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Leeds CITY COUNCIL

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

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Tuesday, 4th October, 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;
J Chapman	Weetwood;
M Dobson	Garforth and Swillington;
B Flynn	Adel and Wharfedale;
P Gruen (Chair)	Cross Gates and Whinmoor;
A Hussain	Gipton and Harehills;
J Pryor	Headingley;
B Selby	Killingbeck and Seacroft;
A Smart	Armley;
P Truswell	Middleton Park;
S Varley	Morley South;

Co-opted Member (Non-voting)

Dr J Beal - Healthwatch Leeds

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

Agenda compiled by:
Guy Close
Scrutiny Support Unit
Tel: 39 50878

Principal Scrutiny Adviser:
Steven Courtney
Tel: 24 74707

A G E N D A

Item No	Ward/Equal Opportunities	Item Not Open		Page No
1			**APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS** 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). (* In accordance with Procedure Rule 25, notice of an appeal must be received in writing by the Head of Governance Services at least 24 hours before the meeting).	
2			**EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC** 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. 2 To consider whether or not to accept the officers recommendation in respect of the above information. 3 If so, to formally pass the following resolution:- **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: **No exempt items have been identified.**	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
3			**LATE ITEMS** To identify items which have been admitted to the agenda by the Chair for consideration. (The special circumstances shall be specified in the minutes.)	
4			**DECLARATION OF DISCLOSABLE PECUNIARY INTERESTS** To disclose or draw attention to any disclosable pecuniary interests for the purposes of Section 31 of the Localism Act 2011 and paragraphs 13-16 of the Members' Code of Conduct.	
5			**APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTES** To receive any apologies for absence and notification of substitutes.	
6			**MINUTES - 7 SEPTEMBER 2016** To confirm as a correct record, the minutes of the meeting held on 7 September 2016.	1 - 4
7			**MINUTES OF HEALTH AND WELLBEING BOARD - 6 SEPTEMBER 2016** To receive for information purposes the draft minutes of the Health and Wellbeing Board meeting held on 6 September 2016.	5 - 12
8			**MINUTES OF EXECUTIVE BOARD - 21 SEPTEMBER 2016** To receive for information purposes the draft minutes of the Executive Board meeting held on 21 September 2016.	13 - 28
9			**CHAIR'S UPDATE** To receive an update from the Chair on scrutiny activity, not specifically included on this agenda, since the previous Board meeting.	29 - 30

Item No	Ward/Equal Opportunities	Item Not Open		Page No
10			**BUDGET MONITORING** To consider a report from the Head of Scrutiny introducing the most recent 2016/17 Financial Monitoring report presented to Executive Board at its meeting on 21 September 2016.	31 - 60
11			**CARE QUALITY COMMISSION - SUMMARY OF INSPECTION OUTCOMES** To consider a report from the Head of Scrutiny presenting a summary of the outcomes from recently published Care Quality Commission inspection reports.	61 - 76
12			**CHILDREN'S EPILEPSY SURGERY SERVICES - UPDATE** To consider a report from the Head of Scrutiny introducing an update on the provision of Children's Epilepsy Surgery Services in England.	77 - 78
13			**RENAL PATIENT TRANSPORT** To consider a report from the Head of Scrutiny introducing a report from the NHS commissioners and provider of the Renal Patient Transport Service in and around Leeds.	79 - 92
14			**NHS ENGLAND HEALTH PLANNING GUIDANCE** To consider a report from the Head of Scrutiny introducing NHS England's recently published health planning guidance for 2017/18 and 2018/19.	93 - 166

Item No	Ward/Equal Opportunities	Item Not Open		Page No
15			**SCRUTINY INQUIRY INTO PRIMARY CARE - SUMMARY OF THEMES AND PROPOSED NEXT STEPS** To consider a report from the Head of Scrutiny introducing a summary of themes relating to the Scrutiny Inquiry around Primary Care, and proposed next steps.	167 - 168
16			**WORK SCHEDULE** To consider the Scrutiny Board's work schedule for the 2016/17 municipal year.	169 - 170
17			**DATE AND TIME OF NEXT MEETING** Tuesday, 25 October 2016 at 1:30pm (pre-meeting for all Board Members at 1:00pm). **THIRD PARTY RECORDING** 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. Use of Recordings by Third Parties – code of practice a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title. b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.	

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

WEDNESDAY, 7TH SEPTEMBER, 2016

PRESENT: Councillor P Gruen in the Chair

Councillors C Anderson, C Dobson, M Dobson, B Flynn, J Pryor, B Selby, A Smart, P Truswell and S Varley

Co-opted Member: Dr J Beal (Healthwatch Leeds)

30 Late Items

There were no late items.

31 Declaration of Disclosable Pecuniary Interests

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

- Councillor M Dobson advised that he was Manager of a Neighbourhood Network.

Councillor M Dobson remained present for the duration of the meeting.

32 Apologies for Absence and Notification of Substitutes

Apologies for absence were received from Councillors J Chapman and A Hussain. Notification had been received that Councillor C Dobson was to substitute for Councillor A Hussain.

33 Minutes - 26 July 2016

RESOLVED – That the minutes of the meeting held on 26 July 2016 be approved as a correct record.

34 Matters arising from the minutes of Scrutiny Board

Minute No. 22 – Chair's Update

The Chair reported that he had recently attended a meeting of the Kidney Transport Sub Group, which included representatives from Yorkshire Ambulance Service, Calderdale Clinical Commissioning Group (CCG) and Leeds North CCG. It was requested that an urgent further report be submitted by 15 September to consider a detailed recovery plan.

Minute No. 25 – Better Lives Strategy in Leeds (progress update) – draft response

The Chair advised that the Scrutiny Board's response to the Better Lives Strategy in Leeds had been submitted to the Director of Adult Social Care, who is due to report to the September Executive Board. It was anticipated that the Scrutiny Board reviewed the strategy after the meeting.

35 Minutes of Executive Board - 27 July 2016

RESOLVED – That the minutes of the Executive Board meeting held on 27 July 2016, be noted.

36 Matters arising from the minutes of Executive Board

Minute No. 55 – Overview of the Health and Care Sustainability and Transformation Plans

One Member sought clarification regarding the Board's role in scrutinising sustainability and transformation plans. The Chair advised that draft plans had been submitted to NHS England and were due to be published in September / October. Consultation on the plans was anticipated to take place following publication. It was reported that initial scrutiny of the plans was to be undertaken by the West Yorkshire Overview and Scrutiny Committee. The Board also discussed scrutinising the implications for Leeds dependent on the Board's workload and associated capacity.

37 Scrutiny Inquiry - Men's Health in Leeds

The Head of Scrutiny submitted a report which introduced details associated with the 'State of Men's Health in Leeds' report, published earlier in the year, and identified as a specific area for inquiry.

The following information was appended to the report:

- Men's Health Briefing Note
- Leeds Beckett University – The State of Men's Health in Leeds: A Summary
- Centre for Public Scrutiny – Men Behaving Badly? Ten questions council scrutiny can ask about men's health
- Centre for Public Scrutiny – Checking the Nation's Health – The Value of Council Scrutiny.

The following were in attendance:

- Professor Alan White, Founder and Co-director of the Centre for Men's Health, Leeds Beckett University
- Dr Amanda Seims, Centre for Men's Health, Leeds Beckett University
- Tim Taylor, Health and Wellbeing Improvement Manager, Public Health.

