise the social, physical and economic benefits from HS2 and to facilitate the design of a world class arrival space;
 - (g) That a more detailed report be submitted in 2016, which outlines the conclusions from the Masterplanning work prior to full public consultation commencing, and which also provides an update on the Leeds HS2 growth strategy;
 - (h) That it be noted that the Director of City Development will be responsible for the implementation of such actions.

113 Leeds Parking Supplementary Planning Document (SPD) - Adoption
Further to Minute No. 36, 16th July 2014, the Director of City Development submitted a report which advised of the public consultation process, feedback and subsequent changes made to the Leeds Parking Supplementary Planning Document (SPD). Specifically, the report recommended the adoption of the

re-drafted Leeds Parking SPD, which would formally replace a number of parking policies contained within the Unitary Development Plan.

Members discussed the proposed SPD and highlighted the need to strike the correct balance between ensuring adequate parking provision and the sustainability of other modes of transport, alongside the promotion of economic growth and regeneration.

In response to an enquiry, Members received an update regarding the possibility of future park and ride provision in the city.

RESOLVED –

- (a) That the contents of the submitted report, together with the associated consultation statement, be noted;
- (b) That the Leeds Parking Supplementary Planning Document, in the form annexed to the submitted report be adopted, pursuant to section 23 of the Planning and Compulsory Purchase Act 2004 (as amended);
- (c) That it be noted that the Chief Planning Officer will publish the Leeds Parking SPD and associated documents in accordance with the Town and Country planning (Local Planning) (England) Regulations 2012.

(As Councillor J Procter was in attendance as a non-voting Member, he drew the Board's attention to the fact that if he were able to, he would vote against the decisions referred to within this minute)

CHILDREN AND FAMILIES

114 Children's Services Transport Policy: Consultation on Transport Assistance for Post-16 Students with Special Educational Needs and/or Disabilities (SEND)

Further to Minute No. 35, 16th July 2014, the Director of Children's Services and the Deputy Chief Executive submitted a joint report providing an update on the proposals for the future provision of transport assistance available to post-16 students with special educational needs and/or disabilities (SEND). The report sought permission for a new consultation exercise to take place, in order to assess the likely impact upon young people and families of the proposals. Furthermore, the report sought permission for the findings from the consultation to be used, if appropriate, in the preparation of a new post-16 SEND transport offer, for approval at a future Executive Board meeting. Finally, the report highlighted the success of the Independent Travel Training programme, and the opportunities for the further promotion of this scheme.

Following a discussion regarding the potential ways in which the Council's fleet could be utilised differently, it was emphasised that the key objectives of the proposed consultation exercise was not only to increase value for money where possible, but to also empower families and help make available to them a wider choice and flexibility of service which better suited their own bespoke needs.

Responding to a Member's enquiry, the Board was assured that the proposed consultation exercise would be comprehensive and inclusive, that the views of each affected individual family would be sought in a way that was correct for them, and that the Scrutiny Board Children's Services would be involved in the consultation process.

RESOLVED –

- (a) That the completion of the review of special needs passenger transport within the authority, which is deployed by Civic Enterprise Leeds on behalf of Children's Services and Adult Social Care, be noted;
- (b) That the opportunities for further promoting inclusion in travel options through Independent Travel Training, while reducing costs and dependency, be noted;
- (c) That the demographic pressures relating to the increase in the number of children with an Education, Health and Care (EHC) plan (which replaced the statement of Special Educational Needs), be noted;
- (d) That approval be given for a new consultation to take place during January-April 2016 in order to assess the likely impact on young people and families of new proposals. The consultation will centre upon a range of options, each of which may be subject to a final round of detailed analysis of the granular data prior to consultation commencing. The following options for consultation will involve ceasing the direct organisation and provision of transport for post-16 SEND students, and instead offer:-
 - A personal transport budget equivalent to the cost of one or two Metro passes, dependent on whether a student would need accompanying on their journey;
 - A personal transport budget comprising the offer of a mileage allowance to parents, typically in the range of 50p - £1 per mile;
 - A personal transport budget based on a rate-banding system that takes into account the differing levels of need of students and the opportunity this would give parents to make their own arrangements in a more cost effective way.
- (e) That the findings of the consultation be used, if appropriate, in the preparation of a new Post-16 SEND transport offer (which is currently planned to be presented to a future Executive Board for approval - anticipated to be in July 2016);
- (f) That it be noted that the officer responsible for implementation of such matters is the Head of Commissioning and Contracting.

115 Outcome of Consultation to increase Primary School Places in Pudsey/Swinnow

Further to Minute No. 96, 18th November 2015, the Director of Children's Services, the Deputy Chief Executive and the Director of City Development

Draft minutes to be approved at the meeting to be held on Wednesday, 20th January, 2016

submitted a joint report presenting details of proposals brought forward to meet the local authority's duty to ensure sufficiency of school places. Specifically, this report described the outcome of a statutory notice regarding proposals to expand primary school provision at Park Spring and which sought a final decision on such proposals.

Responding to a Member's enquiry, the Board received an update regarding the ongoing and collaborative work which was being undertaken in order to address the pressure on school places which existed across the city, with the Member in question being offered a further briefing on such matters, if required.

RESOLVED –

- (a) That the expansion of Park Spring Primary School from a capacity of 315 pupils to 420 pupils be approved, with the admission number increasing from 45 to 60, with effect from September 2017;
- (b) That it be noted that the officer responsible for the implementation of such matters is the Capacity Planning and Sufficiency Lead.

DATE OF PUBLICATION: FRIDAY, 18TH DECEMBER 2015

**LAST DATE FOR CALL IN
OF ELIGIBLE DECISIONS:** 5.00PM, MONDAY, 4TH JANUARY 2016

(Scrutiny Support will notify Directors of any items called in by 12.00noon on Tuesday, 5th January 2016)

Report of Head of Scrutiny and Member Development

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

Date: 27 January 2016

Subject: Chairs Update Report – January 2016

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

1 Purpose of this report

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

2 Main issues

2.1 Invariably, scrutiny activity often takes place outside of the formal monthly Scrutiny Board meetings. Such activity can take the form of working groups, but can also take the form of specific activity and actions of the Chair of the Scrutiny Board.

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

2.3 The Chair and Principal Scrutiny Adviser will provide a verbal update at the meeting, as required.

3. Recommendations

3.1 Members are asked to:

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

4. Background papers¹

4.1 None used.

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

Report of Head of Scrutiny and Member Development

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

Date: 27 January 2016

Subject: Change to the service provider at Shakespeare Medical Practice and the Walk-in Centre within the Burmantofts Health Centre

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 update the Scrutiny Board regarding proposed change to the service provider at Shakespeare Medical Practice and the Walk-in Centre within the Burmantofts Health Centre.

2 Main issues

- 2.1 A stakeholder briefing provided by NHS England is appended to this report, which sets out details and the timescales of the proposed changes. The Walk-in Centre offers a city-wide service and has previously been identified as being subject to the review of urgent and emergency care services in Leeds.
- 2.2 It should also be noted that urgent and emergency care services in Leeds form part of the West Yorkshire Vanguard, which is considering access to services and patient pathways across West Yorkshire.
- 2.3 Appropriate representatives from NHS England and local Clinical Commissioning Groups have been invited to attend the meeting to address any specific matters raised by the Scrutiny Board.

3. Recommendations

- 3.1 Members are asked to:
- a) Note the content of this report and any additional information provided at the meeting; and,

b) Identify any specific matters that may require further scrutiny input/ activity.

4. Background papers¹

4.1 None used

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

North – Yorkshire and the Humber
Ground Floor
3 Leeds City Office Park
Meadow Lane
Leeds
LS11 5BD

7 January 2016

Dear Colleague

Re: Change of service provider at Shakespeare Medical Practice and the Walk-in Centre within the Burmantofts Health Centre, Leeds

Currently, Malling Health (UK) Limited manages and delivers health services at the Shakespeare Medical Practice and the walk-in centre within Burmantofts Health Centre, Leeds.

We are writing to inform you that as Malling Health (UK) Limited's contract comes to a close on Saturday 30th April 2016, NHS England and NHS Leeds North Clinical Commissioning Group (CCG), on behalf of the Leeds CCGs, are in the process of securing a new single provider to manage and deliver both services from Sunday 1st May 2016.

Following the reorganisation of the NHS in April 2013 the responsibility for the two aspects of this service now spans two separate organisations. NHS England – North (Yorkshire and the Humber) is responsible for the registered GP service and NHS Leeds North CCG is responsible (on behalf of the three Leeds CCGs) for the walk-in aspect of the service.

NHS England will be writing to all registered patients at the Shakespeare Medical Practice to inform them about this re-procurement. We are inviting questions, feedback on the services that have previously been provided at the practice, and insight into the services they would like to see at the practice in the future. We will also be encouraging registered patients to provide feedback via their Patient Reference Groups and CCG patient groups.

NHS England is committed to ensuring patients have access to local GP services. Please be reassured that no patient will be left without a GP as a result of the proposed change.

Similarly, we do not anticipate that patients will experience any significant change to the way in which walk-in services are delivered at the Shakespeare Centre.

NHS England and NHS Leeds North CCG have developed service specifications for both aspects of the service which reflect on current service provision and areas for service development. This incorporates both local and national primary care and urgent care strategies.

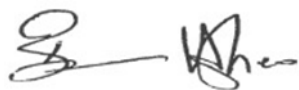
An evaluation strategy has been developed that will support the selection process and key members of the commissioning organisations will contribute to this evaluation. It is envisaged that the evaluation panel will include lay representation.

We understand the tendering and service mobilisation pressures associated with this process. NHS England and Leeds North CCG are keen to ensure that stakeholders are kept informed.

If you have any queries relating to services at the Shakespeare Medical Practice please contact Anna Ladd, Primary Care Manager at NHS England on anna.ladd@nhs.net or 0113 825 2660.

If you have any queries relating to the walk-in service please contact Kaysha Maynard, Urgent Care Project and Contracts Manager at Leeds CCG Network on kayshamaynard@nhs.net or 0113 8432959.

Yours sincerely



Brian Hughes
Locality Director – West Yorkshire
NHS England – North (Yorkshire and The
Humber)



Nigel Gray
Chief Officer
NHS Leeds North Clinical Commissioning Group

Report of Head of Scrutiny and Member Development

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

Date: 27 January 2016

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 December 2015 for consideration by the Scrutiny Board.
- 2.5 It should be noted that the purpose of this report is to provide a summary of inspection outcome across health and social care providers in Leeds. As such, full inspection reports are not routinely provided as part of this report. The full inspection reports are available from the CQC website and links to individual inspection reports are highlighted in Appendix 1.
- 2.6 Since the Scrutiny Board meeting in December, discussions with the CQC need to take place around how the CQC can best support the work of the Scrutiny Board as part of this regular update.

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 papers¹

- 4.1 None used.

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



Report 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: 27 January 2016

Subject: Waterloo Manor Independent Hospital

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 members of the Scrutiny Board with further details in relation to Waterloo Manor Independent Hospital.

2 Summary of main issues

2.1 At its meeting in September 2015, the Scrutiny Board considered details of the Care Quality Commission (CQC) Inspection report and associated response relating to Waterloo Manor Independent Hospital. The Inspection report had been published in August 2015 and assessed the services provided as 'Inadequate'.

2.2 At the July meeting the Scrutiny Board discussed the information presented and raised a number of issues, including:

- Significant concern regarding the 6-month delay from the CQC undertaking the inspection to publishing its report.
- Concern that despite NHS England and Adult Social Care working closely with the provider since February / March 2014, the CQC had rated service provision as 'Inadequate'.
- Concern that the Scrutiny Board had not been made aware of the significant concerns regarding service provision at Waterloo Manor in a more timely and appropriate manner.
- Concern regarding an inspection methodology where service provision can be rated as 'inadequate' in February and then seemingly rated as 'good' 6-months later.

- Assurance that the inadequacies highlighted within the CQC inspection report were not repeated across other hospitals/ service points that formed part of the Inmind Healthcare Group and that similar levels of care were not being undetected in other NHSE held contracts.
- Requests for a more detailed report of lessons learned across each of the organisations involved.

2.3 A range of information is appended to this report to provide the Scrutiny Board with a further update on progress at Waterloo Manor and the lessons learned across each organisation, as previously requested by the Scrutiny Board. This also includes a written submission from HealthWatch Leeds, as a patient representative body.

2.4 Representatives from a range of organisations have been invited to attend the meeting, including:

- Care Quality Commission – as the regulator
- NHS England – as the main service commissioner
- Inmind – as the service provider at Waterloo Manor
- Adult Social Services – as the Safeguarding authority
- Local Clinical Commissioning Groups – as a commissioner of related services
- Leeds and York Partnership NHS Foundation Trust – as a provider of related services.

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 papers¹

4.1 None used.

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



Report author: Maxine Naismith,
ASC/Ged McCann, NHS England
Tel: 0113 85 54419

Report of Shona McFarlane, Chief Officer Access & Care Delivery

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

Date: 27 January 2016

Subject: Waterloo Manor, Medium Secure Hospital

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. Summary of main issues

The CQC inspection report centred around matters relating to the dispensing and recording of medication interventions, methods of patient management, use of restraint, general patient recording and the formulation and adherence to care planning. As a culmination of all of these components there were significant safeguarding concerns. As previously reported a whole scale safeguarding investigation was conducted and this entire process was concluded in the form of a Thematic Meeting on 30th June 2015 attended by all key partners including NHSE and CQC. As a result there were a number of actions required, mainly of Waterloo Manor. There were a number of themes identified through the collective safeguarding investigation including a lack of effective safeguarding training, inconsistent or incorrect implementation of safeguarding processes, understanding of thresholds and a programme of audit with regards to the implementation and recording of restraint and the use of de-escalation techniques to prevent challenging behaviour.

There was some significant multi-agency learning significantly in relation to the ongoing responsibilities of Home Local Authorities in cases where the patient receives full funding

from NHSE. There was also some learning around Waterloo Manor allowing access to investigating social workers in an appropriate setting, rather than interviews or meetings being held in administrative space away from the living areas. It was also agreed that NHSE and CQC would review their working relationship to become clearer in terms of roles and responsibilities and to coordinate those approaches. It was agreed as a governance mechanism that the points evident within the Thematic Review Meeting were to be fed into the Learning and Improvement work of the Safeguarding Adult Board.

2. Recommendations

That the Scrutiny Board considers the report and detail presented at the meeting and determines any further scrutiny activity and/or actions as appropriate. Adult Social Care will retain a key role in support, advice and monitoring and will continue to work with NHSE and CQC.

That Scrutiny accept the reassurances given by Adult Social Care in terms of the significance and importance of attention given to this particular provider.

1. Purpose of report

- 1.1 The purpose of this report is to provide members of the Scrutiny Board (Adult Social Services, Public Health, NHS) with a further update following the Care Quality Commission (CQC) inspection undertaken in February 2015 and the subsequent publication of this report in August 2015. A report outlining the issues and concerns and giving an update on progress made since the initial inspection was presented to Scrutiny Board in September 2015 and this report provides a further narrative in relation to the monitoring and co-work with Waterloo Manor. This report has been completed in conjunction with Adult Social Care and NHS England and provides information from the perspective of both organisations in relation to their respective responsibilities. These are in relation to the Local Authority's statutory duties in respect of Adult Safeguarding as set out in the Care Act and NHS England's perspective as the Commissioners of the service.
- 1.2 Waterloo Manor is a private hospital providing medium secure Mental Health provision for females. All patients at Waterloo Manor are detained under sections of the Mental Health Act 1983 (2007). The provision at Waterloo Manor continues to be commissioned by NHS England and accepts patients in need of specialised treatment from across England. In terms of provision there are 33 secure beds, 18 locked rehabilitation beds and 5 beds within an open rehabilitation ward.

2. Summary of main issues

- 2.1 The CQC inspection report centred around matters relating to the dispensing and recording of medication interventions, methods of patient management, use of restraint, general patient recording and the formulation and adherence to care planning. As a culmination of all of these components there were significant safeguarding concerns. As previously reported a whole scale safeguarding investigation was conducted and this entire process was concluded in the form of a Thematic Meeting on 30th June 2015 attended by all key partners including NHSE and CQC. As a result there were a number of actions required, mainly of Waterloo Manor. There were a number of themes identified through the collective safeguarding investigation including a lack of effective safeguarding training, inconsistent or incorrect implementation of safeguarding processes, understanding of thresholds and a programme of audit with regards to the implementation and recording of restraint and the use of de-escalation techniques to prevent challenging behaviour.
- 2.2 There was some significant multi-agency learning significantly in relation to the ongoing responsibilities of Home Local Authorities in cases where the patient receives full funding from NHSE. There was also some learning around Waterloo Manor allowing access to investigating social workers in an appropriate setting, rather than interviews or meetings being held in administrative space away from the living areas. It was also agreed that NHSE and CQC would review their working relationship to become clearer in terms of roles and responsibilities and to coordinate those approaches. It was agreed as a governance mechanism that the points evident within the Thematic Review Meeting were to be fed into the Learning and Improvement work of the Safeguarding Adult Board.

3. Progress to date

- 3.1 The NHSE Senior Commissioner attends regular meetings with senior management from Waterloo Manor. He has had sight of all new documentation to enable him to have a clear commissioner view and quality assurance oversight. A new pilot project for recording and the reformulation of support plans has been introduced, in that Waterloo Manor has implemented a system that requires support plans to be updated on a fortnightly basis, replacing the previous inadequate process which was a 6 monthly review. The new documentation supporting this combines the multi-disciplinary ward round notes and overall summary and support plans. The benefits of this approach are that support planning is dynamic, timely and tailored to current need i.e. the presenting needs therefore timely and flexible changes are made.
- 3.2 The commissioner is currently overseeing the implementation of a 10-point action plan, which can be seen at Appendix 1. This focuses mainly on the concerns raised by the CQC. Satisfactory progress is being maintained on this plan. Changes to ward based documentation are being checked at ward level. A new clinical lead for the service commences mid-December who will provide an increased level of staff leadership and supervision. Other senior staff at Board level have also recently been appointed, notably the new role of Director of Nursing and Quality who is responsible for enhancing the quality of care delivery, and a Director of Compliance who has recently implemented a new integrated governance system across the company. Both of these roles bring a significant amount of expertise and scrutiny at Board level, which has started to impact positively at Waterloo Manor in terms of governance and culture. The Nursing Directorate of NHS England is presently organising a further Quality Surveillance Group meeting which will draw together the key stakeholders involved in order to review progress.
- 3.3 Waterloo Manor have access to the training and development offer from Leeds Safeguarding Adults Partnership and therefore are able to access the comprehensive suite of training on offer. The directorate has provided some training in house specific to Waterloo Manor but this was specifically provided as a result of the concerns earlier in the year as the service had been identified as a special case and prioritised by the Safeguarding service. This approach of providing bespoke training to every provider would not be sustainable therefore Waterloo Manor are now required to access the available training themselves and to attend the dates provided. This is being closely monitored. It is disappointing to note that to date this has not happened and at a meeting with managers from Waterloo Manor recently it was reinforced that this is the expectation. The take up of the training will be closely scrutinised as this is a positive indicator of an organisation taking individual responsibility.
- 3.4 Senior personnel from Waterloo Manor have reported that they are in the process of introducing internal safeguarding training. This is currently providing by use of an online tool and this needs to be further developed in a more sophisticated way. The provider is currently liaising with NHSE to implement a more comprehensive safeguarding training plan. Adult Social Care have also offered to give support and advice in terms of this via a dedicated link to a ASC manager with specific expertise and experience in the field of safeguarding.