The Chair invited officers and representatives to introduce the report and highlight key areas as follows:

Professor Alan White

- There were high levels of premature death amongst men in parts of the city. Men were more likely to develop colon, pancreatic and brain cancer. Men were also more likely to develop respiratory problems.
- The impact of social determinants, e.g. unemployment and housing on men's health.
- Men were less likely to access health checks compared to women – research showed that men were more likely to quit drinking and smoking cessation sessions.

Tim Taylor, Health and Wellbeing Improvement Manager

- The report on men's health had resulted in changes to service specifications, e.g. changes to cancer, community health and healthy lives contracts.
- Potential opportunities to share findings with other scrutiny boards, e.g. employment and housing issues.

Dr Amanda Seims, Centre for Men's Health

- There was a lack of data about men's lifestyles compared to women, i.e. alcohol consumption and weight classifications.

The following key areas were discussed by the Board:

- More work needed seeking men's views about the issues identified in the report.
- Concern about inconsistencies across GPs surgeries in addressing men's health issues, undertaking health checks, etc.
- Identifying the reasons behind homelessness linked to mental health and the type of interventions in place.
- The role of the Board in sharing the findings of the report with CCGs and other key agencies and groups.
- Mental health issues – better education and social awareness needed about where to go for help.
- Improvements needed regarding access to men's health data across Leeds.
- Exploring alternative methods for undertaking men's health checks, e.g. in the workplace and other settings.
- Concern that there was no reference in the report to LGBT.
- Greater engagement needed with employers about men's health issues.
- Clarification needed regarding the extent to which the report had been embraced across the Council.

RESOLVED – That the issues raised as part of the Board's inquiry into Men's Health in Leeds, be noted.

38 Scrutiny Inquiry Reports: Update

The Head of Scrutiny submitted a report which presented an update on the scrutiny inquiry areas relating to the Third Sector and Primary Care.

The following information was appended to the report:

- Note of advice to the Scrutiny Board (Adult Social Services, Public Health, NHS) – Adult Social Care
- Draft Scrutiny Inquiry Report – Involvement of the Third Sector in the provision of Health and Social Care Services across Leeds.

The Principal Scrutiny Adviser the draft Scrutiny Inquiry Report – Involvement of the Third Sector in the provision of Health and Social Care Services across Leeds and the associated advice provided to the Scrutiny Board.

The Scrutiny Board discussed and agreed the draft report, subject to some additional wording to be inserted to provide clarification regarding outsourcing of services and taking account of advice from the Director of Adult Social Services.

The Principal Scrutiny Adviser then gave a brief summary of the main themes discussed and considered by the Scrutiny Board as part of its inquiry around Primary Care.

The Scrutiny Board noted the verbal update provided and agreed to consider of summary of the themes to date and proposed next steps at its meeting in October 2016.

RESOLVED –

(a) That subject to some additional wording to be inserted to provide clarification regarding outsourcing of services and taking account of advice from the Director of Adult Social Services the Board approves the draft report into Third Sector Involvement in the delivery of Health and Social Care Services across Leeds,
(b) That the Board notes the update provided in relation to the inquiry around Primary Care, and that a summary of the themes and proposed next steps be presented for consideration at October 2016 meeting.

39 Date and Time of Next Meeting

Tuesday, 4 October 2016 at 1.30pm (pre-meeting for all Board Members at 1.00pm)

HEALTH AND WELLBEING BOARD

TUESDAY, 6TH SEPTEMBER, 2016

PRESENT: Councillor R Charlwood in the Chair

Councillors S Golton, G Latty, L Mulherin and E Taylor

Representatives of Clinical Commissioning Groups

Dr Jason Broch	NHS Leeds North CCG
Matt Ward	NHS Leeds South and East CCG
Visseh Pejhan-Sykes	NHS Leeds West CCG

Directors of Leeds City Council
Cath Roff – Director of Adult Social Services
Sue Rumbold – LCC Children's Services

Representative of NHS (England)
Moira Dumma - NHS England

Third Sector Representative
Hannah Howe – Forum Central

Representative of Local Health Watch Organisation
Lesley Sterling-Baxter – Healthwatch Leeds
Tanya Matilainen – Healthwatch Leeds

Representatives of NHS providers
Dawn Hanwell - Leeds and York Partnership NHS Foundation Trust
David Berridge - Leeds Teaching Hospitals NHS Trust
Sue Ellis - Leeds Community Healthcare NHS Trust

1 Welcome

Councillor Charlwood, as the new Chair of the Health and Wellbeing Board welcomed all present to the first formal Board meeting of the 2016/17 Municipal Year. Councillor Charlwood expressed thanks to Councillor Mulherin for her leadership and significant work during her time as Chair of the HWB.

The following appointments to the Board were noted:
Councillor Graham Latty
Third Sector - Kerry Jackson, St Gemma's Hospice
NHS Providers - Sara Munro, Leeds & York Partnership NHS Foundation Trust

Councillor Charlwood expressed her thanks and best wishes on behalf of the Board to Jill Copeland (Leeds & York Partnership NHS Foundation Trust), Neil Buckley and Lucinda Yeadon (Leeds City Council) for the work they had undertaken as former members of the Board.

2 Appeals against refusal of inspection of documents

There were no appeals against the refusal of inspection of documents.

3 Exempt Information - Possible Exclusion of the Press and Public

No exempt information was contained within the agenda.

4 Late Items

No formal late items of business were added to the agenda; however Board members were in receipt of a supplementary pack in respect of Agenda item 9 Appendix 1 - the draft Work Plan for the Health and Wellbeing Board (Minute 9 refers).

5 Declarations of Disclosable Pecuniary Interests

No declarations of disclosable pecuniary interests were made.

6 Apologies for Absence

Apologies for absence were received from Councillor Debra Coupar, Sara Munro, Phil Corrigan, Gordon Sinclair, Julian Hartley, Thea Stein, Kerry Jackson, Nigel Richardson, Dr Ian Cameron and Nigel Gray. The HWB welcomed the following substitutes to the meeting:
Councillor Eileen Taylor
Visseh Pejhan-Sykes – NHS Leeds West CCG
Sue Rumbold – LCC Childrens Services
Hannah Howe – Forum Central (Third Sector)
Dawn Hanwell - Leeds & York Partnership NHS Foundation Trust,
David Berridge - Leeds Teaching Hospitals NHS Trust
Sue Ellis, Leeds Community Healthcare NHS Trust

7 Open Forum

The Chair allowed a period of up to 10 minutes for members of the public to make representation on matters within the remit of the Health and Wellbeing Board (HWB).

Sustainability and Transformation Plans (STPs) - Gilda Petersen addressed the Board outlining her concern over the presentation of the STPs to the public. She sought reassurance that the HWB would seek to provide a clear message to the public over the reshaping of health and care services and why change was required.

RESOLVED -

a) To thank Ms Peterson for her comments and to note the contents of the representation
b) To note that a written response to Ms Petersen would be provided in due course.

8 Minutes

RESOLVED – To approve the minutes of the last meeting held 21st April 2016 as a correct record.

9 Leeds Health and Wellbeing Board Work Plan 2016/17

Further to minute 78 of the meeting held 21st April 2016, the Chief Officer, Health Partnerships, submitted a report on the process taken to develop the 2016/17 work plan for the Health and Wellbeing Board.

The report set out a proposed approach for the regular review and update of the work plan; which included sessions to support the priorities of the Board and the emerging Sustainability and Transformation Plans. Board members received a copy of Appendix A - the draft Work Plan as a supplementary pack following the despatch of the main agenda.

During discussions, the following points were noted

- "Working with people" should reflect "working with and being open with people". The work plan suggested that this theme would be picked up at the 20 October 2016 HWB meeting,
- "All ages, all age strategy" and the need to ensure that young people's voices were heard. It was reported that the workshop planned for 24 November 2016 would concentrate on children and young people

RESOLVED –

a) That approval be given to the Health and Wellbeing Board work plan for 16/17
b) To approve the approach proposed in paragraph 3 of the submitted report to keep the work plan live
c) To note the comments made during discussions

10 Towards Better Joint Health and Care Working - A Governance Update

The Chief Officer, Health Partnerships, submitted a report on the current health and care partnerships for Leeds and West Yorkshire. The report explored the relationships between the 'top tier' structures and the Health and Wellbeing Board (HWB) and highlighted where relationships could be strengthened or shifted in order to provide the transparent and effective governance needed to achieve the outcomes of the Leeds Health and Wellbeing Strategy 2016-21.

The report noted the changing nature of the health and care system at local, regional and national levels, alongside the continuing financial challenge and enduring health inequalities. The report posed two key questions for the Board to consider:

- Is the Board assured that the right partnership structures are in place?
- And do the structures allow the Board influence across the partnership to help achieve our shared ambitions for Leeds?

It was reported that governance arrangements would evolve with the partnerships structures. Key to this, were the partnerships described within paragraph 3.3 of the report between HWB, Leeds Health and Care Partnership Executive Group (PEG); the Integrated Commissioning Executive (ICE); Leeds Academic Health Partnership (LAHP) and the Leeds Clinical Senate (LCS). Importantly, the HWB would receive reports on the ICE work programme and LAHP update in the future as part of the HWB work plan.

The Board noted the following discussions:

- The request for a "plan on a page" diagram approach to identify partnership links
- Acknowledged the report presented the top-tier structures and partnerships, if this structure was agreed, further work would be undertaken to identify Third Sector, Voluntary and smaller groups within the partnerships
- Recognition that if the HWB was to have oversight of finance arrangements in the future, then this would need to be factored into governance arrangements.
- Where the separate West Yorkshire and Leeds own STPs overlapped, clear governance structures were required

RESOLVED –

a) To agree to ensure that that the right partnership structures are in place and that they help to achieve our shared ambitions for Leeds
b) To confirm that the partnership structures create a space in which significant things can happen between or outside of Health and Wellbeing Board meetings (in which the Board has influence)
c) To endorse the proposals set out in section 3 of the submitted report
d) To confirm that the proposals around reference/engagement groups such as the Leeds Academic Health Partnership and Leeds Clinical Senate do satisfy issues around clinical voice and leadership
e) To request that an update on the progress of the Leeds Academic Health Partnership and Leeds Clinical Senate is presented to a future meeting of the Board
f) To request a further update and options for governance at a future meeting of the Board
g) To note the comments made during discussions for action and to note the intention for reports on the ICE work programme and LAHP update in the future as part of the HWB work plan.

11 Sustainability Transformation Plans (STPs)

The Board considered two reports seeking endorsement of ongoing work which supports the overarching aims and priorities of the HWB.

The first report provided an overview of the emerging Sustainability and Transformation Plans (STPs), including the background, context and relationship between the Leeds and West Yorkshire STPs. It also highlighted some of the key areas to be addressed within the Leeds plan which will add further detail to the strategic priorities set out in the recently refreshed Leeds Health and Wellbeing Strategy 2016 – 2021. The paper also sought assurance that the Board supports the approach being taken.

The second report addressed the purpose of the Local Digital Roadmap – to contribute to the delivery of the digital infrastructure capability required to meet the needs of the health and care system in the future. A copy of the publication "Leeds Local Digital Roadmap 1st Submission 30th June 2016" was included in the second report.

Matt Ward, Chief Operating Officer NHS Leeds South & East Clinical Commissioning Group, presented the report on the Sustainability and

Transformation Plans (STPs), primarily focussing on the progress of Leeds' individual STP; with reference to the emerging West Yorkshire STP and the complexity of linking local STPs to the West Yorkshire STP, as detailed in the diagram at paragraph 3.9 of the report.

The Board received assurance that the Leeds approach continued the focus of the previous 5 Year Plan through the continuance of key issues and themes as summarised in the tables shown in paragraphs 3.19 and 3.31 of the report.

Finance and resources remained an issue, with a budget gap of £723m identified, however it was reported that the gap could be potentially addressed through service transformation and CCG efficiency savings

Key solutions to address gaps and create sustainable health and care for the future, as described in paragraph 5.3, would be the focus of a future HWB workshop and consider what the STPs mean for service users. Additionally, the Board noted the intention to hold discussions at the next HWB meeting on the introduction of consultation/conversations on the STPs to the public.

HWB discussed the following key issues:
Public/staff involvement and engagement – Noted the suggestion that the table at paragraph 5.3 represented the brief for holding discussions with the public as it clearly described how and what will change. The Board also noted the need to start sharing information with service providers and build relevant consultation into the timeline for developing the STPs - figures show 51,000 local healthcare professionals and 800,000 potential service users (the approximate population of Leeds), who all need to be involved in future discussions on their view of healthcare.

Relationships between the Leeds and West Yorkshire STP - HWB received reassurance from Sue Ellis as Chair of the Leeds STP group that connections were made with the West Yorkshire STP

The progress of the West Yorkshire STP – The Board noted comments seeking to ensure that the best practice operated by Leeds in terms of consultation and engagement is reflected in the WY STP and identifying a deficit of openness and governance in the WY STP.

Risks - How will the HWB be assured of the impact of the WY STP on Leeds' resources and citizens? What mechanism will be available for HWB to challenge WY STP decisions? How can HWB ensure that change is made at a pace which did not negatively impact on service delivery? It was noted that all three Yorkshire and Humber STPs would address their approach to risk management and impact on local service delivery through their emerging governance structures.

External forces - Recognition of the impact of external forces on the Leeds STP - such as services provided externally; neighbouring inter-related

economies - and the need to consider how the HWB can ensure that outside providers support the Leeds STP

'Changing the conversation' – The Board discussed the de-medicalisation of some treatments, an issue which formed part of the STP, seeking to encourage service users to take control of their own treatment and access treatment in other more local settings or through social prescribing for those patients who do not necessarily require a medical solution. Additionally, a national discussion on later life and end of life care was required to account for the changing nature of care, with the role of Community Care more robustly referenced

(Councillor Golton joined the meeting at this point)

(Tanya Matilainen and Sue Rumbold withdrew from the meeting for a short time at this point)

Jason Broch, NHS Leeds CCG and Dylan Roberts, Chief Digital Officer, presented the report on the Local Digital Roadmap (LDR), noting that the 5 Year Forward Plan had emphasised the importance of digital progress. The Health and Care sector had been asked to draw up a Digital Roadmap, noting funds for investment would be made available. The LDR would afford Leeds the opportunity to draw in those funds and support the STPs.