- 3.5 The provider has acknowledged that they need to provide specific training in relation to working with people with personality disorders. They acknowledge that this is an area where they should demonstrate expertise and that their staff must be sufficiently confident and competent in approaches and risk management and assessment. Adult Social Care have been informed that this training is being commissioned and will be available early in 2016.
- 3.6 Waterloo Manor are rolling out additional risk management training and this includes the involvement of patients which is recognised good practice and supports the promotion of responsibility where adults have a diagnosis of a personality disorder. In addition to this, training is also mandated for all staff with regards to the Mental Health Act and the Mental Capacity Act. Seeing this training programme delivered comprehensively cross staff teams would provide confidence that the front line staff are fully aware of the legislative frameworks in which they are expected to work. There are clear appeal processes and procedures which are long established within the arena of Mental Health Act detentions and these processes also serve to ascertain quality in relation to the execution of service delivery and to ensure that patient's rights and dignity is being upheld.
- 3.7 Waterloo Manor have implemented new planning documentation with a focus upon independence and personalised approaches. This demonstrates partnership and inclusive working with patients. The documentation is known as "My Shared Pathway" and this has been shared with commissioners.
- 3.8 In order to respond to the concerns about safe practices in relation to medication, Waterloo Manor now have implemented an external monitoring and fortnightly stock check via a local pharmacist. This enables robust audit to take place and subsequently the reviews of process are demonstrating that safe practices are in place with regards to medication issues. This will continue to be monitored via NHSE and CQC.
- 3.9 In relation to the safeguarding investigation and the CQC inspection there were evident concerns about a particular culture existing in that patients were not respected and were not treated with the dignity to which they are entitled. This has been accepted by the senior managers within the company and as such the key appointments at Director level have been changed and new personnel have been appointed in order to facilitate a whole scale change in culture. This does take time and this is acknowledged. The enhanced significance given to training is part of this as is the collaboration with patients. All patients now have access to independent advocacy and this is routinely taken up. There are however still some concerns in relation to the implementation of safeguarding. A morning meeting is held daily focusing upon safeguarding matters and relevant paperwork completed. It is disappointing to note that it is not yet clear via recording which professional takes responsibility for following up safeguarding concerns. Waterloo Manor are currently developing a document as a way of tracking safeguarding and they have been advised to clarify exactly who is responsible for allocated actions.
- 3.10 Further collaboration with patients is evident as a new system has been introduced where patients are present when their daily notes are being recorded. Patients are encouraged to contribute to their daily notes and communication seems to have improved between staff and patients.

- 3.11 In relation to previous concerns regarding the over-reliance upon agency staff Waterloo Manor are currently reporting that they have 3.5 current vacant nursing posts out of a compliment of 24 nurses for the hospital. Recruitment is underway for these vacancies. With regards to healthcare assistant posts these are all fully recruited into. Where agency staff are needed this is done via one organisation "Achieve" - this provides a consistency of sorts and this organisation only provide staff where they have received the Waterloo Manor mandatory training to implement and approach where the staff are trained and competent within this particular area of provision.
- 3.12 From an Adult Care perspective the directorate will continue to provide a link Team Manager to Waterloo Manor for the purposes of monitoring, support and safeguarding oversight. The established process for monitoring entails the receipt of safeguarding referrals which will be logged onto the CIS database and identified against that manager for ease of reference. Waterloo Manor are aware of this and there have been two separate meetings to clearly articulate the process of safeguarding with an explicit focus upon the outcomes that the vulnerable individual wishes to achieve. Adult Social Care are meeting with NHS England at Waterloo Manor in order to establish an ongoing clear partnership approach. The tracking of safeguarding activity will be monitored weekly and any concerns will be immediately flagged up with the provider with Head of Service oversight. There has been a decrease in safeguarding referrals over the past four months. There were two referrals in August - one was an incident between a patient and a staff member and the police have been involved and no prosecution has occurred. The investigation evidenced that there was no assault on the patient from the staff member as had been alleged. The second safeguarding incident in August was in relation to a patient bullying another patient. There were no referrals in September and one received in October. This particular referral is currently being investigated by the police and a member of staff has been suspended. There have been no referrals received in November and rigorous monitoring is in place.

4. Recommendation

- 4.1 That the Scrutiny Board considers the report and detail presented at the meeting and determines any further scrutiny activity and/or actions as appropriate. Adult Social Care will retain a key role in support, advice and monitoring and will continue to work with NHSE and CQC.
- 4.2 That Scrutiny accept the reassurances given by Adult Social Care in terms of the significance and importance of attention given to this particular provider.

Background Documents:

None

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.

Objective	Agreed Action	Start Date	End Date	Accountable Person	Progress	Status	Actioned Required	Evidence Received
To explore further options with the view to appoint a GP for weekly surgery	Ged McCann to explore options with local CCG's.	12/08/15	31/12/15	Hospital Director	Ged agreed to liaise with CCG coordinator (Russell)	Amber		PHC plans being used via ward rounds. Spot checks ongoing. Weekly physical observations including weight monitoring are carried out where patients agree.
Make provision so that there is a robust safeguarding reporting system.	Provide all staff further training to ensure they understand the proper reporting process on 'safe guarding'. Training and supervision to include, professional attitudes and behaviour, training around role modelling and accurate documentation and record keeping.	21/08/15	30/09/15	DR	All wards have a safeguarding folder in the office. This supports and guides staff regarding safeguarding actions.	Green		on file
	Social Worker and HD to build further links with external Local Authority Safeguarding Team.	21/08/15		SW Department	Hospital Director commenced 1 September 2015 and will arrange meeting with safeguarding lead.	Amber	email x3 sent to Dilani (SG Lead)	Tracy to be invited to the fortnightly action planning meeting.
	Invite Local SG Lead to the Hospitals monthly Quality Governance meetings. Next meeting on the 21/09/2015.	21/08/15		SW Department	As above, HD will liaise with safeguarding lead re continuing attendance at QG meetings	Amber	Invited to Sept and Oct QGM	Met with Lucy Cockrem and plans for sharing of information and future meetings agreed. TW (Social worker) has taken the SG lead. Next meeting 18/11/15
	Safeguarding and Incident Review/Analysis meeting to commence weekly.	21/08/15	31/10/15	Hospital Director	First meeting to held on 04/09/15, with a follow up meeting in Oct, it as now been agreed that all IR and Safeguarding's will be reviewed from Monday 12th October daily during morning handover	Amber	Continue to monitor and feedback any issues	on file to be discussed monthly at Integrated Governance.
To improve the completion of paperwork / reporting at ward level	Provide training for all relevant staff to have a better understanding and documenting , reporting and recording.	21/08/15		Rachel Wakelin / RCs	Training sourced and letter informing staff of training to be sent, with a target of 80% of staff trained by 31/12/2015	Amber	Defensible documentation training being delivered to all staff.	Training sessions delivered 19/10/15 and 09/11/15. Further training 17 & 18/11/15
Addressing staff behaviours and attitudes.	Utilise values based recruitment screening and interview procedures to recruit new staff with appropriate values. Psychology to source compassion survey for staff, collate results and follow-up with appropriate training.	21/08/15	31/12/15	Psychology / Hospital Director	New Hospital Director commenced September 1 and has developed a screening tool supporting values-based recruitment processes. He has discussed compassion survey with psychology, who will source and implement. Compassion survey sent to all staff on 25/09/2015 evaluation to be complete by 31/12/2015. HD will meet with individual staff groups to raise awareness of attitude and culture and identifying steps to support positive, respectful relationships and language in everyday interactions with patients.	Amber	Values based screening tool in operation. Evaluation of compassion survey. Meeting with staff groups to be commenced 8th Oct.	Minutes of nurse meetings. Senior HCW meetings planned for 14 & 15 October 2015. HCW meetings .
Provide Ward Staff Training for Activities	Agree training programme as per individual patients care plan for ward staff to engage in activities with patients.	21/08/15	31/10/15	Francis Cornelius	New documentation implemented 5/10/2015 and will be reviewed by OT and in QGM on 16/10/2015, and will be part of the My Shared Pathway training delivered by NHSE	Amber	Review of documentation and any issues of recording data.	Attendance register with RW, Training delivered on 19th October and 9th November.
Night Shift Worker to work % of day shifts in a given time scale	Review the duty rota and agree programme to ensure there is effective rotation of staff between night and day shifts. This to include leadership provision on night shifts.	21/08/15		Helen Dickinson and Charge Nurses	Staffing teams have been reviewed, with night staff working 2 weeks per quarter on days this will commence on the 1st January with Charge Nurses overseeing. DR has discussed with AC the creation of senior staff nurse positions, with a view to supporting charge nurses and providing leadership support to night staff.	Amber	New rotas commence on 12/10/2015	on file. All night staff will have undertaken two weeks night duties within each quarter, with evidence documented on rotas and staff personal records.
Supervision and Appraisals	Supervision and appraisals to be maintained at 90% or higher.	21/08/15	31/12/15	Rachel Wakelin	Current supervision plan updated to enable this to be more sustainable,	Amber	Supervision will be maintained on a rolling three monthly programme. With HD supervising Charge Nurses monthly during which supervision figures for each ward are reviewed with responsible charge nurse	Rolling programme in place, to be monitored by HD.
Morning Meeting - Risks , Incidents and Complaints discussed daily and appropriate action / documentation update to reflect where needed.	Daily goals for patients to be discussed during 1:1 sessions with staff and implemented as appropriate - Psychologists to lead on this. Focus on risk posed when discussing incidents and the management of this.	21/08/15	31/12/15	MDT	Director of compliance to audit documentation regarding risk and links to careplans(12/10/15), HD and NHSE providing training on My Shared Pathway and risks commencing on 19/10/2015.	Amber		Audit completed. DR has circulated to teams to action. Charge nurses currently tasked with ensuring care plans are in place where risks are identified.
	Reflect on incidents	21/08/15		MDT	Incident checklist to be put in place, as an aide memoir for completion of IR. Weekly MDT will take place to review in entirety and ensure that learning points are identified and shared. First meeting to held on 04/09/15, with a follow up meeting in Oct, it as now been agreed that all IR and Safeguarding issues will be reviewed from Monday 12th October daily during morning handover	Amber		Plan to commence in morning meetings, due to start on the 12th, however, rescheduled for 14th. DR has e-mailed charge nurses requesting attendance by a member of staff at morning meeting, and to bring IR1 books.
	Complaints discussed from previous day.	21/08/15		MDT	Complaints officer now attends or provides feedback for Morning Meetings	Green		
Developing Charge Nurses	First Line Management Course to include effective leadership and management of staff and clinical areas. SNM to ensure effective supervision/support and guidance.	21/08/15		Rachel Wakelin	RW sourcing relevant information on management courses, with one Charge Nurse has a BA in Managing in Health Care Organisations	Amber	Essential skills for line managers - ACAS 18/01/16 - available. To d/w charge nurses during supervision.	Rachel will book 3 places.
To ensure Discharge Plans are in place for all patients	Clinical Team to build and establish networks and relationships with external stakeholders in order to create realistic and achievable discharge plans.	21/08/15		Hospital Director	External stakeholders are being invited to attend WMH and meet the "team" Charge Nurse and NIC have been given contact details of stakeholders and informed that they should be contacting them regularly to keep them up dated of progress, obs etc.... discharge plans are now documented in My Shared Pathway and reviewed during ward rounds and CPAs.	Amber		Weekly meeting with NHSE on Monday pm. Further meetings with CCG commissioners/case managers planned throughout November/December.

Objective	Agreed Action	Start Date	End Date	Accountable Person	Progress	Status	Actioned Required	Evidence Received
Any restrictive practice is proportionate and appropriate for all patients cared for at that point, in that environmental setting.	a) Review department of health guidance on restrictive interventions (April 2014).	19/03/15	30/04/15	MW	All service user will been individually risk assessed	Amber	Templates received from CR for review before decision.	Templates received from CR for review before decision. DR is to conduct a review into restrictive practice to provide assurance that we are adhering to best practice.
	c) Implement & embed with supported training programme.	19/03/15	13/05/15	AC	Awareness sessions for START and My Shared Pathway to be sourced, together with senior level support for care plan instruction	Amber	feedback from Rehab awareness sessions required. Attendant list required. Confirmation of remaining awareness sessions and attendance required.	DR to check this is in place and feedback at action planning meeting.
) Undertake a review of current governance/assurance systems and processes.				Clearly defined action plan with and goals milestones developed and agreed. GANTT chart showing detail available	Green		New metrics ontroduced to be implemented from the 16th October.
	a) Annual hospital ligature risk audit reported to the risk and safety governance group for action and recommendations.	19/03/15	31/03/15	AC	Low secure and Rehab completed and will be reported at the April governance committee.	Amber	Feedback required after Governance Meeting on the 27/04/15 - Rehab received, email sent re low secure, third party review to take place with Jim (Woodleigh)	DR to check this is happening.
Page 47					Detailed check list completed during visits	Amber	HD and DD to provide check list	Weekly ops report to be sent to AC
				RW	A review of current PDRs and Appraisal Documentation is under way to explore previously identified training needs	Amber	Review of Personal Development Plan for staff and appraisal form & process – ongoing, AC to provide previously used appraisal form, RW leading (AC/RW)	DR to review supervision paperwork.
	b) Engage with local Practice Nurse	18/03/15	30/05/15	AC	Discussions underway with practice nurse with regards to commencing weekly clinics on site from the beginning of May 2015. RGN	Amber	awaiting confirmation of RGN weekly clinic AC to confirm details. GP or Practice Nurse clinic to be arranged, talking to Garforth MC should hear 11/6/15 (MW)	DR to explore options for employment of a suitable candidate.
		Next Week			Not Started at this stage - Could be a new agreed action			
		Last Seven Days		Green	Action Achieved			
		Last Month		Amber	Process Started & on-going to achieve final agreed action			
				Red	Process not started/delayed or behind schedule			
					In the future so blank			

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Our Ref:
Your Ref:

Date: 14 January 2016

By Email

Albert Chelliah
Group Operations Director
Inmind Healthcare Group
Unit 7 The Quadrant
Upper Culham Farm
Cockpole Green
Berkshire
RG10 8NR

Dear Albert

As you are aware a single item Quality Surveillance meeting was held yesterday with regard to the progress being made at Waterloo Manor in relation to concerns raised by the CQC. The purpose of the meeting was to consider the current views of stakeholders in relation to those concerns, and agree what further oversight is required as part of the Quality Surveillance procedures. To this end representatives at the meeting included NHS England commissioners and case managers, CCG commissioners, Leeds City Council Safeguarding, and NHS England Nursing Directorate. The CQC representative was unable to attend the meeting but a verbal update was provided.

Documentation circulated to the group prior to the meeting included Waterloo Manor's Compliance Action Plan, together with the SMART action plan toolkit and a copy of Waterloo Manor's Vision, Mission and Values. These were considered very helpful in providing a clear outline of how the actions are being taken forward by Inmind as an organisation, and at Waterloo Manor hospital.

The key points noted at the meeting are summarised below:

- A close relationship with Leeds safeguarding has now been established with monthly meetings taking place with Lucy Cockerham, training has been provided to staff and an invite has been extended to join the next governance meeting being held at WM on the 25th January. There are three current safeguarding cases each relating to overdosing of self-administered medication.
- Leeds CCG's and LYPFT have become more closely involved in relation to the non-specialist elements of the service, and there is an intention that this will be built on via LYPFT's case manager.

- The updated action plan provided by WM is much more detailed and focused than earlier drafts which increases stakeholder confidence that WM understand the concerns and have clear plans to rectify the key issues. The document provides some level of assurance that the service are making progress and that this progress will continue.
- Changes in staffing across the company were seen as positive and instrumental in ensuring that new governance procedures, Board level oversight and scrutiny, clinical leadership and development, would be embedded across the organisation. Notable changes include Non-Executive appointment to the Board, Director of Nursing, Head of Compliance, Hospital Director and Clinical Lead roles.
- At ward level some level of concern remains in relation to care planning documentation, staffing resources and nursing compliment and leadership.
- At a corporate level there remain some concerns in relation to transparency of the Board meetings, the new governance structures and staffing roles that need further time to embed, and the lack of clarity over the future provision at WM if the current level of occupancy continues.

In summarising the discussion it was agreed that WM have made significant progress and that there is a high level of confidence that this progress will be maintained. Discussion and agreement is needed on how the current level of support and scrutiny is to be reduced over the coming months which ensures that progress will continue to be monitored, but with a reduced level of oversight and scrutiny. This 'exit' strategy needs to be agreed and in place prior to reducing the current level of Quality Surveillance.

A further meeting of the QSG is to be organised for the end of March 2016 to further review progress, particularly in relation to the embedding of new governance processes and key staff appointments.

Please do not hesitate to contact myself if you would like to discuss any of the issues raised above.

Yours sincerely



JULIE FINCH
Deputy Director of Nursing & Quality

INMIND HEALTHCARE
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Report for Leeds City Council Scrutiny Board following CQC visit to Waterloo Manor

This report has been requested by the Scrutiny Board as a summary of the activity/progress since the Scrutiny Board's meeting in September, identifying any specific lessons learned and detailing the journey from 'inadequate to good' highlighted in September.

Point 2 in the e-mail refers to the action plan. This was drafted by Inmind following a subsequent re-inspection in August 2015 and superseded the original action plan from the February 2015 inspection. The action plan has been reviewed and updated regularly and was re-drafted in an improved format in December 2015 (attached). It was last updated on 14 January 2016 following full discussion by the multidisciplinary team.

One of the specific points raised in the email of 6 January 2016 related to concerns regarding training 'mainly around staff training around safeguarding'. The Hospital Director had discussed training provision by the local authority with the safeguarding lead in September 2015 and was advised that two levels of training were available but that it could not be delivered at the provider's location. After several unanswered phone calls and e-mails we were informed that the safeguarding lead was on sick leave and Lucy Cockrem would be taking the lead. In meetings, the Hospital Director advised that staff at Waterloo Manor had undertaken the provider's own safeguarding training and that more than 80% of staff had completed this. Lucy gave the name of the contact for accessing training from the local authority, although it was not clarified at the time that Inmind were under an obligation to access this training, hence it was not set out as an action point in the action plan. Subsequent communication with NHSE and the local authority has confirmed that Inmind are expected to access the training. Dates in January (24th) and February (11th and 25th) 2016 have been identified and staff allocated to attend, who will then deliver the training to Waterloo Manor staff in addition to the training already provided by Inmind. Subsequent to the above dates, a second set of dates will be sourced for further staff to attend the local authority training.

In relation to other activity/progress since the Scrutiny Board met in September, the multidisciplinary team at Waterloo Manor met to discuss and collate the information across all areas of service provision.

Two of the most significant areas of activity and improvement have been in patient involvement and multidisciplinary team working – areas which were criticised in the February CQC report.

Patient involvement is supported by two involvement lead staff, who have dedicated and protected time to carry out the role, supported and supervised by two regional involvement leads whose roles are funded by providers of secure care, including Inmind. Community meetings are coordinated by the involvement leads on each ward and attended by patients and members of the multidisciplinary team. These meetings are forums for patients to identify both positive and negative aspects of life at Waterloo Manor, including environmental considerations, activities, events, general ward management, staffing, leave opportunities and any other aspects that patients may wish to discuss. The involvement leads and patient representatives at Waterloo Manor attend the Yorkshire and the Humber Network for Involvement, with meetings at least monthly. One of the patient representatives at Waterloo Manor was recently supported to deliver a presentation at one of the

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regional meetings. Smoking cessation has been a focus for the involvement leads, with patients deciding on how the reduction towards becoming smoke-free on 1st February 2016 would be best facilitated. Patients have been involved in interviews as part of the recruitment of new staff at Waterloo Manor. There is an events committee in which patients are able to plan for set up events across the hospital throughout the year, often raising money for charity in the process. For example, in September a cheque for over £500 was presented to the WISH (Women in Secure Hospitals) charity which provides an advocacy service into Waterloo Manor. There is new care planning documentation which has the patient's view of their needs at the start of the document. Patients are supported and encouraged to identify their own needs, goals and aims with their allocated primary nurse, writing their own information where possible. A new integrated 'My Recovery Pathway' document has been piloted successfully and the hospital is in the process of implementing this document for all patients. For patient safety reasons, the process is such that previous documentation cannot simply be removed and replaced, a gradual change from one format is required in order that significant information regarding risks is maintained. The document incorporates demographic information, historical information and current care provision in the form of documented ward round discussions, risk assessment and care plans. The hospital uses research based assessment tools such as 'START' risk assessment and 'Recovery Star', both of which involve patients in their completion. An initiative for staff to sit with patients to discuss their day and what to write in the daily progress notes was commenced in November, with evidence in the patients' notes that staff are including and involving patients rather than simply 'writing about' how patients have presented from staff viewpoints. Prior to patient review meetings, often known as 'ward round', patients are supported to complete their own form representing their views and requests for the team. Support workers, who often work most closely with patients are invited in to ward rounds, both to support patients and for their own valued contribution. When patients access the community on section 17 leave, they are encouraged and supported to complete their own written feedback on how the leave went, which then may inform future section 17 leave opportunities. Occupational therapy staff help patients to plan their activities for the forthcoming week, with patients typing up their own activity plans. Patients are invited to attend the monthly integrated governance meeting, and two patients have accepted the invitation and brought positive contributions to the meeting. When areas of the hospital have been repainted, patients have been invited to choose the colour.

In relation to improved multidisciplinary team working it was identified by CQC that incidents, safeguarding concerns, complaints and other risk or practice issues were not being fully discussed and addressed, with a perceived 'disconnect' between staff on the wards and the management team. There has always been a morning meeting, in which medical and management staff were informed about the previous day or weekend's events and incidents. The morning meeting was previously held in the board room, adding to the perceived disconnect between staff and management. The meeting is now held in the cinema room, which facilitates the attendance of staff from wards and is not seen as a 'management area' as the board room had previously been viewed. This meeting has undergone significant improvements since September. Information is provided electronically by each ward and is projected onto a screen for all attendees to read and identify areas which require further discussion and follow up. One of the benefits of information being provided in this way has been that nursing staff have kept the electronic information up to date

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throughout the day rather than hand-write a sheet at the end of their shift. Recording information in this way ensures a more contemporaneous and accurate report of the day's occurrences is provided to the multidisciplinary team. The quality and standard of daily reporting by nurses has improved significantly, due in part to defensible documentation training and discussion with staff regarding the use of more positive and supportive language, both in conversation and written communications. Attendance at the morning meeting is open to staff at all levels, with several nurses and support workers regularly attending, providing feedback and joining discussions. The 'complaints officer' attends the meeting to identify any new complaints, but this has also been extended to include compliments. Waterloo Manor has received compliments from both current and past patients, some of which are attached as appendices, along with compliments from staff regarding other staffs' positive contribution to patients' safety. Acknowledging staff compliments fosters a culture of team working and support for staff to feel valued in what can be a demanding and sometimes difficult job.

'Ward to board' assurance and vice versa was identified as a concern by CQC in February 2015 and Inmind have taken steps to address this, with the appointment of new board members, including a Non-Executive Director, Director of Nursing and Governance and Head of Compliance, all of whom have vast nursing, managerial and service provision experience. A restructured, Integrated Governance model has been implemented, piloted successfully at Waterloo Manor and rolled out across the other hospitals in the group. Monthly meetings are held in Waterloo Manor, attended by multidisciplinary team members, and as previously identified, by patients. The minutes of this meeting then inform the bi-monthly Corporate Governance meeting, chaired by the Non-Executive Director and attended by the Hospital Directors, Group Operations Director, Director of Nursing and Compliance and the Head of Compliance. Minutes of this meeting are then provided to the board meetings and actions identified and disseminated to Hospital Directors. The Corporate Governance and board meeting minutes are disseminated to Hospital Directors or local actions. In addition to the governance framework, the Chief Executive of Inmind visits Waterloo Manor several times each month, predominantly unannounced, to monitor progress against the action plan and CQC findings. A new audit programme has been devised for 2016

The physical health care of patients at Waterloo manor was also said by CQC to be 'not sufficiently assessed'. Arrangements are in place with the supportive local GP service and all patients are registered at the practice. Patients access GP appointments as required and if necessary the GP will visit Waterloo Manor. Annual physical health assessments are carried out by the GP service as well as ongoing monitoring of any health conditions. Discussion has taken place regarding the provision of a weekly surgery within the hospital, but current GP funding arrangements have precluded this from commencing. NHS England have informed Waterloo Manor that a large provider of independent mental health services has submitted a report to the Department of Health regarding the provision of GP services within independent mental health facilities. We are awaiting the DH response as this may inform future discussions with the local GP service. Other areas of physical health have been and continue to be addressed. Weekly, or more frequently if indicated, monitoring of blood pressure, pulse, weight and temperature are carried out. Responsible clinicians monitor patients who are on antipsychotic medications with regular ECG and specific blood tests. A dietitian was appointed following the February CQC visit and, using evidence based tools, has advised on and overseen the implementation of new more healthy menus. Frequent meetings take place between

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the head chef and dietitian to review and improve menus. The dietitian has also implemented individual weight management programmes for patients who may be overweight or have health conditions which have dietary implications. Exercise programmes are individually developed according to ability and the occupational therapy team provide a range of activities related to fitness, with differing abilities accommodated. For example, there are 3 levels of 'walking group', aqua Zumba, swimming, gym sessions both within the hospital and the community. At least one fitness related activity is offered by the occupational therapy team daily. One of the clinicians is currently working with the dietitian on a 'Health Action Plan' which will offer a comprehensive approach to physical health for patients, with planned sessions in which doctors, nurses, the dietitian and pharmacist will be available to discuss any aspect of physical health or lifestyle with patients. The proposal is currently being drafted for this initiative. As previously indicated, the hospital will become smoke-free on 1st February 2016 and a programme of reduction has been in progress since September 2015. A number of patients have already given up completely, and those who haven't managed are continually supported to reduce their consumption with nicotine replacement therapy provided in various forms. A number of support workers have previously been identified as health champions and they will be tasked with regular audit of patients' physical health interventions, reporting back to the monthly governance meeting. Weekly medicine management meetings take place with the supplying pharmacy to discuss the weekly audit and rectify any issues promptly. The supplying pharmacy provide training for nursing staff, with sessions in November 2015 on diabetes management and clozapine therapy.

A new initiative of 'clinical discussions' was commenced on 13 January 2016. Coordinated by one of the clinicians, the sessions will offer discussions on particular topics, training opportunities and case discussions. Scheduled for 13.15 – 14.15 they have been publicised and are available to all staff.

Regarding staff support, CQC identified that staff were not sufficiently supported to enable them to carry out their role. New systems of supervision have been implemented, with a target figure for supervisions and appraisals of 90% by 31 January 2016. Statistics have increased from circa 50% in September to 84% appraisals and 81% supervisions at the beginning of January 2016, with each charge nurse setting out their plan to meet and maintain the target by 31 January. Training for staff has been increased, with training offered on 'My Shared Pathway', HCR20, HoNOS, MAPA (management of aggression), defensible documentation, START risk assessment, engagement in activities, Mental Health Act in addition to the mandatory training that staff complete. The Hospital Director has met with Leeds University teaching staff and coordinated the reintroduction of nursing students to Waterloo Manor. A number of current nursing staff are mentors, who are required to be in place support student nurses. It is anticipated that students will begin to use Waterloo Manor as a placement in the first quarter of 2016. The recently appointed Senior Nurse Manager has commenced a weekly newsletter for staff to support improved communication with staff at all levels. This has been well received, with staff proffering topics and information/suggestions for future newsletters.

The staffing rotas have been overhauled to ensure more consistent team working on the wards. Staff are now allocated to one of four teams on each ward (2 x day shift and 2 x night shift teams), reducing the number of casual bank or agency staff used across the hospital. Where bank and agency staff are used, charge nurses book regular staff who are familiar with the patients, the

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hospital and documentation. A system of rotation of night and day staff has been implemented from January 2016. Staff report an improvement in morale and feeling more involved in the running of the hospital.

A new 'values-based' recruitment process was implemented from September 2015, with application forms screened for values based words and statements. The leadership team are focusing on how staff communicate with patients, with language a significant area of focus. Encouraging the use of positive, non-restrictive language has been cascaded in staff meetings, the newsletter and in defensible documentation training. There is clear evidence of improvement in patients' notes and in the morning meeting summaries completed by nurses for the previous day.

The cleanliness of the environment was criticised by CQC and the hospital now has a full housekeeping team and regular audits of the environment. A programme of redecoration is in progress with, as identified previously, patients choosing colours.

In terms of lessons learned, these have been related to all of the areas identified above, and the actions described above form the responses to those lessons learned. Additionally, there was a 'disconnect' between the previous senior management team and staff working on the wards. The staff team felt isolated and that there was a 'blame culture', rather than a supportive and learning culture when difficulties arose. That such a culture develops can be common in environments providing secure care and good leadership is needed in order to monitor and address any negative aspects of culture, such as staff and patients being viewed as 'us and them', the use of negative and restrictive language, patients being labelled as 'problems' rather than people who need support to overcome their difficulties and widespread restrictive practices. Communication was not effective between departments and teams and a concerted effort to improve communication has led to more comprehensive morning meeting discussions, inclusion of all levels of staff and a more comprehensive, collective overview of areas such as incidents, safeguarding, complaints and compliments. Compliments were not previously collated and fed back to teams, and commencing this initiative has improved the morale of teams and individual members if the compliment is to a particular staff member (See attached).

It is worth noting that Waterloo Manor and Inmind have acted with integrity in continuing to discharge patients when they have no longer required hospital care, despite being unable to admit new patients following the voluntary embargo implemented by Inmind subsequent to the CQC visit in February 2015. Patients' average length of stay is one of the lowest in the sector at 13 months, with over 90% of discharges being positive and to less secure conditions. At a meeting with the Lead Commissioner for NHSE in London in September 2015, Inmind presented evidence in support of the voluntary embargo being lifted. This was accepted by NHSE and the embargo was lifted subsequent to the meeting.

We remain concerned that the CQC, following their re-inspection of Waterloo Manor in August 2015, have not yet published the updated report. CQC have informed Inmind that the updated report will reflect the positive progress made since February 2015. Currently, the published report on the CQC web site continues to be the report from February 2015, published in August 2015, and it is our firm belief that this has affected, and continues to affect, business in the form of new referrals. Representation has been made to CQC by the Group Operations Director for Inmind in

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relation to this concern, and subsequently an e-mail was sent on 13 January 2016 from the Head of Inspection (Hospitals Directorate) at the CQC, detailing the process and dates for the updated report and confirming that the warning notices had been met. (A copy of this e-mail is attached)

David Ramage

Hospital Director

Waterloo Manor Hospital

14th January 2016



SMART action plan toolkit

(For the progression of actions at Integrated Governance Group)

1. INTRODUCTION

The purpose of this document is to outline the benefits of using the SMART local action plan and to provide some instruction on how to use it.

The benefits of the SMART action plan are:

- It provides a template for developing specific actions that will produce deliverable actions in a timely way in order to deliver what needs to be achieved.
- It makes accountability of the action plan and monitoring responsibilities clear by naming the owner of the action plan, the implementation group and the date and group of the next review.
- It supports management of version control by including the date and version number.
- Provides an at-a-glance overview of the status of each action with the use of Green-Blue-Amber-Red status tracking

The action plan utilises smart principles to ensure the right information is included on the action plan.

- Specific
- Measurable
- Achievable
- Realistic
- Time bound

2. METHOD

The relevant SMART principles are listed for each column on the action plan.

Recommendation identified (Specific):

This is the reason why the action exists. It is the issue needing to be fixed with the action(s).

Recommendations may come from varied sources including:

- 20 day executive summary reports
- Reviews of incidents and 72hr reports
- CQC reports or action notices
- Complaint investigations
- Audits
- Reports to Prevent Future Deaths (PFDs) – formerly known as rule 43 reports
- Local or Corporate Risk Registers

(This is not an exhaustive list)

It is important to be specific so it is easier to make the action relevant to the recommendation. There will often be more than one action for the recommendation.

Outcome (Measurable)

This is a measure of success. It is how to know that the actions have resolved the issues identified in the recommendation. It's important to make the monitoring measurable so it is easy to judge whether this is the case.

Actions (Specific & Achievable)

These are the items that people are going to complete. These should be as specific as possible so those who are completing the actions know exactly what they are doing. It's important that they are achievable and are designed to achieve the outcome above.

If resource implications make actions less achievable, then the constraints can be noted in the next section. If an action is identified that is out of one's control or needing corporate attention and directly impacts on unit objectives, then this should be noted on the local risk register.

Resource Demands/ Constraints (Realistic)

It is necessary to be realistic about any barriers there are in achieving the action. This section should note any issues and factor these in when agreeing timescales.

If there are no constraints, then enter 'no issues' into this section.

The Person Responsible (Realistic)

The person identified for completing each action. Ensure the person has the skills, knowledge and support to complete the task.

The Person Accountable (Realistic)

The person identified to monitor progress and ensure that an action is completed by the 'person responsible'.

Target date for completion (Time bound)

This will note the deadline when the action is to be completed by. Ongoing review will demand progress to the action and any resource demands should be revisited.

Any delays should be noted. If excessive delays to an action are noted, then escalation of the action on the local risk register should be considered.

RAG scoring

The final section is the RAG scoring. Regular review of the action plan is essential to ensure actions are progressing. Note the date of the last update and the date of the next review in the relevant boxes. Make sure review of the action plan is added as an agenda item.

Each action should be given a status update using the Green-Amber-Red scale below:

Green	Green	Achieved
Green	Amber	Work is in progress in line with target date
Amber	Amber	Initial work has commenced appropriate to target date
Amber	Red	Minimal or no work has commenced in this area due to the long lead time
Red	Red	Actions have not been achieved by the target date
Grey	Grey	Responsibility reallocated

Has the recommendation been escalated to the Local Risk Register

If any of the actions listed to comply with the recommendation/objective fail, then the recommendation will be escalated to the Local Risk Register. The risk register will assess the risk of

not being able to achieve the recommendation. Local Risk Registers are accessible to Executive Management Board, Operational Director and the Head of Compliance. This section should be used to note that it has been escalated and the reason for the action failing.

List of Evidence/ Controls

As actions are completed, the person responsible will produce documented evidence that the action has been completed and change has been embedded into practice. Documents should be listed and embedded into this section. The evidence listed will also show the controls or assurances in place to support the recommendation. If the recommendation is escalated onto the Local Risk Register, the list of evidence should be noted as current controls within the risk register.

WATERLOO MANOR: COMPLIANCE ACTION PLAN –			Date Created:
Action Plan Owner:	Mr David Ramage, Hospital Director, 01132876660	Date last updated: 14/01/16 (and version No.) V5	July 29 th 2015. V4
Integrated Governance meeting Date:	18 th December 2015	Next review due by – 25/01/16 Group date:	Date of next IG meeting

Recommendation Identified (in Report/Review/CQC) Issue/ Driver/ Gap/ Objective requiring action and attention (Outcome Measure of success. How will you know the actions have resolved the issues identified in the recommendation (a set target, percentage gain, audit results etc.)	Actions Stated clearly and concisely the actions to achieve the desired outcome.	Resource demand/ constraints Relevant to all people, any issues in completion	Person Responsible Initials	Person Accountable Initials	Target Date for Completion Realistic deadline	RAG Rating Status/ See Key		
Specific	Measurable	Specific and Achievable	Realistic			Time bound			
<p>CQC, in February 2015 identified that patients' physical health needs were not sufficiently assessed.</p> <p>To explore further options with the view to appoint a GP for weekly surgery.</p> <p>Input from dietitian.</p>	<p>Hospital Director and Clinical Managers identify and monitor actions through Integrated Governance Meetings to ensure that patient's physical needs are sufficiently assessed and appropriate support provided. All patients will have access to primary health care services as required. Where appropriate patients will have access to dietary advice and guidance from a qualified dietitian.</p>	<p>Ged McCann to explore options with local CCG's for GP input into WMH. (See below)</p>	<p>External factors currently influencing completion.</p>	<p>Ged McCann</p>	<p>David Ramage</p>	<p>31/01/2016</p>			
		<p>Feedback from Ged McCann. Cygnet have provided a report to DH on the provision of primary care in mental health settings. A response is anticipated from DH which may outline how such services are procured.</p>	<p>As above. National response expected from report to DH.</p>						
		<p>Dietitian now contracted to provide weekly input to patients who require this support. BMI monitored and St Andrews Nutrition Screening assessment tool used. Weight loss programmes commenced.</p>	<p>Minimum of monthly meetings between the dietitian and head chef.</p>				<p>Weekly review by dietitian</p>		
		<p>At least one fitness related exercise is provided by the occupational therapy team per day. Walking, gym and swimming groups available to patients. Different</p>					<p>In place</p>		

		levels of ability and fitness accommodated. Up to 15 patients access these groups weekly.						
		Aqua-zumba attended regularly with OT staff and on-site/off-site gyms available and regularly used.				In place		
		Annual physical health checks provided by GP service. Minimum weekly Bp, pulse, temp and weight where patients agree. More frequently if clinically indicated.				In place		
		Antipsychotic medication monitoring tool used by RCs to monitor patient blood levels and ecg.				In place		
<p>How (and to whom) have the lessons learnt relating to the recommendation been disseminated. Information disseminated to MDT via action plan meetings, governance meetings and ward round.</p>								
<p>Has the recommendation been escalated to the Local Risk Register for risk assessment and monitoring Yes/No. No</p>								

Recommendation Identified (in Report/Review/CQC) Issue/ Driver/ Gap/ Objective requiring action	Outcome Measure of success. How will you know the actions have resolved the issues identified in the recommendation (a set target, percentage gain, audit results etc.)	Actions Stated clearly and concisely the actions to achieve the desired outcome.	Resource demand/ constraints Relevant to all people, any issues in completion	Person Responsible Initials	Person Accountable Initials	Target Date for Completion Realistic deadline	RAG Rating Status/ See Key	
Specific	Measurable	Specific and Achievable	Realistic		Time bound			
<p>At the February 2015 inspection it was identified by CQC that patients were not effectively safeguarded from abuse. There had been 22 allegations of abuse by staff and that only 6 of these had been reported to the local safeguarding authority.</p> <p>Make provision so that there is a robust safeguarding reporting system.</p>	<p>Patients are protected from abuse by robust safeguarding procedures.</p> <p>Provide all staff further training to ensure they understand the proper reporting process on 'safe guarding'. Training and supervision to include, professional attitudes and behaviour, training around role modelling and accurate documentation and record keeping. Ensure evaluations of training are completed.</p>	<p>All wards have a safeguarding folder in the office. This supports and guides staff regarding safeguarding actions. Defensible documentation training commenced during November focusing on language and factual accuracy. Currently (as of 11/12) 89% of staff have completed safeguarding training. Training manager has written to safeguarding re accessing external training and resources from local safeguarding team. Training evaluations to be maintained by training manager and analysed to inform improvement.</p>	<p>Staff to attend safeguarding authority training in order to cascade further training within the hospital</p>	<p>David Ramage</p>	<p>Head of Compliance</p>	<p>30/09/2015</p>		
		<p>Safeguarding lead to build further links with external Local Authority Safeguarding Team. SW has now left Waterloo Manor and HD has taken on safeguarding lead until Senior Nurse Manager has completed induction. Several meetings with Lucy Cockrem and further dates given by HD. Awaiting date from LC and Maxine Naismith re meeting to discuss progress and training needs. Regular meeting schedule to be agreed with safeguarding authority for 2016.</p>	<p>Staffing/sg lead changes at WMH have had minor impact on progress during late 2015.</p>	<p>David Ramage/ Anne-Marie Osborne-Fitzgerald</p>	<p>Head of Compliance</p>	<p>31/03/2016</p>		