The Board made the following comments during discussions:

- Welcomed the "place based approach", however concern was expressed over how "place" was determined
- Would the LDR appreciate service delivery on a locality scale?
- Acknowledged that links to regional provision and locality level provision needed to be considered
- The links to the Council's own Breakthrough Projects to be further pursued

In respect of the **Update on Development of the Sustainability and Transformation Plan (STP)** the Board
RESOLVED -

1. To endorse the approach described within this paper for the continued development of the Leeds STP within the nationally prescribed framework;
2. To request that the comments made in respect of the progress of the West Yorkshire STP (specifically in respect of consultation and engagement, openness and governance) be fed into the future development of the West Yorkshire STP within the nationally prescribed framework;
3. To note the key areas of focus for the Leeds STP described in this report and how they will contribute to the delivery of the Leeds Health and Wellbeing Strategy;
4. To note that the Leeds Health and Wellbeing Board will continue to provide a strategic lead for the Leeds STP;

5. To note the key milestones outlined in this paper and the officers from the Leeds health and care partnership who are leading the development of the Leeds STP and the West Yorkshire STP;
6. To receive a further report in November 2016 with an overview of the proposed key changes and impacts outlined in the Leeds STP and the West Yorkshire STP as we move forward towards implementation and oversight.

In respect of the **Local Digital Roadmap (LDR)** the Board
RESOLVED -

a) To endorse the Local Digital Roadmap as a key contributor to the delivery of both the Leeds Sustainability and Transformation Plan and Leeds Health and Wellbeing strategy.
b) To note the contents of the discussion in respect of consideration of Board members' role in championing the adoption of technology and ensuring that the realisation of benefits is seen as a core part of all city-wide 'change' initiatives.

12 For Information - Leeds Better Care (BCF) Update

Further to minute 82 of the meeting held 21st April 2016, the Board received an update report on the Leeds Better Care Fund
RESOLVED – To note the contents of the report

13 Any Other Business

No matters were raised.

14 Date and Time of Next Meeting

RESOLVED – To note the date and time of the next meeting as Thursday 20th October 2016 at 9.30 am.

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EXECUTIVE BOARD

WEDNESDAY, 21ST SEPTEMBER, 2016

PRESENT: Councillor J Blake in the Chair

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

SUBSTITUTE MEMBER: Councillor J Procter

57 Substitute Member

Under the provisions of Executive and Decision Making Procedure Rule 3.1.6, at the point at which Councillor A Carter left the meeting (Minute No. 61 refers), Councillor J Procter was invited to attend for the remainder of the meeting on behalf of Councillor Carter.

58 Declaration of Disclosable Pecuniary Interests

There were no Disclosable Pecuniary Interests declared at the meeting, however, in relation to the agenda item entitled, 'Outcome of Statutory Notices on Proposals to Increase Primary and Secondary Learning Places in Holbeck; Kirkstall-Burley-Hawksworth and Burmantofts Planning Areas', Councillor Yeadon drew the Board's attention to her position as governor of Hawksworth Wood Primary School (Minute No. 78 refers).

59 Minutes

RESOLVED – That the minutes of the previous meeting held on 27th July 2016 be approved as a correct record.

HEALTH, WELLBEING AND ADULTS

60 Better Lives Programme: Phase Three: Next Steps and Progress Report

The Director of Adult Social Services submitted a report presenting the outcomes from the associated consultation exercise which was agreed to be undertaken by Executive Board on 23rd September 2015 (Minute No. 40 referred), and which sought approval of the next steps for the delivery of the Better Lives Strategy.

In presenting the report, the Executive Member for Health, Wellbeing and Adults thanked all of those who had participated in the associated consultation process, with specific reference to the contribution of the Scrutiny Board (Adult Social Services, Public Health and NHS), partners, stakeholders, Trade Unions, service users and their families, and highlighted how the original proposals had been revised in response to the contributions made.

In addition, detail was provided upon the submitted proposals, which looked to modernise the type of social care that was provided in Leeds, unlock sites for extra care and also enhance intermediate care and complex care provision.

The focus that was being placed upon improving the quality of service provided within the private sector was also highlighted.

Members then discussed the key proposals detailed within the report, and with respect to specific enquiries raised around the decommissioning of certain services, the Board was provided with detailed responses to such enquiries.

Linked to this, Members also discussed the evolving nature of social care provision in the city, with specific reference being made to the role played by the Council, Neighbourhood Networks and private sector providers. The Board also considered matters regarding capacity and quality levels of social care provision, with specific reference being made to the surplus of residential care in the city and the demand which existed for extra care housing. Responding to such comments, emphasis was placed upon the vital role to be played by extra care housing in the future, whilst also, officers undertook to provide Board Members with further details regarding the over-supply of residential care units in the city.

In response to a specific enquiry regarding the content of correspondence which had been received by some service users, it was undertaken that the content of such communications would be reviewed.

Also, given the significant nature of this matter, it was requested that Members were provided with the opportunity to comment upon this matter at the next scheduled Council meeting. In response, it was undertaken that this request, and the portfolio order by which the Executive Board minutes would be considered at the November Council meeting would be submitted to the Group Whips for consideration.

Furthermore, the Board received assurances that the priority for providing any affected service users with alternative provision would be to accommodate the choices of the individual, and that they would be guaranteed to receive a level of provision which was at least equal in quantum and to the standard of their current provision, if not better. In addition, it was highlighted however that should an individual choose provision that was rated less than their current standard, then where appropriate, checks may be undertaken in order to ensure that that choice was in the individual's best interest.

In addition, assurances were also provided around the personal support that service users and their families would be given during any transition process by the Assessment and Transfer Team.

In conclusion, the Chair highlighted the need for the Council to continue to lobby Government on a cross-party basis, in order to highlight the level of resource that the Local Authority needed in order to ensure that there was the necessary levels of social care provision in the city.

RESOLVED –

(a) That the decommissioning of the services provided at: Middlecross, Siegen Manor and The Green residential care homes, be approved;

(b) That the decommissioning of the services provided at: Middlecross, Siegen Manor, The Green, Springfield and Radcliffe Lane Day Centres, be approved;

(c) That the timescales for ceasing those services, based on the timeline as detailed within Appendix 3 to the submitted report, be agreed;

(d) That the remodelling of Wykebeck Valley day centre to become a complex needs centre for the east of the city, taking a phased approach to accommodate the needs of existing and future customers, be approved;

(e) That approval be given to the reinvestment of £0.111m from the planned savings, in order to ensure that Wykebeck can offer an enhanced service like Laurel Bank and Calverlands complex needs day centres;

(f) That approval be given for the Siegen Manor site to be ear-marked for the purposes of exploring the potential to develop it for the provision of extra care housing;

(g) That the development of a city-wide in-house integrated recovery service, comprised of Assisted Living Leeds, the SkILs enablement service and a bed-based offer to support the wider Leeds Intermediate Care Strategy, be approved, and that it be agreed that this service should be called the 'Leeds Recovery Service';

(h) That approval be given for The Green to be retained as a community asset for intermediate care / recovery beds, subject to discussion and agreement with NHS commissioners, with a further report being presented to Executive Board for consideration when associated discussions have concluded;

(i) That the outcome of the full consultation reports with stakeholders, including residents, service users, their families and carers, Trade Union, staff and Scrutiny Board, as detailed at Appendices 1 and 2 to the submitted report, be noted;

(j) That the immediate decommissioning of the services provided at Manorfield House residential home, together with the assessment and transfer process of residents, be noted;

(k) That the continued formal consultation under Employment Legislation with Trade Unions and staff be noted, together with the provision of support for staff throughout the decommissioning process which

includes identifying any opportunities for employment within the Council;

(l) That the development of alternative models of support, including those provided in the independent sector and by other in-house services, be noted;

(m) That it be noted that the commissioned service Bay Tree Resource Centre in Moor Allerton also offers a choice of day support for people with complex needs including dementia;

(n) That the continued work via the Housing and Care Futures programme to identify potential future use of the sites that become available as a result of the implementation of such proposals and resolutions be noted, which include the opportunity for further development of specialised older people accommodation, including extra care housing;

(o) That it be noted that the lead officer responsible for implementation of such matters is the Director of Adult Social Services.