		<p>Invite Local SG Lead to the Hospitals Monthly Integrated Governance meetings. Safeguarding document completed with outstanding issues. <i>All documentation completed and forwarded to local safeguarding team for 7 outstanding. 2 remain - 1 currently with police and 1 awaiting advice from s/g re previous discussions with former SNM</i></p> <p>HD has met with Lucy Cockrem and plans for sharing of information and future meetings agreed. Hospital integrated governance meetings are held on the third Monday of each month, with a standing invite to the safeguarding lead.</p>	Information provided to, and awaiting further advice from, safeguarding authority	David Ramage	Head of Compliance	Invites sent. LC attending 25/01/16		
		<p>Safeguarding and Incident Review/Analysis meeting to commence weekly. First meeting held on 04/09/15, with a follow up meeting in Oct, it has now been agreed that all IR and Safeguarding's will be reviewed from Monday 12th October daily during morning handover, thereby superseding the weekly review. Incident reports discussed at morning meeting daily, safeguarding identified, with follow up action delegated. Safeguarding is a standing agenda item in the monthly integrated governance meeting.</p>		Anne-Marie Osbourne Fitzgerald (AMOF)	David Ramage	31/10/2015		
		<p>Training dates have been sourced from Leeds Safeguarding Adults team of 23/01/16, 11/02/16 and 25/02/16. Staff have been allocated</p>						





		to each date, with the plan to gather resources and deliver this training to staff at Waterloo Manor. Further training dates will be requested for both level 1 and level 2 safeguarding training and staff allocated to dates.							
<p>How (and to whom) have the lessons learnt relating to the recommendation been disseminated. Where outstanding safeguarding issues remained, individual charge nurses have been tasked with completing outstanding documentation and submitting to local authority. Training manager has been copied in to communication from safeguarding regarding attendance at external training. All safeguarding discussions take place during morning meeting with members of the MDT.</p>									
<p>Has the recommendation been escalated to the Local Risk Register for risk assessment and monitoring Yes/No. No</p>									

Recommendation Identified (in Report/Review/CQC) Issue/ Driver/ Gap/ Objective requiring action	Outcome Measure of success. How will you know the actions have resolved the issues identified in the recommendation (a set target, percentage gain, audit results etc.)	Actions Stated clearly and concisely the actions to achieve the desired outcome.	Resource demand/ constraints Relevant to all people, any issues in completion	Person Responsible Initials	Person Accountable Initials	Target Date for Completion Realistic deadline	RAG Rating Status/ See Key		
Specific	Measurable	Specific and Achievable	Realistic		Time bound				
<p>To improve the completion of paperwork / reporting at ward level.</p> <p>CQC, in February 2015 found that care plans were not holistic and person-centred and they did not demonstrate that patients were adequately involved in developing their care and treatment.</p>	<p>Provide training for all relevant staff to have a better understanding of documenting, reporting and recording.</p> <p>Documentation will evidence patient input/involvement wherever possible.</p>	<p>Training sourced and letter informing staff of training to be sent, with a target of 90% of staff trained by 31/03/2016</p> <p>Training sessions delivered 19/10/15 and 09/11/15. Further training delivered 17 & 18/11/15. 61% of nursing and support staff have been trained. Evidence of improved documentation on electronic handover sheets in morning meeting.</p>	<p>Ensure remaining staff have undertaken defensible documentation training and evaluations completed and analysed to inform improvement.</p>	<p>Rachel Wakelin</p>	<p>AMOF</p>	<p>31/03/16</p>			
<p>How (and to whom) have the lessons learnt relating to the recommendation been disseminated.</p> <p>Defensible documentation training delivered by HD to 61% of ward based staff, with rationale for staff regarding what CQC found and how documentation can be improved.</p>									

Recommendation Identified (in Report/Review/CQC) Issue/ Driver/ Gap/ Objective requiring action	Outcome Measure of success. How will you know the actions have resolved the issues identified in the recommendation (a set target, percentage gain, audit results etc.)	Actions Stated clearly and concisely the actions to achieve the desired outcome.	Resource demand/ constraints Relevant to all people, any issues in completion	Person Responsible Initials	Person Accountable Initials	Target Date for Completion Realistic deadline	RAG Rating Status/ See Key	
Specific	Measurable	Specific and Achievable		Realistic		Timebound		
Addressing staff behaviours and attitudes. CQC found that patients did not feel cared for and feedback about staff interactions was negative. ‘The staffing culture in the hospital was poor’. ‘Staff appeared to lack interest and did not engage in providing good quality care to patients’.	Utilise values based recruitment screening and interview procedures to recruit new staff with appropriate values. Psychology to source compassion survey for staff, collate results and follow-up with appropriate training.	New Hospital Director commenced September 1 and has developed a screening tool supporting values-based recruitment processes. He has discussed compassion survey with psychology, who will source and implement. Compassion survey sent to all staff on 25/09/2015 evaluation to be complete by 31/12/2015. HD will meet with individual staff groups to raise awareness of attitude and culture and identifying steps to support positive, respectful relationships and language in everyday interactions with patients. Values based screening tool in operation. Evaluation of compassion survey. Meeting with staff groups to be commenced 8th Oct. Minutes of nurse meetings. Senior HCW meetings planned for 14 & 15 October 2015. HCW meetings planned for December 30 2015 and January 6 2016.	HD facilitating meetings in order for both shift teams to be able to attend.	Psychology department Collating results of survey to support the identification of further training needs	David Ramage	31/12/2015		

How (and to whom) have the lessons learnt relating to the recommendation been disseminated.
The CQC feedback regarding staff culture and attitudes forms part of the defensible documentation training, in which dignity, respect, language and subjective opinion are discussed, with positive and negative examples used to inform debate.

Has the recommendation been escalated to the Local Risk Register for risk assessment and monitoring Yes/No.

Recommendation Identified (in Report/Review/CQC) Issue/ Driver/ Gap/ Objective requiring action	Outcome Measure of success. How will you know the actions have resolved the issues identified in the recommendation (a set target, percentage gain, audit results etc.)	Actions Stated clearly and concisely the actions to achieve the desired outcome.	Resource demand/ constraints Relevant to all people, any issues in completion	Person Responsible Initials	Person Accountable Initials	Target Date for Completion Realistic deadline	RAG Rating Status/ See Key	
Specific	Measurable	Specific and Achievable	Realistic		Time bound			
Provide Ward Staff Training for Activities CQC found that 'patients spent hours of time sat around with very little to do. Staff appeared to lack interest and did not engage in providing good quality care to patients. For example, we found staff spent considerable time sat on sofas in communal areas with up to eight patients at a time and were not seen to offer activities or motivate patients to participate in anything therapeutic'.	Agree training programme as per individual patients care plan for ward staff to engage in activities with patients.	<p>New documentation implemented 5/10/2015 and will be reviewed by OT and in QGM on 16/10/2015, and will be part of the My Shared Pathway training delivered by Regional Involvement Leads Attendance register with RW, Training delivered on 19th October and 9th November. 61% of ward based staff have undertaken training. Further training for remaining staff to be implemented by 31/03/16</p> <p>Staff satisfaction survey to be carried out in January 2016.</p> <p>Evaluations of training delivered to be collated by training manager.</p> <p>Update from Frances Cornelius 17-12-15.</p> <p>Progress: (new- 17/12/15) activity audit documentation has been successfully implemented in all wards. Training has been delivered to 61% of nursing and care staff. OT and involvement team collect and input the information on the shared drive to measure actual activities engaged in by patients. October completion of forms were still limited (82 hours recorded for one patient) comparing to actual activities engaged in, but November input shows a clear improvement (94 hours for the same patient) of</p>	Training delivered to 61% of front line staff, with further dates to be scheduled.	Francis Cornelius	David Ramage	31/03/16		
						Documentation in place. Further training for remaining staff to be delivered by 31/03/16		

		<p>recording the actual activities engaged in. it also demonstrated a clear understanding of staff (especially care staff) of the importance of activity engagement. OT staff reports daily support seeking from ward staff regarding the activities the patients engage in. Action required: review of documentation and any issues of recording data. Improved consistency in documentation of activities in November IG meeting. Action required: (new) OT staff plans to review all patient activity programmes in January which will be accompanied by risk and motivation guidelines specific to the patient. (aim; to complete 10 patients per month.)</p>							
		<p>The occupational therapy team have allocated a team member to each ward for half a day per week in order to further develop ward-based activities and provide role modelling for support staff.</p>							
<p>How (and to whom) have the lessons learnt relating to the recommendation been disseminated. Training has been delivered to 61% of ward based staff by Francis Cornelius, lead OT, along with rationale for staff regarding why the training has been necessary.</p>									
<p>Has the recommendation been escalated to the Local Risk Register for risk assessment and monitoring Yes/No. No</p>									

Recommendation Identified (in Report/Review/CQC) Issue/ Driver/ Gap/ Objective requiring action	Outcome Measure of success. How will you know the actions have resolved the issues identified in the recommendation (a set target, percentage gain, audit results etc.)	Actions Stated clearly and concisely the actions to achieve the desired outcome.	Resource demand/ constraints Relevant to all people, any issues in completion	Person Responsible Initials	Person Accountable Initials	Target Date for Completion Realistic deadline	RAG Rating Status/ See Key	
Specific	Measurable	Specific and Achievable	Realistic		Timebound			
Night Shift Worker to work % of day shifts in a given time scale. CQC found that 'staff did not receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.'	Review the duty rota and agree programme to ensure there is effective rotation of staff between night and day shifts. This to include leadership provision on night shifts.	Staffing teams have been reviewed, with night staff working 2 weeks per quarter on days this will commence on the 1st January with Charge Nurses overseeing. DR has discussed with AC the creation of senior staff nurse positions, with a view to supporting charge nurses and providing leadership support to night staff. All night staff will have undertaken two weeks' of day duties within each quarter, with evidence documented on rotas and staff personal records. New rotas commence on 12/10/2015. New Senior Nurse manager will oversee the implementation of night/day rotation, with a documented quarterly review.	Rotation will be on a rolling individual basis, rather than whole team, in order to maintain stability and consistency within established teams	AMOF	David Ramage	First documented review due 31/03/2016		
How (and to whom) have the lessons learnt relating to the recommendation been disseminated. Night staff have been made aware during meetings and supervisions that they are required to rotate on to day shifts for at least two weeks each quarter.								



Recommendation Identified (in Report/Review/CQC) Issue/ Driver/ Gap/ Objective requiring action	Outcome Measure of success. How will you know the actions have resolved the issues identified in the recommendation (a set target, percentage gain, audit results etc.)	Actions Stated clearly and concisely the actions to achieve the desired outcome.	Resource demand/ constraints Relevant to all people, any issues in completion	Person Responsible Initials	Person Accountable Initials	Target Date for Completion Realistic deadline	RAG Rating Status/ See Key	
Specific	Measurable	Specific and Achievable	Realistic			Timebound		
Supervision and Appraisals CQC found that 'staff did not receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.'	Supervision and appraisals to be maintained at 90% or higher. Supervisions will be analysed quarterly by HD/SNM to identify themes/trends and address as appropriate. Training figures will be collated monthly and discussed as a standing agenda item in integrated governance meetings, with actions identified and delegated.	Supervision will be maintained on a rolling three monthly programme. With HD supervising Charge Nurses monthly during which supervision and appraisal figures for each ward are reviewed with responsible charge nurse. As of 11/12 supervisions stand at 78% and appraisals 81%. By 31/01/16 supervisions and appraisals will be at a minimum of 90%	Charge nurses to supervise nurses and cascade to support workers.	Rachel Wakelin	AMOF	31/01/2016		
		Training statistics will be collated and disseminated. They will form part of the individual supervision discussions with charge nurses.		Rachel Wakelin	AMOF			
How (and to whom) have the lessons learnt relating to the recommendation been disseminated. Supervisions and appraisals have been discussed and documented as part of individual charge nurse supervisions, with the statistics collated on an individual ward basis.								
Has the recommendation been escalated to the Local Risk Register for risk assessment and monitoring Yes/No. No								

Recommendation Identified (in Report/Review/CQC) Issue/ Driver/ Gap/ Objective requiring action	Outcome Measure of success. How will you know the actions have resolved the issues identified in the recommendation (a set target, percentage gain, audit results etc.)	Actions Stated clearly and concisely the actions to achieve the desired outcome.	Resource demand/ constraints Relevant to all people, any issues in completion	Person Responsible Initials	Person Accountable Initials	Target Date for Completion Realistic deadline	RAG Rating Status/ See Key	
Specific	Measurable	Specific and Achievable	Realistic			Timebound		
Morning Meeting - Risks, Incidents and Complaints discussed daily and appropriate action / documentation update to reflect where needed. CQC found that 'staff did not recognise concerns and failed to act appropriately in response to incidents or near misses. When concerns were raised or things went wrong, the response to reviewing and investigating causes was insufficient or slow. There was little evidence of learning from events with a lack of clear actions taken to improve safety'.	Multidisciplinary attendance at morning meeting to review the previous day's incidents and/or positive occurrences. Focus on risks posed when discussing incidents and the management of this. Reflect on incidents. Complaints discussed from previous day (where raised). Safeguarding issues discussed from previous day (where raised). Action points identified with delegated individuals identified.	Director of compliance to audit documentation regarding risk and links to care plans (12/10/15), Audit completed. DR has circulated to teams to action. Charge nurses currently tasked with ensuring care plans are in place where risks are identified. Care plan audit documented to be updated taking into account the newly established 'My Recovery Plan' document.	None	Head of Compliance	Operations Director	31/10/15	Green	Yellow
		Regional Involvement Leads providing training on My Shared Pathway commenced on 19/10/2015. 61% of staff have received MSP training. New 'My recovery plan' document implemented, encompassing ward round, START risk assessment and nursing/MDT care plans. This document will be reviewed fortnightly, ensuring that care plans and risk assessments are reviewed/updated by the MDT at least fortnightly. All patients to have the new document in operation by 11/01/16 New index to be implemented to simplify case notes.	Further training from involvement leads to be scheduled.	David Ramage	Head of Compliance	31/03/2016		
		Clinical Services Manager collates and reviews all incident report with the team in morning meeting. Incident reports are rated by the	None	AMOF	David Ramage	31/12/2015		

		team and signed off by the CSM							

**How (and to whom) have the lessons learnt relating to the recommendation been disseminated.
This has been the focus of MDT discussions in governance meetings with sub-meetings to plan new documentation and review IR1 forms.**

**Has the recommendation been escalated to the Local Risk Register for risk assessment and monitoring Yes/No.
No**

Recommendation Identified (in Report/Review/CQC) Issue/ Driver/ Gap/ Objective requiring action	Outcome Measure of success. How will you know the actions have resolved the issues identified in the recommendation (a set target, percentage gain, audit results etc.)	Actions Stated clearly and concisely the actions to achieve the desired outcome.	Resource demand/ constraints Relevant to all people, any issues in completion	Person Responsible Initials	Person Accountable Initials	Target Date for Completion Realistic deadline	RAG Rating Status/ See Key			
Specific	Measurable	Specific and Achievable	Realistic			Timebound				
Developing Charge Nurses CQC verbal feedback from August 2015 was that 'charge nurses need to manage properly	First Line Management Course to include effective leadership and management of staff and clinical areas. SNM to ensure effective supervision/support and guidance.	RW has sourced relevant information on management courses. One Charge Nurse has a BA in Managing in Health Care Organisations but is willing to attend further management training. Essential skills for first line managers - ACAS booked for 10/02/2016 for 4 charge nurses. Course discussed with charge nurses during supervisions. Further modules are available to charge nurses following completion of first module. Charge nurses to complete evaluation of module on completion.	Time and financial cost of course for 4 charge nurses	Rachel Wakelin	AMOF	First module 29/02/2016				
How (and to whom) have the lessons learnt relating to the recommendation been disseminated.										
First line management course discussed with charge nurses during supervisions. All charge nurses informed of the date for the 'Essential Skills for First Line Managers' module.										
Has the recommendation been escalated to the Local Risk Register for risk assessment and monitoring Yes/No. No										

Recommendation Identified (in Report/Review/CQC) Issue/ Driver/ Gap/ Objective requiring action	Outcome Measure of success. How will you know the actions have resolved the issues identified in the recommendation (a set target, percentage gain, audit results etc.)	Actions Stated clearly and concisely the actions to achieve the desired outcome.	Resource demand/ constraints Relevant to all people, any issues in completion	Person Responsible Initials	Person Accountable Initials	Target Date for Completion Realistic deadline	RAG Rating Status/ See Key	
Specific	Measurable	Specific and Achievable	Realistic		Timebound			
To ensure Discharge Plans are in place for all patients CQC verbal feedback in August was that all patients have a discharge plan....'you need to focus on what they will need when they leave, building relationships outside the service....ensuring they are at the right stage in their pathway'	Clinical Team to build and establish networks and relationships with external stakeholders in order to create realistic and achievable discharge plans. All patients to have realistic discharge plans in place.	<p>External stakeholders are being invited to attend WMH and meet the "team" Charge Nurse and NIC have been given contact details of stakeholders and informed that they should be contacting them regularly to keep them up dated of progress, obs etc.... discharge plans are now documented in My Shared Pathway and reviewed during ward rounds and CPAs.</p> <p>Weekly meeting with NHSE on Monday pm to discuss discharge pathways for low secure patients.</p> <p>Accessing the local community in preparation for discharge, patients are supported to attend college in Leeds. Several patients attend local charities for voluntary work, eg Dogs Trust and British Heart Foundation. Local charities providing engagement opportunities, eg 'Inkwell' arts and crafts centre, are well attended by patients, either escorted/unescorted according to risk assessment. Local gym/swimming pool are accessed in preparation for healthier lifestyle choices.</p> <p>All patients are supported to cater for themselves where appropriate/able.</p>	Continued support from staff/MDT to access external opportunities in preparation for moving into the community.	David Ramage	Operations Director	31/03/2016		

How (and to whom) have the lessons learnt relating to the recommendation been disseminated.

Waterloo Manor has continued to discharge patients throughout the period of the voluntary embargo. Over 90% of discharges have been 'positive', ie to conditions of lower security or to the community.

Has the recommendation been escalated to the Local Risk Register for risk assessment and monitoring Yes/No.

No

Green	Green	Achieved
Green	Amber	Work is in progress in line with target date
Amber	Amber	Initial work has commenced appropriate to target date
Amber	Red	Minimal or no work has commenced in this area due to the long lead time
Red	Red	Actions have not been achieved by the target date
Grey	Grey	Responsibility reallocated

Waterloo Manor Independent Hospital - Leeds

Healthwatch Leeds reviewed the Care Quality Commission (CQC) inspection report dated 17 August 2015 that rated all 5 areas the CQC inspected as inadequate. A CQC inspection rating of “inadequate” always requires a written action plan and the CQC will undertake further compliance visits due to the rating to check that the actions are being implemented.

Background

Waterloo Manor Independent Hospital provides low secure and rehabilitation services for women with mental disorders and complex needs. It is run by a private company called the In Mind Healthcare Group.

The hospital consists of:

- Three low secure wards: Cedar (12 beds), Maple (13 Beds) and Larch (8 beds).
- Three locked rehabilitation wards: Beech (6 beds), Holly (4 beds), Hazel (8 beds).
- One open rehabilitation ward: Lilac (5 beds).
- The hospital has a total of 56 beds.

The service had been inspected three times since it was registered in October 2010. Every inspection has produced a list of standards that the hospital does not adequately meet.

Current concerns

The West Yorkshire Healthwatch network considered the Waterloo Manor report, together with two other reports of private hospitals in Bradford and Kirklees in their network meeting in October 2015. As all of the residents are commissioned from outside the Leeds or West Yorkshire area, the West Yorkshire HW raised a question about how quality was monitored with the NHS England Yorkshire and Humber Team. The NHSE team has acknowledged our concern and we know that activity to review the findings and other quality information has taken place including a meeting in December 2015.

The challenge from the Healthwatch perspective is that we hold no information on any carer, family member or patient ever raising a concern with any of us. Conversations with advocacy colleagues have not identified any support requests from patients in Waterloo Manor. Many residents remain in the hospitals for a number of years and most patients are commissioned by different commissioners. The patients have a very limited voice and the CQC report says that they do not believe their complaints and concerns are handled effectively. Review and inspection of such facilities requires knowledge and skills beyond the Enter & View capacity of Healthwatch, including specialist knowledge of appropriate detention and management of secure facilities, the Mental Capacity Act and rehabilitation pathways.

We have asked the NHS England team to review the quality and monitoring arrangements that are in place for the patients and to indicate how actions for improvement are monitored.

Tanya Matilainen

Chief Executive

18 January 2016



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: 27 January 2016

Subject: Inquiry into Primary Care

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 present further information relating to the Scrutiny Board’s inquiry around Primary Care and to identify further details/ information required as part of the inquiry.

2 Summary of main issues

2.1 At the Board’s meeting in June 2015, the Scrutiny Board identified ‘Primary Care’ as a specific scrutiny inquiry area for the current municipal year (2015/2016). It was further agreed in July 2015 that the inquiry was likely to consider issues around access to primary care (including GPs and dentists); future plans for primary care; workforce planning; some aspects of health inequalities.

2.2 To date, the Scrutiny Board has considered a range of information from different sources.

2.3 The purpose of this report is to introduce further information – specifically around the role of pharmacies in the future model of primary care in Leeds.

2.4 To assist, a representative from Community Pharmacy West Yorkshire (CPWY) – a representative body for pharmacists – has been invited to attend the meeting to assist the Board in its deliberations. A copy of the CPWY current strategy is also attached to this report to help inform the discussions.

3. Recommendations

- 3.1 That the Scrutiny Board considers the report and details presented at the meeting, and:
- (a) Determines any specific matters to include in its report on Primary Care.
 - (b) Identifies any further information and analysis that the Board should specifically consider as part of its inquiry.
 - (c) Determines any further scrutiny activity and/or actions, as appropriate.

4. Background papers¹

- 4.1 None used.

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

Three Year Strategy

January 2015

Supporting pharmacy teams to give outstanding sustainable care to their communities.

Introduction

Community pharmacy teams in West Yorkshire have an ambition to be at the heart of a sustainable primary care based NHS; working more closely with other healthcare professionals in a joined up way for the benefit of patients and the public. Community pharmacy teams recognise that there are significant opportunities for them to do more to support their neighbours, families, friends and local communities. There is an eagerness to do more for the patients they see every day and to become central to promoting health and wellbeing in their communities.

It is our role at Community Pharmacy West Yorkshire to work with pharmacy teams, along with local and national stakeholders, to realise this vision for community pharmacy in West Yorkshire. This strategy will help direct our work to ensure we are doing the best for our pharmacy teams to enable them to deliver outstanding sustainable care to their communities.

This strategy is underpinned by a commitment to embrace the patient voice and technological advances which support this vision. We will continue to build on these over the life of this strategy.

Community Pharmacy West Yorkshire will, where appropriate, align our work with the direction and priorities of both national bodies, [such as Public Health England and NHS England] and local commissioning organisations [such as CCGs and Local Authorities] to ensure that the work we do, and the work of our pharmacy teams delivers the desired outcomes.

Community Pharmacy West Yorkshire also commits to delivering sustainable local funding and to be open and transparent with our members when this is not the case.

Our vision for community pharmacy in West Yorkshire will be delivered through:

Developing local pharmacy teams to deliver outstanding care

Community Pharmacy West Yorkshire recognises that one of the strengths of community pharmacy is the range of skills of the whole pharmacy team. It is important that we support the development of the whole pharmacy team ensuring that this is responsive to the needs of the individual and the team. This will get the best possible outcomes for patients and the public as support and training is adopted into every day practice.

It is important that Community Pharmacy West Yorkshire does not look to replicate the high quality provision which is already available but instead looks to work in partnership with other providers to signpost or enhance this provision where appropriate and possible.

The Community Pharmacy West Yorkshire Development Academy is already established locally and is becoming increasingly popular. The Development Academy will be the prime mechanism for delivering this strategic goal. We will look to develop metrics to enable us to better demonstrate the impact of this work.

We will start to prepare pharmacy teams for new challenges and opportunities.

This will include:

- Working with Health Education England to ensure community pharmacy is central to their work on primary care workforce development.
- Undertake an education and training needs assessment to guide the work of the Development Academy.
- Investigate how to best demonstrate the impact of the Development Academy on improving patient care.
- Continue building relationships with external partners such as secondary care, universities, CPPE, Royal Pharmaceutical Society Local Practice Forum, Local Professional Networks and the pharmaceutical industry to work together to support the development of pharmacy teams.
- To continue to develop our partnerships with Public Health England (PHE) to ensure community pharmacy is central in meeting their health and wellbeing priorities
- Contributing to the Yorkshire and Humber Patient Safety Collaborative and National Medicines Safety Network to identify ways pharmacy teams can improve Patient safety.
- Signpost to other providers who can further improve the skills of our pharmacy teams.

This will help to support contractors to continue to improve the quality of the services they deliver.

Patients and commissioners should be assured that the services delivered through community pharmacy are of the highest possible quality and people know what to expect from a service and we will work to ensure this is the case.

We will continue to work with pharmacy teams and commissioners to explore the best ways to improve quality and reduce inappropriate variation in service delivery.

This will include:

- Developing the Service Administration model where Community Pharmacy West Yorkshire is commissioned to administer services on behalf of commissioners.
- Explore different contracting models such as networks of pharmacies or a local pharmacy federation.

Advocating the role of community pharmacy teams

Community Pharmacy West Yorkshire is ambitious for the future role of community pharmacy but recognises there is limited understanding of what pharmacy teams do and can deliver outside of the sector.

Patients and the public who experience pharmacy services repeatedly tell us they value them. We should capitalise on this high level of support and help patients and the public to become advocates for pharmacy.

Although the majority of developments in community pharmacy services will be local it is important for Community Pharmacy West Yorkshire to take a national leadership role in influencing policy and opinion. National influence will cascade down to local decision makers and support the development of pharmacy in West Yorkshire.

This will include:

- Working with patient groups and local third sector groups to demonstrate the value of pharmacy services and to guide their members and the public to use more pharmacy services.
- Showcase the local work of Community Pharmacy West Yorkshire and member pharmacies at local, regional and national events.
- Represent pharmacy as an integral part of primary care at local, regional and national events.

Pharmacies as a first port of call for health and wellbeing

Pharmacies are the most accessible health care provider in West Yorkshire. Their role should be developed to utilise the pharmacy network and the highly qualified, flexible teams.

Two of the most significant issues the local NHS faces are access to GPs and an increasing demand on traditional urgent and emergency care services. Community Pharmacy is ideally placed to help solve both of these.

This will include:

- Developing and rolling out Pharmacy First services as an integral part of primary care which is more accessible in both location and opening hours than current services. Pharmacy First should build up the public's ability to care for themselves.
- Fully integrating pharmacy services in to NHS111 ensuring patients and the public are referred to community pharmacy whenever this is the most appropriate place for them to receive care. Build on the services community pharmacy is able to offer so that pharmacy becomes the most appropriate place more often.
- Being the provider of choice for services which help to keep the public healthy.

Integrating community pharmacy into pathways for long term conditions recognising the key role of medicines optimisation in improving patient outcomes

- Quality Medicine Use Reviews are an important patient centred service to optimise medicines. We will support all pharmacies to deliver high quality MURs.
- More patients could benefit from MURs than do presently. It is important that as many patients as possible benefit from quality MURs and we will work to increase the number provided. These should become part of everyday practice so patients come to expect them.
- There is significant evidence that the New Medicine Service improves adherence to treatment and is a cost effective intervention. We will support pharmacy teams and

work with colleagues in secondary care to increase referrals for and the number of New Medicine Service consultations provided.

- We will advocate the role of community pharmacy in the management and support of patients with long term conditions.
- We will use evidence and innovation to work with local partners to create new sustainable local services, integrated in to long term condition pathways that are based on the skills of pharmacy teams to optimise prescribed medicines.
- Where there is a transfer of care in to or out of the community for our patients community pharmacy will work with partners to ensure patients are as safe as possible.

Promoting and supporting the spread of innovative practice

Community Pharmacy West Yorkshire will facilitate the development of innovative pharmacy practice as an organisation which wants to lead community pharmacy forward. This will be underpinned by a commitment to quality research and evaluation supporting rapid roll out of these innovative developments.

This will include:

- We will produce a Research and Evaluation Strategy to underpin our commitment to building up the evidence base for community pharmacy services.
- We will work in partnership with other organisations to build a reputation of innovation within West Yorkshire.
- Technology is changing the way pharmacy teams work. We will support pharmacy teams through these changes embracing the opportunities these present to improve patient care.



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: 27 January 2016

Subject: Joint Health and Wellbeing Strategy (2016-2021) – engagement response

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 and present a draft response to the recent engagement around the Joint Health and Wellbeing Strategy (2016-2021), for agreement.

2 Main issues

2.1 A working group meeting of the Scrutiny Board was held on 12 January 2016. The purpose of the working group was to consider the development of Leeds' Health and Wellbeing Strategy (2016-2021).

2.2 In summary, the working group was presented with the following details:

- A new Health and Wellbeing Strategy for Leeds will be published in Spring 2016.
- The strategy will set direction for 2016-2021
- There was an opportunity to influence decision making across the city to maximise the health and wellbeing outcomes for people in Leeds within the available resources.
- Development and engagement on this strategy is taking place between October and March.
- Supporting documents provided at the working group included some proposals about:
 - Priority challenges for health and wellbeing in Leeds
 - The 5 big outcomes for health and wellbeing in Leeds
 - The strategic priorities for health and wellbeing in Leeds

- The role of the Health and Wellbeing Board and other organisations in planning, assurance and delivery

2.3 At the working group, members were asked to consider the following questions to help inform its response to the engagement work:

1. Do you agree the priority challenges for improving health and wellbeing in Leeds?
2. What views do you have on our proposed outcomes for health and wellbeing in Leeds?
3. What views do you have on our proposed priorities for health and wellbeing in Leeds?
4. Are there any things which you think the Leeds Health and Wellbeing Strategy should say which are not currently included in the proposals?
5. How can the Scrutiny Board and the Health and Wellbeing Board work together to help assure the commitments made in the Health and Wellbeing Strategy?

2.4 Attached at Appendix 1 (to follow), is a summary of the main issues highlighted and discussed at the meeting. It is proposed this draft document forms the Board's submission to help influence the development of the Health and Wellbeing Strategy for Leeds, due to be published in Spring 2016.

3. Recommendations

3.1 Members are asked to:

- a) Note the content of this report and any additional information provided at the meeting;
- b) Agree the Board's response to the recent engagement around the Joint Health and Wellbeing Strategy (2016-2021), as presented in the draft provided and subject to any amendments identified at the meeting; and,
- c) Identify any specific matters that may require further scrutiny input/ activity.

4. Background papers¹

4.1 None used

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

Report of Head of Scrutiny and Member Development

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

Date: 27 January 2016

Subject: Children's Emotional and Mental Health

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 a further report in relation to the provision of services aimed to support Children's Emotional and Mental Health in Leeds.

2 Summary of main issues

2.1 During the municipal year 2014/15, the previous Scrutiny Board – Scrutiny Board (Health and Wellbeing and Adult Social Care) – undertook a scrutiny inquiry into the Provision of Emotional Wellbeing and Mental Health Support Services for Children and Young People in Leeds. The report and recommendations were published in June 2015 and are available on the Council's website using the following link: <http://www.leeds.gov.uk/docs/CAMHS%20Report.pdf>. For ease of reference, a summary of the desired outcomes and recommendations is attached at Appendix 1.

2.2 At its meeting in July 2015, the Scrutiny Board received a response to the report and recommendations. At that meeting the Scrutiny Board considered the response and raised a number of issues, including:

- Access to services and the level of need across the City.
- Funding requirements in the longer-term.
- Raising awareness and elected member training.
- Transitional arrangements from services for children to adult services.
- Availability of support for parents and carers.
- The importance of continuing to hear the voice of service users and other stakeholders – including practitioners.
- Concern regarding the certainty of the response provided – in particular around timescales.

- 2.3 In response, it was highlighted that some of the detail of the improvement plan was reliant upon national guidance – initially expected in June 2015, but subsequently anticipated in mid-August 2015.
- 2.4 Following the publication of *Future in Mind (2015)* Leeds Local Transformation Plan (LTP) has been developed to deliver whole system change to children and young people’s emotional and mental health support and service provision in the city. The plan was submitted to and assured by NHS in order for Leeds (as a city) to receive new national funding – circa £1.5m. The LTP is appended to this report, alongside an update on recent developments and a position statement against each of the recommendations within the Board’s previous report.
- 2.5 Appropriate representatives have been invited to the meeting to assist the Scrutiny Board in its consideration of the initial response.

3. Recommendations

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

4. Background papers¹

- 4.1 None used.

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

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

SUMMARY OF DESIRED OUTCOMES AND RECOMMENDATIONS

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

Recommendation 1

- (a) In order to minimise any potential duplication, at the beginning of each municipal year, all commissioners across Leeds' health and social care economy identify and report to the appropriate Scrutiny Board any specific service areas currently under review and/or planned to be under review in the immediate future.
- (b) Throughout each municipal year, commissioners across Leeds' health and social care economy ensure the appropriate Scrutiny Board is updated regarding the progress of any current service reviews and appraised of any in-year changes to future areas of review.

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

Recommendation 2

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

- (a) Any gaps in current provision across TaMHS services and CAMHS are eradicated and that the whole system approach delivers seamless services to meet the emotional wellbeing and mental health needs for children and young people across Leeds.
- (b) Appropriate 'check-in' arrangements are in place for those children and young people in receipt of a referral who are yet to have their first consultation.

Recommendation 4

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

Recommendation 5

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

Recommendation 7

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

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

Recommendation 3

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

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

Recommendation 6

- (a) By July 2015, the Integrated Commissioning Executive reviews its agreed recommendations and identifies a clear timeframe for implementation, alongside the associated performance measures that can be used to help demonstrate future progress and improvements.
- (b) By September 2015, the Integrated Commissioning Executive reports the outcome of the review referred to in (a) above to the appropriate Scrutiny Board, including the baseline position of any identified performance measures.

Recommendation 8

- (a) That by January 2016, the Integrated Commissioning Executive reviews and reports on the operation of the proposed single point for GP referrals, considering progress against the intended outcomes and associated performance improvement measures.
- (b) That the review identified in (a) be considered on a whole system and a school cluster level, in order to help identify any systemic and/or local issues where further improvements may be necessary.

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

Recommendation 9

- That as part of its work schedule for 2015/16, the appropriate Scrutiny Board:
- (a) Continues to monitor the outcome of Care Quality Commission inspections and the associated improvement plans developed by NHS Trusts in Leeds.
 - (b) Specifically considers and reports on any matter that might suggest an underlying system-wide issue, including those areas identified in this report.
 - (c) Considers and reports on the adequacy of the quality assurance processes across Leeds' Clinical Commissioning Groups and other service commissioners, where appropriate.

Report for the Scrutiny Board: The Local Transformation Plan for Children and Young People’s Emotional and Mental Health and Wellbeing

January 2016

Author: Jane Mischenko

Introduction

The Leeds Local Transformation Plan (LTP) is a five-year strategic plan to deliver whole system change to children and young people’s emotional and mental health support and service provision in the city. The plan had to be submitted to NHS England and be assured in order for Leeds as a city to receive new national funding. In November the Leeds plan was submitted and assured. This has brought circa £1.5m into the city. The LTP is informed by the local reviews initiated by ICE and Scrutiny as well as national requirements set out in the *Future in Mind (2015)* publication. It incorporates priorities from primary prevention through to specialist provision and focuses on improving both children and young people’s experience and outcomes. The plan is published on all three Leeds CCG and council websites and is included as an appendix. There has been significant work during 2015/16 to progress the priorities within the plan. The purpose of this paper is to update Scrutiny on these developments and to report against each of the recommendations within last year’s Scrutiny report.

In addition there is an addendum describing the current state of waiting times in the city and actions underway to reduce these.

Scrutiny Inquiry Review

The Scrutiny review made a series of recommendations. The table below sets out the recommendations of the Scrutiny Inquiry and provides an update on developments as a result of the development and assurance of the Local Transformation Plan.

Recommendations	Update
<p>Recommendation 1</p> <p>(a) In order to minimise any potential duplication, at the beginning of each municipal year, all commissioners across Leeds' health and social care economy identify and report to the appropriate Scrutiny Board any specific service areas currently under review and/or planned to be under review in the immediate future.</p> <p>(b) Throughout each municipal year, commissioners across Leeds' health and social care economy ensure the appropriate Scrutiny Board is undated regarding the progress of any current service reviews and appraised of any in-year changes to future areas of review.</p>	<p>The intention to review CYP EMH services had been included as commissioning intentions for 14/15 and was included on the tracker of service reviews/developments compiled for the Scrutiny HSDG.</p>
<p>Recommendation 2</p> <p>That, as part of the system redesign, commissioners ensure:</p> <p>(a) Any gaps in current provision across TaMHS services and CAMHS are eradicated and that the whole system approach delivers seamless services to meet the emotional wellbeing and mental health needs for children and young people across Leeds.</p>	<p>(a) Key LTP areas that support this are:</p> <ul style="list-style-type: none"> • The Single Point of Access (known as the MindMate SPA) launched this month – this facilitates more effective navigation across the whole system. (LTP 4) • The co-commissioning arrangement between CCGs and school clusters has enhanced resource into this early intervention element of the city provision; from this investment we will be receiving reports on current demand and the impact of the cluster service offer (formally known as TaMHS). (LTP 5) • The work to develop primary prevention and self-care approaches will, overtime support a reduction in demand and need for services. (LTP 1) • Additional national investment from the assurance of the LTP (circa £1.5m) will support the delivery of the Leeds ambitions

<p>(b) Appropriate 'check-in' arrangements are in place for those children and young people in receipt of a referral who are yet to have their first consultation.</p>	<p>resulting from the Scrutiny and Local review.</p> <p>(b) Significant work has been progressed by LCH as part of the CAMHS CQUIN to communicate with and support CYP and families whilst on the waiting list. (LTP 4) This includes the identification and development and promotion of self-help resources.</p> <p>These resources also inform the content of the MindMate website.</p>
<p>Recommendation 3</p> <p>By October 2015, through the Integrated Commissioning Executive, commissioners provide a report on a cluster-by-cluster basis that sets out the level of TaMHS services commissioned across the City; with services mapped against the level of existing demand and expected prevalence.</p>	<p>The commissioned SPA service has developed a comprehensive understanding of CYP emotional and mental health services across the city. The SPA delivery model includes cluster representation to ensure this is kept up to date and referrals are guided to the appropriate service.</p> <p>The data collected by SPA coupled with the reports received from clusters will provide useful intelligence about needs, demand and capacity and impact across the system.</p>
<p>Recommendation 4</p> <p>That as part of the whole system approach and redesign, commissioners ensure greater use of on-line support, telecare and, in appropriate circumstances, social media in the provision of emotional wellbeing and mental health services and support for children and young people in Leeds.</p>	<p>MindMate.org.uk officially launched September 2015 – there has been a significant media campaign to raise awareness in the city. This provides information of the local offer and information and self-help resources. This is stage 1 – there are plans for further developments to maximise the opportunities digital technologies offer. (LTP3)</p> <p>In addition a digital innovation lab commenced in 2015 – young people have been meeting to review existing resources and identify gaps for development. Recently commissioners agreed to fund the development</p>

	of an app that the young people had identified as needed. This Leeds development has been referenced in a key note speech by the National Clinical Director for Mental Health.
<p>Recommendation 5</p> <p>(a) By July 2015, the Integrated Commissioning Executive reconsiders its proposal to review transitional arrangements between children's and adult's mental health services and sets out in clearer terms its proposed timescales and suggested arrangements for involving young people in the review.</p> <p>(b) That the Integrated Commissioning Executive reports the outcome of (a) above to the appropriate Scrutiny Board.</p>	<p>This is a clear priority within the LTP. There is an established working group involving adult and CYP mental health commissioners and providers, and young people who have experienced transition between CYP and adult mental health services. A report with recommendations is due to come to the Programme Board in April 2016. (LTP 9)</p> <p>The governance for the LTP is provided within the LTP publication. There is an established programme board with senior representation from across the system. This reports to ICE and in turn the Health & Wellbeing Board. The Children and Families Trust Board is also kept informed of developments and progress. This report provides Scrutiny with an update on the LTP and how this aligns with the Scrutiny Report recommendations.</p>
<p>Recommendation 6</p> <p>(a) By July 2015, the Integrated Commissioning Executive reviews its agreed recommendations and identifies a clear timeframe for implementation, alongside the associated performance measures that can be used to help demonstrate future progress and improvements.</p> <p>(b) By September 2015, the Integrated Commissioning Executive reports the outcome of the review referred to in (a) above to the appropriate Scrutiny Board, including the baseline position of any identified performance measures.</p>	<p>The Local Transformation Plan has the priorities, timescales and key performance metrics within it. This could only be developed in full once the national guidance was received in August 2015. As stated earlier the LTP was completed, submitted and assured in November 2015.</p> <p>Trackers have to be submitted on a quarterly basis to NHS England. The trackers provide information on where the new money is intended to be spent (2015/16) to support CYP emotional and mental health and each spend area has a key performance metric. These areas and metrics are summarised in the LTP. The quarterly reports to NHS</p>