(Under the provisions of Council Procedure Rule 16.5, Councillor A Carter required it to be recorded that he abstained from voting on the decisions referred to within this minute, whilst under the same provisions Councillor Golton required it to be recorded that he voted against the decisions referred to within this minute)

ECONOMY AND CULTURE

61 Medium Term Financial Strategy 2017/18 to 2019/20

Further to Minute No. 42, 27th July 2016, the Deputy Chief Executive submitted a report which presented the Council's updated Medium-Term Financial Strategy for 2017 – 2020 for the purposes of approval. The report also invited the Board to consider whether or not to accept the Government's 4-year funding offer.

Members welcomed the early consideration of such matters. With regard to considering the Government's 4 year funding offer, it was requested that should the offer be accepted, then this should be with a caveat that the level of funding currently offered is a minimum level of funding, and that in accepting the 4 year funding offer, this should not preclude the Council from receiving any further provision of funding during the 4 year period.

In addition, it was also requested that representations be made on behalf of the Council to Government with respect to the fact that the level of financial settlement received by Leeds was comparatively less than other Core Cities.

In considering the submitted report, Members considered the ongoinjg review in respect of Locality Services, whilst emphasis was placed upon the increasing importance of working effectively with the Council's partners across all sectors and working effectively at a local level.

RESOLVED –

(a) That the draft 2017 – 2020 Medium Term Financial Strategy and Efficiency Plan be approved;

(b) That it be noted that further proposals will be brought forward to address the current shortfall;

(c) That the Government's 4-year funding offer be accepted, on the basis that this represents a minimum level of government funding;

(d) That representations be made on behalf of Leeds City Council to Government with respect to the fact that the level of financial settlement received by Leeds is comparatively less than other Core Cities;

(e) That the recommendation to approve the Medium Term Financial Strategy and Efficiency Plan, and the consideration of whether to accept the 4-year funding offer, be exempted from the Call In process, for those reasons as detailed within paragraph 4.5.2 of the submitted report (detailed below);

(f) That it be noted that the Deputy Chief Executive will be responsible for the implementation of the resolutions above.

(During the consideration of this item, Councillor A Carter left the meeting and was replaced by Councillor J Procter for the remainder of the meeting)

(The Council's Executive and Decision Making Procedure Rules state that a decision may be declared as being exempt from Call In by the decision taker if it is considered that any delay would seriously prejudice the Council's, or the public's interests. In line with resolution (e) above, resolutions (a) and (c) contained within this minute were exempted from the Call In process, given that the size of the financial challenge facing the Council has meant that the outcomes of the work from service and policy reviews could not be brought to Executive Board sooner, and also due to the fact that the deadline for accepting the Government's 4-year funding offer is the 14th October 2016. As such, it is deemed that any delay to the implementation of these matters would prejudice the Council's, or the public's interests).

COMMUNITIES

62 Citizens@Leeds: Supporting Communities and Tackling Poverty - Update

Further to Minute No. 6, 24th June 2015, the Assistant Chief Executive (Citizens and Communities) submitted a report providing an update on the progress made in supporting communities and tackling poverty in Leeds over the past 12 months. The report also presented the planned activities for the next year and set out details of key challenges.

Responding to an enquiry in respect of the programme's action plan for 2016/17, it was highlighted that the submitted report did provide details of priorities for the forthcoming year, however, it was undertaken that further detail in respect of proposed actions would be provided to Executive Members for consideration.

RESOLVED –

(a) That the information detailed within the submitted report, be noted;

(b) That the plans for the next year, as detailed within the submitted report, be noted;

(c) That a further report be submitted to Executive Board in 12 months which sets out the progress made in supporting communities and in tackling poverty.

63 Strategic and Co-ordinated response to Migration in Leeds

The Assistant Chief Executive (Citizens and Communities) submitted a report which was in response to a recommendation from the Scrutiny Board (Citizens and Communities) to Executive Board, and which also provided an update on the work being undertaken to establish the Leeds Strategic Migration Board.

Members thanked the Scrutiny Board (Citizens and Communities) for the work which they had undertaken in this area.

In addition, emphasis was placed upon the need to ensure that adequate funding was provided by Government where the Authority agreed to participate in specific migration programmes.

RESOLVED –

(a) That the work which has taken place to establish the Leeds Strategic Migration Board, as detailed within the submitted report, be noted;

(b) That endorsement be given to the approach being taken to establish what Leeds' 'support' is for those new migrants coming to the city;

(c) That a report detailing the progress of the Leeds Strategic Migration Board be submitted to Executive Board in the spring of 2017;

(d) That it be noted that the Assistant Chief Executive (Citizens and Communities) is responsible for leading on such matters.

64 City of Sanctuary Progress Report

The Assistant Chief Executive (Citizens and Communities) submitted a report providing an overview of the principles of the City of Sanctuary initiative and detailed the recent work which had been undertaken in this area. In addition, the report also highlighted some areas of challenge and the work taking place to understand and address such issues. Finally, the report sought the Board's continued commitment to the City of Sanctuary principles.

Members welcomed the content of the submitted report, the proposal to explore the potential of gaining a formal accreditation, and the work being undertaken in schools which was linked to the City of Sanctuary initiative.

RESOLVED –

(a) That the work which has taken place in order to support Leeds' status as a City of Sanctuary be noted;

(b) That approval be given to recommitting to the principles of, and work undertaken as part of the City of Sanctuary, and that a formal promise be given to supporting the initiative;

(c) That approval be given to exploring the potential of providing a submission in order to gain a formal accreditation as a City of Sanctuary, and, as part of this, further consideration be given to working with the City of Sanctuary group with the aim of developing a 'Council of Sanctuary' award;

(d) That a progress report on such matters be submitted to Executive Board in early 2017;

(e) That it be noted that the Assistant Chief Executive (Citizens and Communities) is responsible for leading on such matters.

65 Strong and Resilient Communities - a Refreshed Approach to Delivering Cohesion and Prevent Across the City

The Assistant Chief Executive (Citizens and Communities) submitted a report regarding the refreshed approach towards the promotion of cohesion in Leeds and also on the delivery of the statutory 'Prevent' initiative across the city. The report also sought support for the development of new ways of working as part of a long term strategy which looked to embed cohesion, compassion and mutual respect across all of the city's communities.

Members thanked all of those involved for the significant work which had been undertaken in this area to date.

Responding to a specific Member enquiry, officers undertook to provide the Member in question with further information on the work of the pathfinder projects and breakthrough project.

RESOLVED –

(a) That the refreshed approach towards cohesion and Prevent, as outlined within the submitted report, be endorsed;

(b) That approval be given to the staged approach towards the Pathfinder projects, as set out in section 4.10 of the submitted report, as follows:-

- **Stage 1**: Undertake consultation with services and elected members to identify issues, skills gaps and agree a range of activities – commence by October 2016;

- **Stage 2:** Development of local cohesion plans for each of the 10 Community Committee Areas – to 31 March 2017;
- **Stage 3:** Build the capacity and confidence of frontline staff and Elected Members – to April 2017 (then ongoing);
- **Stage 4:** Identify pathfinder projects – 1st project to commence in Autumn of 2016.

(c) That the Chief Officer (Communities) be requested to take forward the development and implementation of the staged approach and the Pathfinder projects, with a progress report being submitted to the Board in 2017;

(d) That the Chief Officer (Communities) be requested to provide the Board with an update report on the implications of the 'Casey Review' for Leeds, following the national publication of the report.