	England provides information as to progress against the planned spend and delivery of the metrics alongside a narrative document.
<p>Recommendation 7</p> <p>That as part of the whole system approach and redesign, commissioners ensure the continuation of the drop-in facilities and support available to children and young people through 'the Market Place'.</p>	Partners continue to commission The Market Place and recognise the importance of having a city centre resource.
<p>Recommendation 8</p> <p>(a) That by January 2016, the Integrated Commissioning Executive reviews and reports on the operation of the proposed single point for GP referrals, considering progress against the intended outcomes and associated performance improvement measures.</p> <p>(b) That the review identified in (a) be considered on a whole system and a school cluster level, in order to help identify any systemic and/or local issues where further improvements may be necessary.</p>	<p>(a) The SPA launched In January 2016 and is hosted by LCH and the model includes CAMHS and cluster practitioners. It will be available to a range of referrers, including FE colleges, paediatricians and school nurses, as well as GPs. The programme board will receive regular updates on the progress, demand and delivery of the new SPA.</p> <p>(b) The development of a whole system model covering all provision in the city is a key principle within the LTP. The co-commissioning of school clusters and the SPA contributes to gathering data to understand the demand and impact of services in the city.</p> <p>In addition the city has been successful in a bid to become part of a national pilot to develop shared outcomes and data linkages.</p>
<p>Recommendation 9</p> <p>That as part of its work schedule for 2015/16, the appropriate Scrutiny</p>	

<p>Board:</p> <ul style="list-style-type: none"> (a) Continues to monitor the outcome of Care Quality Commission inspections and the associated improvement plans developed by NHS Trusts in Leeds. (b) Specifically considers and reports on any matter that might suggest an underlying system-wide issue, including those areas identified in this report. (c) Considers and reports on the adequacy of the quality assurance processes across Leeds' Clinical Commissioning Groups and other service commissioners, where appropriate. 	
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Waiting List Update

Concerns with growing waiting times in CAMHS, the complexity of the provision and referral mechanisms of emotional and mental health services across the city led to the Leeds reviews referred to earlier in the report. As described above good progress has been made redesigning the whole system and in achieving new resource for the city. The new additional investment has been targeted at both the prevention agenda and to the enhancement of CYP EMH services.

However, during the summer period waiting times for specialist NHS CAMHS in Leeds increased, this is despite the CQUIN in place this year to reduce waiting times for the consultation clinics (first point of contact) and the non-recurrent investment to support additional capacity for autism assessments.

The section briefly summarises the current position, the context that contributed to this and importantly work underway to reduce waiting times in CAMHS.

Background

The current increase in the length of waiting times can be tracked back to economic challenges in the service during 2014/15; the LCH internal CIP¹ target, coupled with the LA disinvestment of £0.5m from CAMHS resulted in a significant reduction in the CAMHS workforce. This equated to a loss of 13.4 wte clinical and admin staff (19% of the workforce in the service).

A further challenge is the requirement for CAMHS to engage in the CYP IAPT programme, which results in a small number of clinical staff undertaking a period of intensive training for 12 months and the difficulties the service has had in recruiting backfill.

In 2015/16 the CCGs invested £300k to reduce the impact of the disinvestment. However, the workforce was already depleted and LCH have struggled to recruit to the positions this investment provided for. Recruitment has been prolonged and only completed (mid-November 2015).

The CCGs also invested non-recurrently £350k to support additional capacity – subcontracted from an external provider to provide additional capacity in the system for autism assessments. These additional assessments have been procured from another provider and deliverer; however, CAMHS delivery stalled recently due to capacity and demand.

A CQUIN was agreed for CAMHS in 2015/16 to both reduce waiting times for the consultation clinic to 12 weeks and to establish a programme of support for CYP and parents whilst they wait.

The delay in recruiting staff back into the system coupled with increasing demand in some areas, such as self-harm presentation at A&E resulted in the worsening position.

However, this position is now improving as the newly recruited workforce is utilised to this end.

¹ CIP – cost improvement (efficiency target)

Waiting Time Actions & Performance

Actions to Reduce Waiting Times

In response to the commissioners' CQUIN LCH has put in place a number of actions to turn the curve of CAMHS waiting times (focusing initially on reducing waits for consultation clinic appointments):

1. Additional management and operational capacity to support service-wide development of more efficient systems and processes, governance and accountability
2. A taskforce established, which meets weekly
3. Robust capacity and demand exercise to identify improved access to the service (modelling of numbers of additional appointments needed per week to deliver to target (of 12 weeks wait)
4. Triage (on-going) of all waiting lists and allocation of clinical capacity to ensure YP with highest risk are prioritised
5. Merging of consultation clinic waiting lists to ensure equal waits across the city (now achieved)
6. Centralisation of systems and processes to improve efficiency, transparency and access
7. Deployment of recently recruited staff and mobilisation of staff to address clinics where the waits are the longest

The service provides weekly update reports to the lead commissioner (currently a dashboard of progress against the consultation clinic target but to be expanded for more pathways) and there are a face-to-face meetings between the Head of Service and lead commissioner on a monthly basis.

Table 1 illustrates the number of young people waiting and both the median wait and longest duration of the wait for a consultation clinic appointment and an autism assessment. It can be seen that there is improvement in waiting times for consultation clinics over the last few of months as a result of the measures described above. Based on existing methods and modelling it is expected that the 12 week waiting target will be met by the end of March. The service is also increasing the number of autism clinics in recognition of the need to significantly reduce the length of waiting times for this pathway.

		01-Apr-13	01-Apr-14	01-Apr-15	22-Oct-15	15-Jan-16
Consultation Clinic	Number of waiters	244	362	281	388	266
	Longest Wait (weeks)	22.7	22.1	22.3	44.3	48.4
	Median wait time (weeks)	3.9	6.9	6.1	18.9	11.4
Autistic Spectrum Disorder Assessment	Number of waiters	94	64	89	132	145
	Longest Wait (weeks)	60.4	35.6	46.0	64.4	65.4
	Median wait time (weeks)	17.2	14.6	14.1	29.1	26.6

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Leeds Local Transformation Plan for Children and Young People's Mental Health and Wellbeing

November 2015

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Document Control

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1. Introduction

The Local Transformation Plan is a five-year strategic plan to deliver whole system change to children and young people's emotional and mental health support and service provision in the city. The plan incorporates priorities from primary prevention through to specialist provision and focuses on improving both children and young people's experience and outcomes. The plan is a "live" document and will be refreshed on an annual basis. The plan will be published on the Leeds CCGs' and the Leeds City Council websites.

2. The Leeds Local Transformation Plan priorities

1. Develop a Primary Prevention Programme for Children and Young People's Emotional and Mental Health
2. Develop and Communicate a Clear Local Offer of Children and Young People's Emotional and Mental Health Support/Services
3. The Development of the MindMate website and further Digital Solutions
4. A Single Point of Access (SPA) is in place for Children and Young People Emotional and Mental Health Services
5. Local Delivery of Early Emotional Help Services
6. Redesign Specialist CAMHS to align with Local and Whole System Model
7. Develop an Evidence Based Community Eating Disorder Service for Children and Young People (CEDS-CYP)
8. Ensure Vulnerable Children and Young People receive the Support and Services needed
9. Strengthen Transition
10. Develop a Shared Quality Framework across the Partnership
11. Crisis Care for Children and Young People
12. Co-commissioning with NHS England

3. The Leeds Approach

Leeds partners' aspiration to become a child friendly city is at the heart of our vision because if we all do what we can to ensure our children and young people are safe, healthy, successful, heard, involved and respected at home, at school, in their communities – and whenever decisions affect them – it sends the right message about how important their welfare is to us and how important they are for our future. (Leeds Children and Young People's Plan, (CYPP) 2015/19)

The Health and Wellbeing Board and Children and Family Trust Board, as evidenced in the recently refreshed Children and Young People Plan (2015/19) recognise the critical importance of the emotional health and wellbeing of children and young people (where it is a key programme). This is further supported by a strong emphasis on achieving the Best Start in life for all children (Leeds Best Start Plan, 2015); this is an important contribution to the effective primary prevention of emotional and mental health problems. (WAVE, 2013¹)

In Leeds, in addition to our effective strategic Partnership Boards we have strong local partnerships. There are 25 clusters based around groups of schools that have membership from Schools, Governors, the Children's Social Work Service, Police, Leeds City Council youth service, Youth Offending Service, Children's Centres, Housing services, Third sector, Health, and local elected members.

Local clusters:

- Enable local settings and services to work effectively together to improve outcomes for children, young people and their families
- Build capacity to improve the delivery of preventative and targeted services to meet local needs, with a particular emphasis on Early help* and additional support
- Promote the CYPP and the ambition of a child friendly city across the locality
- “A well-coordinated locality and cluster approach results in early identification and extensive work with families according to need.” (Ofsted report, March 2015)

*Early help - seeks to offer support quickly to reduce the impact of problems. We aim to make sure that practitioners have “the right conversations, with the right people, at the right time” so that they can identify needs and the right response.

¹ This report was published as an addendum to the Government's vision for the Foundation Years: Supporting Families in the Foundation Years: It is a collaboration between the WAVE Trust and the Department of Education.

4. Some key local facts

- Over 183,000 children and young people live in Leeds
- There are 10,000 births a year
- 16% of children have English as an additional language; 24% are from Black, Minority or Ethnic groups; 20% are eligible for Free School Meals and 18% have special educational needs
- School attendance is at record levels but over 1,000 primary school children and over 2,200 secondary school children still miss over 15% of school time
- Any of the 40+ % of young people not getting 5 good GCSEs has a 1 in four chance of being not in education, employment or training two years later
- Every day in Leeds social workers follow up 10-12 contacts where domestic abuse is a significant factor
- 55% of care leavers are in education, employment or training.
- 76% of our children attend learning settings which are rated as good or better
- Many outcomes are improving but vulnerable groups continue to experience relatively poor outcomes, e.g. children and young people with special educational needs and disability, some ethnic minority groups, those in receipt of free school meals, Children Looked After and Care Leavers, those with English as an additional language and those living in deprived communities.

5. Leeds Children & Young People's Emotional and Mental Health: What do we know?

According to the Public Health England data-profiling tool Leeds benchmarks as close to the national average, or better, for most indicators of risk of children and young people experiencing emotional and mental health needs. However, we benchmark as having slightly more children living in poverty as a percentage of all dependent children (for children under 16 and under 20) and benchmark worse in incidence of teenage pregnancy. Leeds has a higher incident rate for domestic abuse per 1,000 of the population, which is an indicator of increased risk of emotional and mental health needs.

In Leeds the prevalence of mental health and conduct disorders benchmark as just above average, (PHE profiles). However, Public Health England flag some concerns with the data used, recognising that they are estimates based on the ONS survey *Mental health of children and young people in Great Britain (2004)* adjusted for age, sex and socio-economic classification. The planned repeat of the national prevalence survey and introduction of national routine reporting of the Mental Health Services Data Set (MHSDS) will improve this in the future. In the meantime Public Health England advocate reviewing local data to complement the use of the profiles. Local Leeds service data indicates rising demand for emotional and mental health services and lengthening waiting times. Local data also reflects the national rise in referrals relating to self-harm.

6. The Local Review and Developments

This local data and the expressed concern of a number of professionals (GPs, Education and Social Care) and local elected members led to the whole system review of children and young people's emotional and mental health support and service provision in the city during September 2014 through to March 2015. This review reported to the Integrated Commissioning Executive (ICE), the formal commissioning subgroup of the Health and Wellbeing Board.

The 6-month rapid review analysed available local service data; this was not limited to NHS CAMHS but included school cluster services, the Therapeutic Social Work Team (TSWT) and third sector provision, e.g. The Market Place, (TMP). This data provided a crude snapshot of reasons for presenting to services, numbers of referrals, those referrals not accepted and the length of waiting times. Waiting times were particularly problematic in NHS CAMHS and TMP (for their counselling offer). The data therefore supported professional concerns and indicated a building pressure in the system. However, there are many caveats in relation to the data; services collect variable information in terms of presenting needs, activity, quality and outcomes. In addition those services that have information systems do not connect and there is no unique identifier to track pathways of children and young people across services.

The lack of robust and integrated data results in difficulties in pinpointing areas of duplication, gaps and fragmentation in the local system. However, the qualitative feedback from professionals (referrers and providers), Children and Young People and their parents clearly reported such experience. All expressed confusion about what support and services were available and frustration at the difficulty to access that support. Parents, children and young people often struggled to access help and even when accepted for a service faced a long wait. The majority reported that once in a service they were very satisfied.

The fragmented data system compromises the effective commissioning and planning of children and young people's emotional health services, in terms of gathering evidence of local need, pathways, quality of provision and the impact of services. There are national initiatives underway to improve this, and Leeds has also identified improved data collection as a local priority.

Since the review an interim reporting mechanism has been developed to enable school clusters to collect and report consistently across the city key data for children and young people accessing cluster emotional and mental health support.

The creation of the SPA will also support increased intelligence of need and provision in the city.

Leeds partners have recently had confirmation that they will be working with CORC (the Child Outcomes Research Consortium) and the EBPU (the Evidence Based Practice Unit associated with the Anna Freud Centre, UCL) to develop cross-sector outcomes and data linkage across services involved in children and young people's mental wellbeing.

6.1 YoungMinds and Youth Watch Report, 2015

A very valuable source of intelligence for the local whole system review was the YoungMinds and Youth Watch consultation, commissioned by the Leeds Scrutiny Board (Adult Social Services, Public Health, NHS). This gathered views on the experience of local CAMHS services from children, young people, parents and professionals. Key messages from the report were:

6.1.1 Access to services

Concern at the length of wait and a specific request for support during a wait, such as self-help, peer support and online support was clearly articulated. Three of the Local Transformation Plan priorities will help improve access to support and services and are listed below:

Priority 3: The development of the MindMate website and digital opportunities;

Priority 4: A Single Point of Access for all referrals

Priority 5: Local delivery of the Early Emotional Help services

And partners are already responding to the messages of the report:

- There has been investment in 2015/16 from CCGs to help increase capacity in both NHS CAMHS (£650k) and the local school cluster offer (£1.5m).
- NHS CAMHS has a new CQUIN² (2015/16 contract) to work to reduce waiting times to their initial consultation clinic appointments and to develop with children, young people and parents, resources to support them whilst they wait.
- The CCGs commissioned the development of a children and young people's emotional and mental health website (the design and content has been led by young people - and expert clinical advice is provided from NHS CAMHS). MindMate (named by the young people), has been 'live' since June 2015 and can be found at mindmate.org.uk

6.1.2 Services need to be more young person friendly

An improvement in staff attitude, in order to develop good trusting relationships and an improved service environment (preferably local and away from traditional clinics) was requested. Flexibility from professionals and choice in approach was also emphasised. The involvement of children and young people in service development was also flagged. This will be addressed through:

² CQUIN is an additional payment on delivery of specified achievements relating to improved quality

Priority 10: Leeds partners will develop a shared quality framework informed by the key principles of the Children, Young People Improving Access to Psychological Therapies programme (CYP IAPT). This will support the use of the best available evidence based interventions, children and young people's participation in service delivery and in service development and for services to work towards goal based outcomes.

And there is already strength in the city to build on:

- Leeds NHS CAMHS is a member of wave 3 CYP IAPT and is already transforming the service along these principles.

6.1.3 Simpler and Easier Referral Process

There was an overwhelming request for a simpler system in Leeds, in order to understand what support is available and how to access it. A number of priorities in the Leeds Local Transformation Plan support this message:

Priority 2: The development of a Clear Local Offer

Priority 3: The development of the MindMate website to publish this offer and how to access it

Priority 4: The establishment of a Single Point of Access (SPA) for referrals for the whole system of support

Priority 6: The Redesign of Specialist CAMHS – to deliver improved join up between specialist CAMHS and local cluster provision

Progress has already been made in these areas:

- The MindMate website is 'live' and sets out the local offer both in text and animation format
- NHS CAMHS has been identified as the host provider of the SPA, and work is well underway to deliver this early in the New Year (2016)

6.1.4 More Early Intervention

There was a compelling request from young people for as much early help as possible. The role of schools is specifically mentioned in the report and the need for staff to receive training. A number of the Leeds Local Transformation Plan priorities will support this:

Priority 1: To develop a Primary Prevention Programme for emotional wellbeing and the actions identified to support this, specifically in its commitment to have emotional health champions in every Children's Centre and school setting and to provide training and support for those working in universal settings

Priority 5: The local delivery of Early Emotional Help cluster services will also support this need.

This builds on good existing programmes:

- Over the last few years the Local Authority, NHS and School Forum created a Joint Innovation Fund that helped roll out early emotional help services (formally known as TaMHS). These services are now in every school cluster in the city. The Joint Innovation Fund, alongside significant investment from school clusters supported this development. This model, recognised in Future in Mind (2015) has been further strengthened by additional investment from many school clusters and the recent new investment by CCGs (£1.5m). The cluster service is a significant element of the Leeds emotional and mental health offer and the recent CCG investment strengthens the co-commissioning model. This will increase capacity in early help and will facilitate a network model of provision, accessible by referral through the SPA. The current providers of the Early Emotional Help service across the 25 clusters are listed below:
 - Northpoint Wellbeing
 - BARCA-Leeds
 - NHS Leeds Community Healthcare: CAMHS in schools
 - Place2B
 - The Beck
 - Relate

An additional commitment is to focus attention on improving further knowledge, confidence and capability in school settings and to reduce the stigma of children and young people's mental health. This will build on work already undertaken in Leeds:

- Integral to the development of the early emotional help offer, there has been a strong programme of support to schools in relation to increasing the confidence of those working in educational settings in responding to emotional health needs. This training and support has been delivered by the Local Authority Healthy and wellbeing Service, supported by Educational Psychologists and with further training available from NHS CAMHS
- The Health and Wellbeing Service has provided comprehensive training to schools which has been informed by the Social and Emotional Aspects of Learning (SEAL) programme
- A third sector organisation Space2 supports a group of young people with lived experience of Mental Health who act as the Leeds Time to Change young people's advisory group – who name themselves 'Shout Out Leeds' and drive the Time to Change Young People's campaign
 - They have been involved in running various workshops as part of local and national initiatives and have developed a viral online presence with films, blogs and tweets in order to enable young people to share ideas, support each other and spread awareness of the campaign

7. Best Start

As referenced earlier Leeds partners place a strong emphasis on all children receiving the Best Start in life. This is seen as integral to priority 1 of the Local Transformation Plan and is worth expanding on:

Priority 1: A Primary Prevention Programme for emotional wellbeing

The evidence base underpinning the importance of achieving the Best Start for all children, as comprehensively set out in the *Wave Report: Conception to Age 2 – the age of opportunity, (2013)* demonstrates how investing from conception to age 2 to support loving, secure and reliable relationships, fosters a child’s emotional wellbeing (infant mental health and through childhood to adulthood). Pregnancy is a particularly important period during which the physical and mental wellbeing of the mother can have lifelong impacts on the child.

The Leeds Maternity Strategy, launched this year (2015-2020) recognises this and is informed by the recommendations within the WAVE report. In particular perinatal mental health has been identified as a priority for the first year of the strategy’s implementation programme. The Leeds Maternity HNA (Erskine, 2015), the increasing evidence of the costs of perinatal mental health problems (Centre for Mental Health and London School of Economics, 2014) and local clinicians and women’s feedback identified this area as needing further development. Taken together, perinatal depression, anxiety and psychosis carry a total long-term cost to society of about £8.1 billion for each one-year cohort of births in the UK and nearly three-quarters of this cost relates to the adverse impacts on the child rather than the mother. Perinatal mental illness affects the formation of healthy attachment relationships between mother and baby. A healthy attachment relationship is associated with brain development in an infant and provides the emotional and social bedrock for learning and all future relationships. Depressed mothers are a particularly high-risk group, as when the condition is severe it can interfere with their ability to tune into their baby’s signals and provide a nurturing and caregiving environment (Leeds maternity HNA, 2014, citing evidence from the WAVE report, 2013).

The Maternity HNA identified that in any 12-month period 1,533 women in Leeds will experience some form of perinatal mental illness, 315 will experience perinatal OCD and 5 will experience post-partum psychosis. The Leeds health visiting data set indicates that 12% of women received face-to-face or telephone contact for low maternal mood. There is currently no available local data regarding perinatal mental illness during pregnancy, though this is an area the recently formed task group is working on.

Anxiety and depression during pregnancy have a significant negative impact upon the development of the foetus and are associated with behavioural and emotional problems in children.

Areas of progress already achieved in Leeds are:

- 100% of health visitors have undertaken the institute of Health Visitor endorsed e-learning module and have received face-to-face training from the local perinatal mental health specialist team
- More than 50% of midwives have received perinatal mental health training as part of their mandatory training since February 2015; the training has a further 3 months to run and it is expected that all midwives will attend
- A Maternal mood pathway is in place for the Health Visiting (Early Start) service
- A specialist midwife for perinatal mental health has recently been recruited
- Joint clinics are held with perinatal MH specialists and maternity clinicians (obstetricians and midwives)
- Perinatal mental health community teams are in place
- There is local NSPCC group provision for women and their partners with postnatal depression
- Leeds to be part of the DH funded Northern pilot to evaluate the embedding of the Best Beginnings - Baby Buddy mobile phone app; to commence January 2016
- In Leeds the CCGs have funded the inclusion of an additional module specifically focusing on perinatal mental health during the embedding pilot; this will include a series of short clips on the app relating to mental health; some Leeds women are being recruited to participate
- The Leeds resource *Understanding Your Baby booklet*, currently provided to all new parents in Leeds (and also used nationally by the Family Nurse Partnership programme and NSPCC Baby Steps) is to be digitally translated to add to the content of the Best Beginning Baby Buddy app. The booklet particularly focuses on baby bonding, and reading baby cues.
- Partners in Leeds jointly commission an Infant Mental Health Service as a discrete service within NHS CAMHS. This small but expert team is now in its third year and has delivered training to health visitors, midwives, third sector providers, foster carers, social workers, guardians and children centre staff. They also provide supervision, consultation and direct therapy where attachment concerns are significant (for under 2s)

8. A Community Eating Disorder Service for Children and Young People: Priority 7

A number of critical factors support the inclusion of the need to develop an evidence-based community eating disorder service in Leeds for children and young people. These are listed below:

- If a child or young person starts their treatment in a general Child and Adolescent Mental Health Service (CAMHS), they are more likely to be admitted to an inpatient service than those treated in community eating disorder settings within the following year
- This is an example where effective co-commissioning between CCGs and NHS England can result in improved outcomes for children and young people and reduced demand on costly inpatient beds
- The lead clinician for the eating disorder pathway within the local NHS CAMHS has led a review of the Leeds service in light of the evidence base during 2014/15 and shared proposals with the lead commissioner early in 2015
- The opportunity created by the publication *Access and Waiting Time Standard for Children and Young People with an Eating Disorder* and new CCG funding allocations received in October 2015 with a requirement to respond to the guidance

Hence, the development of a Leeds Community Eating Disorder Service is priority 7 within the Local Transformation Plan. A working group has been meeting since July 2015 and progress to date is listed below:

- There is a clear plan to reconfigure the existing three area teams to one citywide service and invest the additional CCG's allocation £425,293 to enhance it: the additional workforce and skill mix have been agreed between the commissioner and provider and recruitment has commenced
- The existing model has three area based teams and a community outreach service that provides intensive support for children and young people vulnerable to admission – this latter service supports a significant cohort of young people with eating disorders
- A collection of approximate numbers of referrals to the current service where eating disorders have been identified, though in the absence of a discrete team this data isn't robust: Approximately 100 young people are identified as having moderate to severe eating disorders
- Waiting time performance indicates the current average wait as 3.4 weeks, though this comes with strong caveats; this captures waits from receipt of referral to initial assessment and not necessarily commencement of treatment
- Robust data collection is integral to the development of the new model
- Treatment delivery is NICE concordant but does not fully meet the new Access and Treatment Standards
- The service will place Leeds as one of the first areas in the UK to adopt Family Based Treatment (FBT) as the main treatment modality for Anorexia Nervosa. A number of the existing workforce has recently trained in this approach.
- Referrals would be via the Single Point of Access with an intention to move to self-referral as soon as possible

- An outline pathway has been developed, informed by the national standards.
- An outline project plan is in place

9. Ensure Vulnerable Children and Young People receive the support and services they need: Priority 8

The Leeds Children and Young People’s Plan (2015-19) has a commitment to protect and improve the outcomes of the most vulnerable children and young people in the city. Many children and young people have greater vulnerability to emotional and mental health problems but find it difficult to access support and services: there needs to be a flexible and integrated system to meet their needs (Future in Mind, 2015). There are a number of strengths in Leeds that we can build on as listed below:

- A strong local cluster Early Help offer
- A dedicated Therapeutic Social Work Service (TSWS) for children who are looked after and care leavers
- A model of NHS CAMHS psychologists embedded in the TSWS
- NHS CAMHS staff embedded in the Youth Offending Team
- An award winning and significant Multi Systemic Therapy (MST) service in the city (that provides intensive family and community based treatment programme for young offenders)
- The recently co-commissioned (SILCs and CCGs) targeted mental health service for SILCs (Specialist Inclusion Learning Centres)
- The planned location of the new Single Point of Access (SPA) alongside the Safeguarding Front Door service at Westgate
- The recent pathway for children who are looked after and care leavers to be prioritised for counselling support at The Market Place

However, despite these strengths there is more to do:

- To ensure our services are integrated, evidence based, and flexible to the needs of vulnerable children young people (this includes but is not exclusive to, for children in the care system, children who have experienced trauma, children in the justice system, young asylum seekers and children with learning disabilities)
- To develop an effective consultation and liaison mental health model (FiM, 2015)
- Work to strengthen further access to emotional and mental health support for children with learning disabilities in specialist educational provision
- To ensure pathways from community to inpatient, and back again are effectively co-commissioned with NHS England colleagues

- Recognising that between a third and a half of children in custody have a diagnosable mental health disorder and that 43% on community orders have emotional and mental health needs – working with NHS England colleagues to ensure we support Leeds children and young people across the pathway to receive the support they need, from early help through to specialist CAMHS. Our embedded team of CAMHS nurses within the YOT and our MST service can help support this ambition
- To ensure vulnerable young people are explicitly considered as part of the strengthening Transition work-stream
- During 2015/16 Leeds partners are focusing on reviewing and improving support and services for children who are looked after and care leavers with emotional and mental health needs. The recommendations within Future in Mind (2015) and supplementary chapter focusing on supporting vulnerable groups, alongside the recently published NSPCC guidance, *Achieving emotional wellbeing for looked after children (2015)* will inform the review. A workshop with key partners is planned for December 2015
- To ensure our children who are looked after and are placed out of the Leeds area can access emotional and mental health services, building on the West Yorkshire CCG Healthy Futures programme recommendations

10. Strengthening Transition: Priority 9

The need to strengthen transition arrangements has been identified through the local review and consultation. Parents, professionals and young people mentioned the difficulties of the change to adult services, or the difficulty of accessing services when 17 or over (YoungMinds & Youth Watch, 2015).

There are strengths in the local current offer and developments are already underway:

- There is a small but discrete Transition Service within NHS CAMHS that supports and coordinates transition for young people once those in the service reach 17.5 years
- There is a Transition protocol held between CAMHS and Adult Mental Health Services, which is revised annually and a quarterly interface meeting is held
- This facilitates transition for these young people without them needing to go through further assessment
- There have been developments this year between the transition service and the Yorkshire Clinic for Eating Disorders, the Personality Disorder Clinical Network, Adult ADHD services and Community Links (who manage the local IAPT service 17-21 years). Feedback from young people who have had this service is overwhelmingly positive
- The Therapeutic Social Work Service provides a service up to 21 years
- The Market Place can be accessed for support up to 25 years
- The Local Transition working group, which includes young people, is reviewing the local offer against best practice guidance and is exploring the development of peer support during transition with Leeds MIND

- The working group will be particularly mindful of vulnerable young people and their needs during transition (priority 8)

11. Crisis Care: Priority 11

“The litmus test of any local mental health system is how it responds in a crisis” (Future in Mind, 2015, p46)

Whilst there are strengths in the Leeds system there is still work to do. In Leeds we have:

- An effective protocol between NHS CAMHS and the Leeds Teaching Hospital Trust for responding to young people who present to Emergency Departments with self-harm
- An assessment is undertaken within 4 hours in 95% of cases; this protocol and performance was developed through a local CQUIN³ in 2012
- A dedicated home treatment team that benchmarks well (Yorkshire & Humber review), in terms of reducing inappropriate inpatient admissions and shortening lengths of stay
- Work is underway to respond to deliver the all-age liaison psychiatry services in Leeds A&E Departments and a clear children and young person liaison pathway
- And to ensure children and young people’s needs are addressed as part of the Leeds 136 Multi-Agency Group

12. Co-Commissioning: Priority 12

In order to deliver simple and joined up pathways commissioners of emotional and mental health services need to work together effectively. Leeds partners recognise this; the complex system and resulting fragmentation of the service offer was instrumental in the initiation of the local whole system review. As evidenced in the Local Transformation Plan co-commissioning is in place between the CCGs and school clusters, the SILCs and the Local Authority. In addition there are close relationships between NHS England colleagues strategically via the Yorkshire and Humber SCN CAMHS Steering group and SCN Children and Maternity Commissioners’ Lead Forum.

Local interface meetings between NHS England and local commissioners provide the opportunity to discuss children and young people who are placed out of area in tier 4 provision and NHS England commissioners are involved in local service pathway development and reviews.

³ CQUIN is an additional payment on delivery of specified achievements relating to improved quality

Key areas of focus and opportunity between NHS England and local commissioners currently are:

- The new Community Eating Disorder Service for Children and Young People
- Pathways for young people in the criminal justice system
- Transition between Leeds young people from in patient units back to community services
- Ensuring connection between NHS England commissioned specialist (Mother and Baby Unit) and local maternity and perinatal mental health services

In addition the Leeds NHS CAMHS provision includes a tier 4 unit and whilst clinical care is very good there are concerns about the limitations of the estate. Work is underway to address this. Also, as referenced earlier, the Leeds CCGs commission a very effective intensive Home Treatment Team that significantly reduces the demand on inpatient beds and length of stay.

13. Priorities for Investment

The National Taskforce (Future in Mind, 2015) identified that significant improvements to children and young people's emotional and mental health can be achieved by effective local partnerships. Leeds recognises this and the Local Transformation Plan maximises the use of existing commissioned resource in the city (current investment, workforce and activity is included in appendix 1).

However, nationally and locally it is recognised that children and young people's emotional and mental health services have been historically underfunded and have suffered further over the last few years as public sector budgets have reduced. The additional funding allocated via CCG budgets is essential to be able to meaningfully transform local services, and to reduce the long waiting times. In Leeds the redesign of existing services and the new investment is focused on creating a single Leeds system where children and young people's experience of services and their outcomes are improved. The priorities identified to receive new monies in the first year are listed below and are further detailed in the attached finance trackers with their associated Key Performance Indicators (KPIs). Some of the priorities identified for investment this year are recurrent allocations, such as the community eating disorder service enhancement, whilst others are to pump prime capacity and capability in the children's service workforce.

For investment during 2015/16

- Priority 1: The Primary Prevention Public Health Programme – particularly to further build confidence, capacity and capability in the universal services and settings for emotional literacy, and to support emotional resilience in children and young people.

KPI: For 90% children's centres and schools to have emotional health champions by March 2016

- Priority 3: The development of MindMate and other digital opportunities – this will provide access to information and support the communication of priority 2 (a clear local offer)

KPI: For there to be 3,532 unique views of the MindMate website per month by March 2016

- Priority 4: The creation of the SPA – a critical enabler of the new Leeds system model

KPI: 4,000 referrals per year, for emotional and mental health support and services going via the SPA by March 2017

- Priority 5: to strengthen and enhance the cluster early emotional help offer

KPI: 4000 children and young people receiving short-term early intervention (cluster) support per year by March 2017

- Priority 7: to supplement and enhance the existing community eating disorder service

KPI: 85% of Children and Young People receive NICE concordant treatment by March 2017

- Priority 8: to support vulnerable young people – children who are looked after and care leavers during this year

KPI: 400 Leeds children who are looked after receive emotional and mental health support services by March 2019

As highlighted in the local review there are various measures of activity, quality and outcomes across the provision of children and young people's emotional and mental health services. Partners in Leeds are committed to developing a basket of city-wide key performance measures, which will report to both the CYP EMH programme board and the Children and Family Trust Board. The work with CORC (the Child Outcomes Research Consortium) and the EBPU (the Evidence Based Practice Unit associated with the Anna Freud Centre, UCL) to develop cross-sector outcomes and data linkage across services involved in children and young people's mental wellbeing will support this.

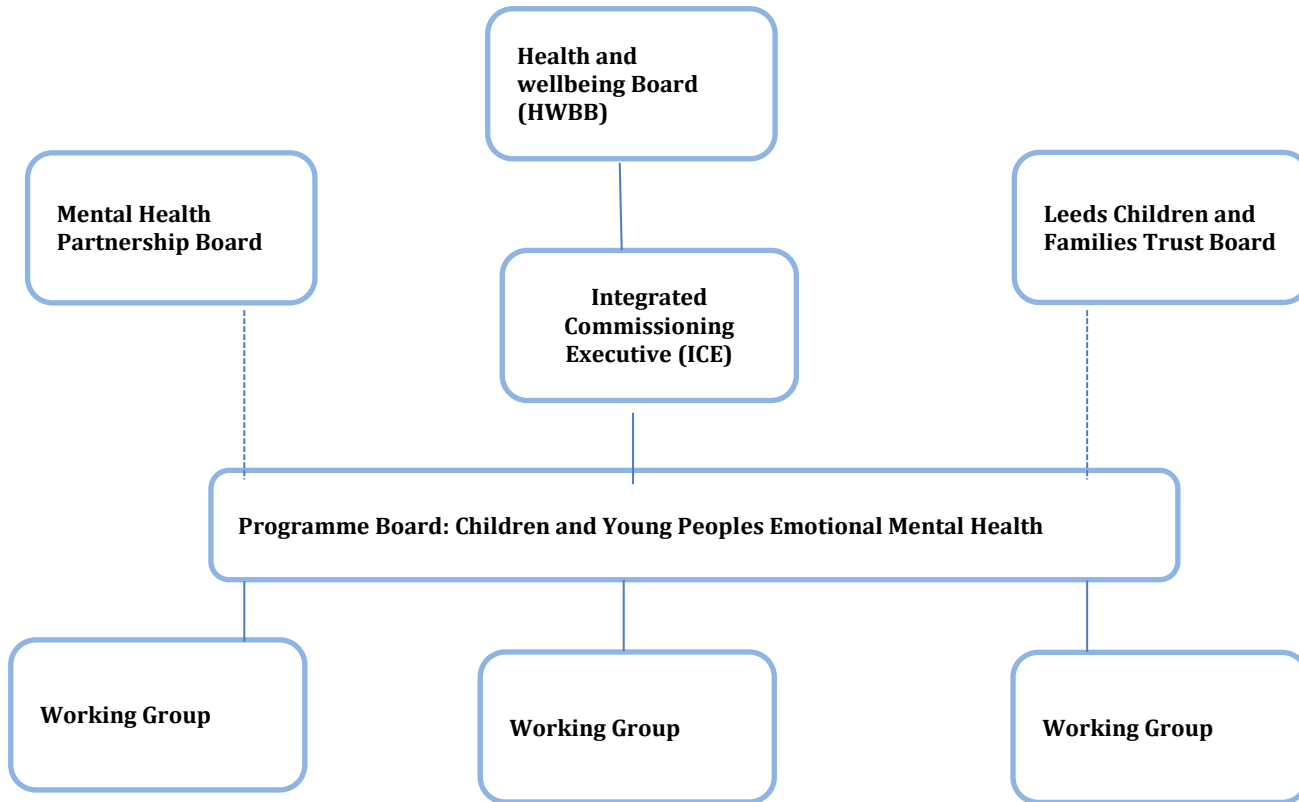
14. Governance

The Leeds Local Transformation Plan integrates the local priorities from our whole system review and the *Future in Mind* (2015) recommendations. There is an established Programme Board to oversee the delivery of the Local Transformation Plan; this reports to ICE and in turn to the HWBB.

The commissioning of Children and Families health services is led by NHS Leeds South & East CCG on behalf of the three Leeds CCGs. Leeds South & East CCG is also the lead commissioner for the Leeds partnership for the *Future in Mind* Local Transformation Plan. This partnership includes the three CCGs, the City Council (Children's Services and Public Health), 25 school clusters, local FE colleges, and providers of emotional and mental health services (Statutory and third sector). This Local Transformation Plan is for the Leeds partnership. Key relationships are held with NHS England specialist commissioners to ensure effective co-commissioning.

The plan should be read alongside Annex 1 (high level summary); Annex 2 (Self-assessment checklist for the assurance process); the CAMHS Assurance Data Collection Template – Tracker Sheet) and the supporting Baseline information (Activity, investment and workforce sheets). For each of the priorities within the LTP there will be a working group and detailed project plan; many have already commenced.