ENVIRONMENT AND SUSTAINABILITY

66 Leeds Parks Trust

The Director of Environment and Housing submitted a report which sought approval to enter into an agreement with the Leeds Community Foundation in order to establish a Leeds Parks Trust, which would look to maximise opportunities for charitable giving and legacies, and gaining support from local businesses and other organisations for the benefit of improving parks and greenspaces across the city.

Members highlighted the vital role in improving parks and greenspaces which was played by local communities, volunteers, voluntary groups, together with the donations which were received.

Responding to an enquiry, the Board noted that where financial donations were not dedicated to a specific park or greenspace, then such donations would contribute towards the improvement of community parks, with specific reference being made to those which were yet to achieve the Leeds Quality Parks Standard. In addition, clarification was also provided in respect of the proposed management fee of 15%, in that it would be subject to a maximum cap on larger donations relating to actual costs, and that the fee would be reviewed after 6 months.

In addition, it was requested that further consideration be given to the name of the proposed 'Leeds Parks Trust' organisation, so that it was clear that the assets of the city's parks were not to become part of that Trust.

RESOLVED –

(a) That approval be given to enter into an agreement with the Leeds Community Foundation in order to establish an organisation which will maximise opportunities for charitable giving and legacies, together with gaining support from local businesses and other organisations;

(b) That it be noted that the Chief Officer (Parks and Countryside) is responsible for the implementation of resolution (a) (above), ahead of a planned launch in April 2017.

ECONOMY AND CULTURE

67 Visitor Economy and Vibrant City Centre

The Director of City Development submitted a report providing an update on the success of a number of initiatives held during Summer 2016 which aimed to enhance the vibrancy of Leeds city centre. In addition, the report also presented key details from the 2015 research and evaluation which had been undertaken in respect of the Leeds visitor economy, which demonstrated continued growth in this area.

Members welcomed the submitted report and the actions which had been taken in order to make the city centre more family friendly.

Responding to specific enquiries, it was undertaken that the Members in question would be provided with further details on: the ways in which visitors to the city were accessing and being provided with tourist information; and the ways in which Leeds' offer as a city was now being communicated and marketed both nationally and internationally.

RESOLVED – That the following be noted:

(a) The continued growth of the visitor economy figures between 2013 to 2015 which is supported by the VisitLeeds strategy, the improved product, the successful delivery of world class events and the continued momentum this gives towards the Leeds 2023 European Capital of Culture bid;

(b) The Council will work with the Leeds Business Improvement District in order to seek to align their marketing and promotional activities with the work of VisitLeeds as the principal destination management organisation leading on visitor economy;

(c) The successful implementation of a range of interventions to embrace the vibrancy of Leeds city centre and to endorse the further development and associated financial support which will deliver tactical interventions such as the pop up parks in the future, in order to improve the attractiveness and vibrancy of Leeds city centre as a visitor destination;

(d) That the success demonstrated to date will be built upon in order to ensure that the Council continues to take advantage of critical developments including: Victoria Gate and Kirkgate Market; Leeds Business Improvement District and world class events hosted in Leeds;

(e) The continued support for the strong city collaborative approach with all partners, to increase momentum and ramp up activity in the context of national and international competition.

EMPLOYMENT, SKILLS AND OPPORTUNITY

68 More Jobs, Better Jobs: A Progress Report

The Director of Children's Services and the Director of City Development submitted a joint report which provided an update on the work undertaken to date in respect of the 'More Jobs, Better Jobs' Breakthrough Project.

Responding to a Member's enquiry, the Board received further information on the process by which the Council would address concerns which existed with an employer in the city, received further details on the work which would be undertaken by the newly appointed Key Account Manager who would be working with businesses, and was advised of the methodology which would be used to evaluate the progress being made as part of the 'More Jobs, Better Jobs' Breakthrough Project.

RESOLVED – That the progress made to date in respect of the 'More Jobs, Better Jobs' Breakthrough Project, as detailed within the submitted report, be noted.

RESOURCES AND STRATEGY

69 Financial Health Monitoring 2016/17 - Month 4

The Deputy Chief Executive submitted a report which set out the Council's projected financial position at month 4 of the 2016/17 financial year. In addition, the report also reviewed the current budget position and highlighted key potential risks and variations.

RESOLVED – That the projected financial position of the authority, as detailed within the submitted report, be noted.

REGENERATION, TRANSPORT AND PLANNING

70 Investment of Affordable Housing Planning Obligation Funding

The Director of City Development submitted a report providing an overview of the current position regarding the affordable housing planning obligation funding (Commuted Sums) and which sought approval for the investment of such funding into a range of new supply affordable housing schemes.

Responding to a Member's enquiry, the Board was provided with information on the proposals detailed within the report in respect of the site at Kidacre Street, Hunslet, whilst an update was also provided on the current position regarding the creation extra care housing in the context of affordable housing provision.

RESOLVED –

(a) That the content of the submitted report, be noted;

(b) That the necessary 'authority to spend' for those schemes listed at section 3.9 of the submitted report, be approved.

71 Integrating Diversity and Inclusion into the Built Environment

The Deputy Chief Executive and the Director of City Development submitted a joint report which presented, for the purposes of proposed adoption, a framework which aimed to help the Council achieve its ambition to become the best City in the UK - fair, open and welcoming - by creating high quality, inclusive and accessible environments which would eliminate barriers for both Council employees and those living in communities across Leeds.

Responding to an enquiry, the Board received an update on the progress being made in Leeds with respect to the provision of 'Changing Places' toilets.

RESOLVED –

(a) That the proposed framework for Leeds City Council, in respect of 'Integrating Diversity and Inclusion into the Built Environment', as appended to the submitted report, be adopted;

(b) That in applying the framework, it be noted that Leeds City Council will seek to strike the right balance between aspiration, practicality and cost;

(c) That it be noted that the overall responsibility for the implementation of the framework sits with the Director of City Development.

72 'West Yorkshire Plus' Transport Fund

The Director of City Development submitted a report which sought approval to enter into the Grant Agreements with the West Yorkshire Combined Authority (WYCA) which were needed to continue funding and also deliver those agreed major projects identified within the West Yorkshire Plus Transport Fund (WYTF) programme.

Responding to an enquiry, the Board received assurances that Ward Member consultation would take place as appropriate on schemes which affected a Member's Ward.

In addition, a Member highlighted the importance of ensuring that all geographic areas of Leeds benefitted from future investment in the city's transport infrastructure.

RESOLVED –

(a) That approval in principle be given to the progression of the schemes as referenced in paragraph 2.4 of the submitted report, subject to engagement and consultation with local Members and other relevant partners and communities during scheme design;

(b) That authority be given to enter into the Grant Agreements with WYCA for the projects in the West Yorkshire Plus Transport Fund, the detail of which is to be agreed by the Chief Officer (Highways & Transportation) under his authority from the scheme of delegation;

(c) That the progress which has been made to date with schemes within the Leeds District, as summarised within paragraph 2.4 of the submitted report, be noted;

(d) That it be noted that the Chief Officer (Highways & Transportation) is responsible for the implementation of such matters.

73 Site Allocations Plan: Revised Publication Consultation for Outer North East

The Director of City Development submitted a report which presented the revised draft Site Allocations Plan (SAP) for the Outer North East (ONE) Housing Market Characteristic Area (HMCA), and which sought approval for those documents to be the subject of a period of public consultation, in order to invite the submission of formal representations.

RESOLVED –

(a) That the publication of the revised draft Site Allocations Plan for the Outer North East HMCA, together with the sustainability appraisal reports and other relevant supporting documents be approved for the purposes of public participation and also to formally invite representations to be made;

(b) That the necessary authority be delegated to the Chief Planning Officer, in consultation with the relevant Executive Member, in order to make any factual and other minor changes to the Revised Publication Plan for the Outer North East HMCA and supporting material, prior to public consultation.

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

74 Killingbeck Meadows Natural Flood Mitigation Solution and Brownfield Land Programme: Update

The Director of City Development submitted a report providing details of a proposed scheme to improve the level of surface water storage during storm events within the Wyke Beck valley in the Killingbeck and Seacroft and Halton Moor areas of the city. The report also provided an update on the site disposal process for Council owned brownfield land in Seacroft and Halton Moor and also sought approval to inject funding which had been secured from the Local Growth Fund into the Capital Programme, whilst also seeking associated 'Authority to Spend'.

Members welcomed the proposals detailed within the submitted report.

RESOLVED –

(a) That the principle of Natural Flood Management Schemes at Killingbeck Meadows, be approved;

(b) That the submission of planning applications for the Killingbeck Meadows Natural Flood Management Schemes, be approved;

(c) That approval, together with the necessary authority be given to inject £1.5 million and spend £1.6 million of funding from the Capital Programme, in order to support the delivery of the Killingbeck Meadows Natural Flood Management Schemes;

(d) That it be noted that the officer responsible for the implementation of the delivery of the Killingbeck Meadows Natural Flood Management Schemes is the Chief Officer (Highways & Transportation). It also be noted that the works will be procured through a competitive tender process and, subject to securing sufficient financial contributions, delivered during 2018;

(e) That the progress made in bringing forward new housing on the Council's brownfield sites across the city, be noted;

(f) That approval be given to inject into the Capital Programme and also provide the necessary authority to spend the £1.1m of recoverable loan funding from the Local Growth Fund, in order to support the provision of enabling works associated with the delivery of new homes on Council owned brownfield sites in East Leeds;

(g) That the necessary authority be delegated to the Director of City Development in order to approve the reinvestment of the Local Growth Fund loan into additional sites, once receipts begin to be received for the original tranche of 9 sites.

CHILDREN AND FAMILIES

75 Domestic Violence and Abuse Breakthrough Project

The Director of Environment and Housing submitted a report which provided an update on the work undertaken to date as part of the 'Domestic Violence and Abuse' Breakthrough Project, and which presented the first annual report on this project.

By way of an introduction to the report, the Board received further detail on the current activities which were taking place in this area, and noted the intention to provide Elected Members with the opportunity to become more involved in such activities.

Responding to an enquiry, Members received an update on the actions being taken to further develop the safeguarding arrangements for those suffering from domestic violence and abuse which were in place over weekends. Further to this, the Board noted the crucial role which was being played by the 'Front Door Safeguarding Hub', and the improvements it had brought to the process of information sharing between partners. Specific emphasis was also placed upon the importance of ensuring that young people affected by

domestic violence and abuse received the correct support from the relevant agencies.

RESOLVED –

(a) That the progress which has been made to date in addressing the issues associated with domestic violence and abuse be noted, together with the content of the first Annual Report on the associated Breakthrough Project, as appended to the submitted report;

(b) That annual update reports on the Domestic Violence and Abuse Breakthrough Project be presented to future Executive Board meetings.

76 Retirement of Nigel Richardson, Director of Children's Services

On behalf of the Board, the Chair together with the Executive Member for Children and Families paid tribute to the Director of Children's Services, Nigel Richardson for his services to the Council, as this would be the final Board meeting in which he would be in attendance prior to his retirement. Members thanked Nigel for what he had achieved during his time in Leeds and for the legacy that he was leaving.

77 Outcome of the consultation to increase learning places at Hovingham Primary School

The Director of Children's Services submitted a report on proposals brought forward to meet the local authority's duty to ensure sufficiency of school places. Specifically, this report related to the outcome of a consultation exercise regarding proposals to expand provision at Hovingham Primary School, and which sought permission to publish a Statutory Notice in respect of such proposals.

RESOLVED –

(a) That the publication of a Statutory Notice to expand Hovingham Primary School from a capacity of 420 pupils to 630 pupils with an increase in the admission number from 60 to 90, with effect from September 2017, be approved;

(b) That it be noted that the responsible officer for the implementation of such matters is the Head of Learning Systems.

78 Outcome of Statutory Notices on proposals to increase primary and secondary learning places in Holbeck; Kirkstall-Burley-Hawksworth and Burmantofts Planning Areas

The Director of Children's Services submitted a report providing details of proposals brought forward to meet the local authority's duty to ensure sufficiency of school places. Specifically, this report was divided into three parts and included consideration of proposals in respect of Hunslet Moor Primary School; Hawksworth Wood Primary School; Shakespeare Primary School and the Co-operative Academy of Leeds.

When considering this matter, the Board noted that the paragraph 4.6.1 of the submitted report should read: 'The statutory time limit for final decisions on each of the proposals detailed in this report is 2nd October 2016', rather than 2nd September 2016, as detailed.

RESOLVED –

(a) That the proposal to expand Hunslet Moor (Community) Primary School by increasing its capacity from 315 pupils to 420 pupils, increasing the admission number from 45 to 60, with effect from September 2018, be approved;

(b) That the proposal to expand Hawksworth Wood (Community) Primary School by increasing its capacity from 210 pupils to 420 pupils, increasing the admission number from 30 to 60, with effect from September 2017, be approved;

(c) That the proposal to expand Shakespeare (Community) Primary School by increasing its capacity from 315 pupils to 630 pupils, increasing the admission number from 45 to 90, with effect from September 2018, be approved;

(d) That the linked proposal to expand The Co-operative Academy of Leeds by increasing its capacity from 900 students to 1200 students, increasing the admission number from 180 to 240, with effect from September 2019, be approved;

(e) That it be noted that the responsible officer for the implementation of such matters is the Head of Learning Systems.

DATE OF PUBLICATION: FRIDAY, 23RD SEPTEMBER 2016

LAST DATE FOR CALL IN OF ELIGIBLE DECISIONS: 5.00 P.M., FRIDAY, 30TH SEPTEMBER 2016

(Scrutiny Support will notify Directors of any items called in by 12.00noon on Monday, 3rd October 2016)

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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: 4 October 2016

Subject: Chairs Update – October 2016

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

1 Purpose of this report

1.1 The purpose of this report is to provide an opportunity to formally outline some of the areas of work and activity of the Chair of the Scrutiny Board since the last meeting.

2 Main issues

2.1 Invariably, scrutiny activity can often takes place outside of the formal monthly Scrutiny Board meetings. Such activity may involve a variety of activities and can involve specific activity and actions of the Chair of the Scrutiny Board.

2.2 In 2015/16, the Chair of the Scrutiny Board established a system whereby the Scrutiny Board was formally advised of the Chairs activities between the monthly meeting cycles. It is proposed to continue this method of reporting for the current municipal year, 2016/17.

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

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

3. Recommendations

3.1 Members are asked to:

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

4. Background papers[1]

None used

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

Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 247 4707

Report of Head of Scrutiny

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

Date: 4 October 2016

Subject: Budget Monitoring

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

Summary of main issues

1. As part of the Scrutiny Board's consideration of its future work programme at the meeting in June 2016, the Board identified routine budget monitoring of Adult Social Services and Public Health as a regular activity.