The diagram on the next page sets out the governance and reporting structures:



15. Leeds Action Plan

No.	Action	Timescale	Led by	Outcomes
Priority 1: Primary Prevention Programme for CYP EMH				
1.1	<p>Public Health colleagues are developing a clear programme to support the primary prevention agenda for children and young people's emotional wellbeing.</p> <p>Producing and delivering evidence-based programmes of intervention and support that build CYP resilience and promote emotional wellbeing and positive mental health.</p> <p>Building on existing work undertaken as part of establishing the citywide TaMHS offer in the city.</p>	Programme plan to be completed December 2015	Leeds City Council (Public Health): Michelle Kane	<p>Programme to bring together key partners to promote CYP's mental health at individual, family and community levels.</p> <p>CYP have the best start in life, are resilient and achieve their full potential.</p> <p>Leeds has a positive open culture to emotional and mental health needs.</p> <p>A skilled, confident universal workforce able to have routine conversations about emotional and mental health needs, including self-harm, suicide and bereavement.</p> <p>Well informed parents/carers, confident to support CYP at home.</p> <p>CYP aware of how to look after their own mental wellbeing and easily access support when required.</p>
1.2	Every school and Children Centre to have an identified EMH Champion	Named contacts identified by end March 2016	Leeds City Council (H&WS): Joe Krasinski	<p>This will enable effective communication channels with education colleagues in the city and will provide a means to promote relevant training programmes and resources</p> <p>Network of champions established to maintain learning and share good practice</p>

No.	Action	Timescale	Led by	Outcomes
Priority 1: Primary Prevention Programme for CYP EMH				
1.3	Training programme established for champions	Initial offer published end April 2016	Council (H&WS)/ Leeds CCGs (joint post): Joe Krasinski	<p>Menu of flexible training options developed for universal settings staff.</p> <p>Increased understanding of impact of pupil resilience on wellbeing and academic attainment</p> <p>Increased emotional literacy in settings where CYP spend a significant length of time</p> <p>Staff feel increased confidence to support CYP with emotional and mental health needs</p>
1.4	<p>Local campaign to reduce the stigma of CYP with EMH needs is in place</p> <p><i>Campaign will be based on 'social contact' model as has strongest evidence base for challenging stigma and will include a digital campaign</i></p>	Campaign commences January 2016	Leeds City Council (Public Health): Charlotte Hanson	<p>Leeds CYP have requested social action projects, where young people spread positive messages.</p> <p>Conversations about emotional and mental health needs are normalised in family, children centres, schools and FE college settings.</p> <p>Increased understanding in the city and normalisation of emotional and mental health needs</p>
1.5	<p>Review and improve the perinatal mental health offer in Leeds</p> <p><i>(Key work-stream of recently launched Maternity Strategy and Leeds Best Start Plan</i></p>	Recommendations produced September 2016	Leeds CCGs: Jane Mischenko & Jane Williams	<p>There will be a clear Leeds offer for perinatal mental health from mild to moderate through to more severe presentation.</p> <p>Staff will be skilled in responding to emotional and mental health needs and confident of pathways to additional support</p> <p>Women and families will feel supported into recovery</p>

No.	Action	Timescale	Led by	Outcomes
Priority 2: Develop and Communicate a Clear Offer for CYP EMH				
2.1	Leeds CCGs working on behalf of partners in the city will produce and publish a clear offer of support and services available across the city <i>To be published on the MindMate website (see 3.1) with clear links to the LCC 'Local Offer' and adult mental health portal</i>	Published September 2015	Leeds CCGs: Ruth Gordon	CYP, parents and carers and referrers in the city can easily access information on the local offer

No.	Action	Timescale	Led by	Outcomes
Priority 3: The Development of the MindMate website and Digital Solutions				
3.1	A website for CYP emotional and mental health is co-designed and website developer procured with CYP <i>Whilst primarily for CYP, also has tabs for parents/carers and professionals</i>	Achieved – Phase 1 published July 2015	Leeds CCGs: Jane Mischenko/ Ruth Gordon	Young person friendly, trusted website becomes source of accessing local Leeds information and resources for self-care
3.2	Media campaign to promote MindMate	September 2015 launch	Leeds CCGs: Jane Mischenko	Young people, parents and professionals know of the website
3.2	Media campaign to promote MindMate	September 2015 launch	Leeds CCGs: Jane Mischenko	Young people, parents and professionals know of the website

No.	Action	Timescale	Led by	Outcomes
Priority 3: The Development of the MindMate website and Digital Solutions				
3.3	Animation of Local Offer is produced with young people and embedded on the MindMate website	October 2015	Leeds CCGs: Ruth Gordon	Accessible information for CYP is available
3.4	Phase 2: MindMate development (increase self-care guidance, tools and interactive ability, i.e., blogs, videos)	Phase 2 plan produced December 2015 to progress in 2016/17	Leeds CCGs: Ruth Gordon	MindMate becomes integral part of Leeds offer
3.5	Launch Leeds Digital Innovation Lab (DIL) of CYP reviewing digital tools and developing ideas	Achieved – launched April 2015	Leeds CCGs: Jane Mischenko/ Victoria Betton	Any websites, or apps promoted on MindMate will have been reviewed by Leeds CYP (DIL members) and Leeds digital solutions /tools will have been co-produced with Leeds CYP First Leeds app prototype to be developed by March 2016.
3.6	Explore further digital opportunities with CYP and providers of EMH services, particularly online access to therapy, or tools integrated into therapeutic support	2017/18	Leeds CCGs: Jane Mischenko/ Victoria Betton	

No.	Action	Timescale	Led by	Outcomes
Priority 4: A Single Point of Access (SPA) is in place for CYP EMH				
4.1	A Single Point of Access (SPA) is established in the city for CYP EMH services	Autumn 2015	Leeds CCGs: Ruth Gordon; LCH: Nick Wood	GPs, and other referrers will be able to refer children and young people to the whole system of emotional and mental health services via one point of access

No.	Action	Timescale	Led by	Outcomes
Priority 4: A Single Point of Access (SPA) is in place for CYP EMH				
	<i>This will sit in West Gate, alongside the Children's Services Front Door for children in need/safeguarding</i>			CYP and families will receive timely support by the right person/service Increased knowledge in the city of CYP emotional and mental health needs, demand and flow across pathways
4.2	Communication plan for key stakeholders in place	December 2015	Leeds CCGs: Ruth Gordon/ Zoe Ward	Key referrers are clear about the SPA and how to utilise it
4.3	Development of offer of support for CYP and families whilst they wait to be seen <i>Links to delivery of 2015/16 CAMHS CQUIN⁴ & more effective alignment between CAMHS and School cluster support</i>	April 2016	Leeds CCGs: Ruth Gordon/ LCH Lydia Burfield	CYP and their parents/carers feel informed and supported while they wait for their first assessment/intervention
4.4	Establishment of GP/ referrer consultation telephone line via SPA – week days between morning and afternoon surgeries	2016/17	Leeds CCGs: Ruth Gordon/ Dr Helen Haywood/ LCH: Nick Wood	Swift access to advice for primary care to specialist mental health expertise

⁴ The CAMHS CQUIN has 2 key elements; one is on reducing the waiting times for the initial consultation (target 12 weeks), the second is to work in co-production with CYP and parents to ensure meaningful information and support is in place whilst on the waiting list

No.	Action	Timescale	Led by	Outcomes
Priority 4: A Single Point of Access (SPA) is in place for CYP EMH				
4.5	Exploration of feasibility of opening SPA to self-referrals – <i>CYP with Eating Disorder to be early cohort</i>	2016/17	Leeds CCGs: Ruth Gordon/ Dr Helen Haywood/ LCH: Nick Wood	Improved access for CYP and families

No.	Action	Timescale	Led by	Outcomes
Priority 5: Local Delivery of Early Emotional Help Services				
5.1	Citywide EMH Early Help (TaMHS model) available in all 25 school clusters via Innovation partnership funding	Achieved	Leeds CCGs/ LCC: Joe Krasinski with school clusters	Local and accessible early help/ intervention is available in school clusters (<i>identified as critical by Leeds CYP</i>) School staff are confident of accessing advice/support and a service for pupils CYP are supported local to their community Improved emotional wellbeing Coherent early intervention service available across the city
5.2	Co-commissioning pilot initiated between 25 school clusters and Leeds CCGs Evaluation 6-monthly reports; commences April 2016	SLAs signed; enhanced capacity in school cluster Emotional & Additional capacity from Autumn 2015	Leeds CCGs: Joe Krasinski	Enhancement to school cluster offer for CYP EMH adds to capacity and enables GPs to be able to refer to this critical element of the Leeds offer via the SPA More CYP able to access support in timely manner and in local setting Commissioners able to test impact of investing in early intervention service to inform future system investment

No.	Action	Timescale	Led by	Outcomes
Priority 6: Redesign Specialist NHS CAMHS to align with local and whole system model				
6.1	<p>Named CAMHS contact /link for every school cluster and SILC cluster in place</p> <p>Named contact role specification in place</p>	April 2016	Leeds CCGs: Jane Mischenko/ Ashley Wyatt	<p>Effective whole system of CYP EMH services; strong relationships between key partners and flexibility of support to move beyond rigid tier model</p> <p>Support CYP waiting for CAMHS appointment via cluster offer</p> <p>Better mutual understanding between clusters and NHS CAMHS, and greater exchange of information between providers of service</p> <p>Cluster specific small bite training sessions (i.e., Eating Disorders and Self-Harm)</p> <p>Smooth transition/ fast track from cluster to CAMHS when appropriate</p>

No.	Action	Timescale	Led by	Outcomes
Priority 7: Develop Evidence-based Community Eating Disorder for CYP (CEDS-CYP)				
7.1	<p>Progress baseline assessment of current CEDS-CYP service provision:</p> <ul style="list-style-type: none"> • Existing workforce (numbers, skill mix & competencies) • Current referral numbers • Current performance (quality & waiting times) <p>Identify key gaps in current service model</p>	September 2015	Leeds CCGs: Jane Mischenko/ LCH: Dr Dave Scott	Ensure informed enhancement and redesign of the current service provision

No.	Action	Timescale	Led by	Outcomes
Priority 7: Develop Evidence-based Community Eating Disorder for CYP (CEDS-CYP)				
7.2	Identify key additional workforce requirements for Leeds CEDS-CYP and prioritise recruitment	Commence recruitment October 2015	Leeds CCGs: Jane Mischenko/ LCH Dr Dave Scott	Ensure capacity and expertise in place as soon as possible to enhance and transform service
7.3	Undergo initial consultation and ensure continuous engagement of CYP and their families in Leeds, (who have experienced Eating Disorders) to inform service transformation	January 2016	Leeds CCGs: Jane Mischenko/LCH: Hannah Beal	Assurance of service model responsive to needs of Leeds CYP & Families Opportunity to identify CYP & Families interested in becoming involved in co-production of CEDS-CYP Opportunity to engage CYP in blogs/online forums for MindMate
7.4	Develop detailed project plan to transform existing service into new Leeds CEDS-CYP <i>To include recruitment, workforce⁵ developments, clinical protocols within service and with paediatric medicine, inpatient provision and transition arrangements</i>	January 2016	Leeds CCGs: Ashley Wyatt/ LCH: Dr Dave Scott	Clear plan to deliver transformation, ensure Leeds CYP receive NICE concordant care and receive support within access and waiting time standards once introduced CYP access timely help CYP can self-refer There is 7 day access to support
7.5	Develop training programme for primary care and school located staff groups	Initial programme in place March 2016	Leeds CCGs: Joe Krasinski/ Dr Helen Hayward	Increased awareness of importance of early identification and support for CYP with eating disorders

⁵ Adopting and adapting the recruitment and retention policy in place in LCH

No.	Action	Timescale	Led by	Outcomes
Priority 8: Ensure Vulnerable CYP receive the support and services they need				
8.1	<p>Priority for 2015/16 is to review the current offer of support to CYP in the care system and for Care Leavers</p> <p><i>Current offer includes dedicated Therapeutic Social Work Service, with embedded CAMHS psychologists. In addition current pilot in a couple of clusters of enhanced local offer for children in the care system</i></p> <p><i>Care leavers have dedicated fast track into counselling with The Market Place</i></p>	<p>Workshop December 2015</p> <p>Report end March 2016</p>	<p>Leeds CCGs Jane Mischenko/ Leeds City Council: Rob Murray</p>	<p>Joined up pathways and planning to meet Leeds CYP emotional and mental health needs (for those in the care system)</p> <p>Staff in residential and educational settings with CYP in the care system feel supported and equipped</p> <p>Staff in residential and educational settings with CYP in the care system understand where to access additional services</p> <p>CYP can easily access support and services</p>
8.2	<p>Work under way across West Yorkshire 'Healthy Futures' Programme to develop a service for children in the care system placed out of area and requiring EMH support/service</p>	<p>Model agreed April 2016</p>	<p>Healthy Futures Programme: Project Manager Cara Pursall/ Leeds CCGs: Jane Mischenko</p>	<p>CYP in the care system who are placed out of area currently struggle to access emotional and mental health services. This programme will address this gap in West Yorkshire and assure CCG commissioners of the quality and access to services.</p> <p>One of the most vulnerable cohorts of CYP will have their EMH needs recognised and supported</p>
8.3	<p>Brief review of current models in Leeds with</p>	<p>Report March 2016</p>	<p>Leeds CCGs: Ashley Wyatt</p>	<p>Strengthen and ensure models are integral to new whole system model. Identify service offers requiring further review.</p>

No.	Action	Timescale	Led by	Outcomes
Priority 8: Ensure Vulnerable CYP receive the support and services they need				
	embedded CAMHS staff, or where consultation is undertaken by CAMHS - for services that support cohorts of vulnerable CYP. <i>(TSWS, TMP, CSE team, YOT, SEND⁶)</i>	to determine priority area(s) for action in 2016/17		CYP with additional needs and vulnerabilities receive wrap around care CYP with additional needs and vulnerabilities have fast track access to specialist mental health support when needed
8.4	Brief review of current models in Leeds with embedded CAMHS staff, or where consultation is undertaken by CAMHS - for services that support cohorts of vulnerable CYP. <i>(TSWS, TMP, CSE team, YOT, SEND⁷)</i>	Report March 2016 to determine priority area(s) for action in 2016/17	Leeds CCGs: Ashley Wyatt	Strengthen and ensure models are integral to new whole system model. Identify service offers requiring further review. CYP with additional needs and vulnerabilities receive wrap around care CYP with additional needs and vulnerabilities have fast track access to specialist mental health support when needed
8.5	Co-commissioning 2-year pilot between SILCs (Specialist Inclusion Learning Centres) in Leeds and the	Commence September 2015	Leeds CCGs: Joe Krasinski/ SILCs: Michelle Wilman	Specialist mental health services commissioned to provide family, professional and CYP support within the SILC setting Families & CYP have accessible support in a learning setting

⁶ Therapeutic Social Work, The Market Place, Child Sexual Exploitation, Youth Offending Team, Special Educational Needs

⁷ Therapeutic Social Work, The Market Place, Child Sexual Exploitation, Youth Offending Team, Special Educational Needs

No.	Action	Timescale	Led by	Outcomes
Priority 8: Ensure Vulnerable CYP receive the support and services they need				
	Leeds CCGs <i>(Supporting CYP with SEND)</i>			Education and pastoral staff have access to training, supervision to increase their confidence and capability to respond to EMH needs Effective supervision arrangements and fast track pathways between specialist CAMHS and the SILC EMH cluster
8.6	The review referenced in 8.3 will identify how the current offer of embedded CAMHS staff works in the local YOT and any requirements for improvement to ensure expert supervision and swift access to specialist help.	Commence 2016/17	Leeds CCGs: Jane Mischenko/ LCC Andy Peaden	Ensure best use and support of embedded CAMHS YOT workers. This vulnerable cohort of CYP with complex needs have access to swift and comprehensive CAMHS offer
8.7	Liaison and Diversion service is in place that will include effective liaison between police, youth justice, substance misuse, mental health and children's social work service	Commence 2016/17	Leeds CCGs: Jane Mischenko/ LCC: Andy Peaden	Effective Liaison and Diversion service response for CYP at the point of arrest. CYP and families receive emotional and mental health support required as early as possible
8.8	Ensure effective transition between secure accommodation to the community where emotional and mental health needs identified.	Commence 2016/17	Leeds CCGs: Jane Mischenko/ NHSE Debi Hemingway/ LCC Andy	CYP are supported through transition during a time of significant risk. Clear referral and liaison pathways Access to specialist forensic CAMHS for those CYP needing this

No.	Action	Timescale	Led by	Outcomes
Priority 8: Ensure Vulnerable CYP receive the support and services they need				
	Access to forensic CAMHS secured when needed		Peaden	
8.9	<p>Ensure effective pathways of support available for CYP at risk of CSE</p> <p><i>Current Leeds pilot underway of MDT team to support CYP at risk of/experiencing CSE</i></p>	2016/17	Leeds CCGs: Jane Mischenko; LCC:	Effective supervision arrangements and fast track pathways to appropriate mental health support/ services are in place

No.	Action	Timescale	Led by	Outcomes
Priority 9: Strengthen Transition				
9.1	<p>Map current transition arrangements and review effectiveness against CYP feedback and NHSE Service specification (2014).</p> <p>Identify opportunities to add to capacity and comprehensiveness of the offer in Leeds</p> <p><i>CYP service users to help review and co-produce improved service offer/experience</i></p>	Report March 2016	Leeds CCGs: Ruth Gordon/ Jenny Thornton	CYP fully involved in planning for transition from CYP services (at individual level and in service developments)

No.	Action	Timescale	Led by	Outcomes
Priority 9: Strengthen Transition				
9.2	Enhance role and capacity of CAMHS Transition workforce <i>Currently small team within NHS CAMHS for CYP in service to be case managed through transition</i>	2016/17	Leeds CCGs: Ruth Gordon/ Jenny Thornton	There will be clear shared protocols in place between children and adult mental health services CYP have and identified key worker to support through transition
9.3	Review opportunities for future commissioning of services from adolescence into young adulthood <i>The existing flexible provision in the city is EIPS, TMP, Dial House and the TSWS⁸</i>	2016/17	Leeds CCGs: Ruth Gordon/ Jenny Thornton	Commissioned services will respond to CYP emotional and mental health needs and development stage, rather than an arbitrary chronologically determined cut off.

No.	Action	Timescale	Led by	Outcomes
Priority 10: Develop Shared Quality Framework based on CYP-IAPT principles				
10.1	The co-production of a shared framework for Quality across Education, Health and Social Care Partners via <i>Informed by principles of CYP IAPT: Leeds NHS CAMHS is a</i>	Completed September 2017	Leeds CCGs: Jane Mischenko / Ashley Wyatt	CYP routinely involved in decisions concerning individual care and service development across the system Outcome measures are agreed to measure quality and impact of services across the system Where available the evidence base informs commissioning and

⁸ Early Intervention Service for Psychosis; The Market Place; Dial House (Leeds Survivor Led Crisis Service; Therapeutic Social Work Service (for children in Care and Care Leavers)

No.	Action	Timescale	Led by	Outcomes
Priority 10: Develop Shared Quality Framework based on CYP-IAPT principles				
	<i>member of wave 3 of CYP IAPT and is already developing these principles within their service</i>			service delivery

No.	Action	Timescale	Led by	Outcomes
Priority 11: Crisis Care for CYP				
11.1	Develop and agreed a Crisis Care Concordat approach for CYP	April 2016	Leeds CCGs: Rachel McClusky/ Jane Mischenko	Ensure children and young people in crisis receive a timely and appropriate response
11.2	Review CYP needs and support as part of S136 Multi-Agency Group, to include an effective partnership response	April 2016	Leeds CCGs: Rachel McClusky/ Jane Mischenko	Effective partnership arrangements in place for CYP in crisis
11.3	Ensure CYP are integral to Leeds' response to all-age Liaison Psychiatry Service guidance	November 2015	Leeds CCGs: Rachel McClusky/ Jane Mischenko	Clear and swift support in place for CYP in crisis

No.	Action	Timescale	Led by	Outcomes
Priority 12: Co-commissioning with NHS England				
12.1	<p>Close liaison with the Yorkshire & Humber Mental Health Specialised Commissioning Team across all key pathways as integral to the LTP, specifically for:</p> <ul style="list-style-type: none"> • The Community Eating Disorder service • The intensive outreach service/ co-commissioning of tier 4 services 	On going	Leeds CCGs: Jane Mischenko/ NHSE: Louise Davies & Rita Thomas	<p>Effective whole system pathways.</p> <p>CYP are supported in their home and local community wherever possible; fewer CYP need to be admitted.</p> <p>When CYP have to be admitted this is planned, for as short a period possible with effective transition between community and inpatient support.</p>

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Report of Head of Scrutiny and Member Development

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

Date: 27 January 2016

Subject: Work Schedule (January 2016)

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 papers¹

4.1 None used.

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