2. To assist the Scrutiny Board in this activity, attached is the Executive Board report, '*Financial Health Monitoring 2016/17 – Month 4'* for consideration. This report was presented and considered by Executive Board at its meeting on 21 September 2016.

3. Appropriate representatives have been invited to the meeting to discuss the details as they relate to of Adult Social Services and Public Health, and address issues raised by the Scrutiny Board.

Recommendations

4. That the Scrutiny Board considers the attached Executive Board report (as it relates to the remit of the Scrutiny Board) and agrees any specific scrutiny actions that may be appropriate.

Background documents[1]

[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

5. None.

Report author: Alan Gay/Doug Meeson
Tel: 74250

Report of the Deputy Chief Executive

Report to Executive Board

Date: 21st September 2016

Subject: Financial Health Monitoring 2016/17 – Month 4

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

Summary of main issues

1. The purpose of this report is to inform the Executive Board of the financial health of the authority in respect of the revenue budget, and the Housing Revenue Account.

2. The 2016/17 financial year is the first year covered by the 2015 Spending Review and again presents significant financial challenges to the Council. The Council to date has managed to achieve considerable savings in the order of £330m since 2010 and the budget for 2016/17 will require the Council to deliver a further £76m of savings.

3. The current and future financial climate for local government represents a significant risk to the Council's priorities and ambitions. Whilst the Council continues to make every effort possible to protect the front line delivery of services, it is clear that the position is becoming more difficult to manage and it will be increasingly difficult over the coming years to maintain current levels of service provision without significant changes in the way the Council operates. A separate report on this agenda presents the Council's updated Medium Term Financial Strategy for 2017/18 through to 2019/20.

4. Executive Board will recall that the 2016/17 general fund revenue budget, as approved by Council provides for a variety of actions to reduce net spend by £31.5m delivering some £76m of budget action plans by March 2017. After the first quarter of the financial year, it is clear that the majority of these actions and savings

plans are on track to be delivered. However this report highlights a potential overall overspend/risk of £4.4m.

5. This is clearly not a sustainable position and Corporate Directors have been requested to liaise with the Lead Members to implement their contingency plans and any other measures to reduce net spend, including bringing-forward service and policy proposals.

6. At quarter 1, the Housing Revenue Account is projecting a marginal underspend of £0.1m.

Recommendation

7. Executive Board are asked to note the projected financial position of the authority.

1. Purpose of this report

1.1 This report sets out for the Executive Board the Council's projected financial health position for 2016/17 at month 4.

1.2 Budget Monitoring is a continuous process throughout the year, and this report reviews the position of the budget and highlights potential key risks and variations after the first quarter of the year.

2. Background information

2.1 Executive Board will recall that the net budget for the general fund for 2016/17 was set at £496.4m, supported by the use of £3.5m of general reserves.

2.2 The balance of general reserves at the end of March 2016 was £21.3m and when taking into account the budgeted use of £3.5m in 2016/17 will leave an anticipated balance at March 2017 of £17.8m.

2.3 Financial monitoring continues to be undertaken on a risk-based approach where financial management resources are prioritised to support those areas of the budget that are judged to be at risk, for example the implementation of budget action plans, those budgets which are subject to fluctuating demand, key income budgets, etc. This has again been reinforced through specific project management based support and reporting around the achievement of the key budget actions plans.

2.4 A separate report on this agenda presents the Council's updated Medium Term Financial Strategy for the financial years, 2017/18 to 2019/20.

2.5 Appendix 2 provides the quarterly procurement update including analysis of spend with local suppliers, the third sector and small & medium sized companies.

3. Main Issues

3.1 At quarter 1 an overspend of £4.4m is forecast, as shown in Table 1 below.

Table 1 – forecast 2016/17 budget variations by directorate

Directorate	Director	(Under) / Over spend for the current period				1st Quarter Position
		Staffing	Total Expenditure	Income	Total (under) /overspend	
		£000	£000	£000	£000	£000
Adult Social Care	Cath Roff	(1,366)	885	(842)	43	686
Children's Services	Nigel Richardson	(77)	8,684	(3,431)	5,253	3,800
City Development	Martin Farrington	(437)	(201)	(25)	(226)	(226)
Environment & Housing	Neil Evans	(333)	1,478	(1,567)	(89)	(88)
Strategy & Resources	Alan Gay	(904)	(909)	1,202	293	(25)
Citizens & Communities	James Rogers	(70)	(8,564)	8,555	(9)	(136)
Public Health	Dr Ian Cameron	(167)	(27)	0	(27)	(68)
Civic Enterprise Leeds	Julie Meakin	1,172	1,645	(1,444)	201	0
Strategic & Central	Alan Gay	400	(101)	(960)	(1,061)	(1,065)
Total Current Month		**(1,782)**	**2,890**	**1,488**	**4,378**	**2,878**

3.2 The key variations against the budget are outlined below and more detailed information is included in the financial dashboards at appendix 1.

3.2.2 Adult Social Care – the directorate is currently projecting a balanced budget position by the financial year-end, a net reduction of £0.6m from the quarter 1 position.

A comprehensive review of all budget action plans has taken place and slippage totalling £2.6m is projected at the year end, although substantial contingency savings have also been identified to partly offset the impact. There is a projected shortfall of £1.4m in delivering the specific actions within the community care packages budget, with the largest shortfall relating to learning disability services. Slippage of £0.9m relates to contracts and grants budgeted savings and £0.3m to the Better Lives programme within older people's residential and day care services.

The main forecast budgets variations at month 4 across the key expenditure types are in staffing [underspend of £1.4m], Community care packages [overspend of £1.5m], Transport [overspend of £0.6m] and additional income of £0.8m.

3.2.3 Children's Services – at month 4 the directorate is reporting a potential overspend of £5.3m. The month 4 position represents an increase of £1.4m from the quarter 1 position mainly due to an increase of £1.0m in the forecast transport spend together with a reduction in the anticipated savings on commissioned services. It should be stressed that whilst the directorate has committed to a number of actions to mitigate against budget pressures there are a number of risks within this forecast which, if all materialised to the worst case level, would increase the bottom-line overspend. The key risks are with the children looked after budget, the additional savings on staffing and other expenditure and external income currently assumed in the projection. Actions to mitigate against the budget pressures include additional controls on recruitment and promoting the Early Leaver Initiative scheme in some areas, a review of contracts and a review of spend including restrictions in all areas of non-

essential spend. In addition, the directorate is anticipating additional DfE funding, although this will be subject to the approval of a funding bid.

In terms of children in care, at the end of July, the directorate is looking after an additional 56 children and young people in externally provided residential and fostering placements than the 2016/17 budget provides for which will potentially result in a £4.9m pressure on the demand-led budgets (£3.5m external residential & £1.4m independent fostering agencies). In the last quarter of 2015/16 numbers had increased and numbers continued to increase in April but there has been a steady reduction in children looked after numbers since May. There are currently 1,237 children and young people in care which includes 55 externally provided residential placements and 218 placements with independent fostering agencies. The current projection assumes that the looked after children numbers will continue to gradually reduce during the remainder of the financial year.

In respect of transport, the home to school and home to college transport budget is under significant pressure due to a rise in the number of young people with complex needs, a rise in the transport requirements outside the city and an increase in private hire rates. The pressure is currently identified at £2.7m, which is an increase of £1.0m on the previously reported position and is based on the latest demand and price information.

3.2.4 City Development – overall, the directorate is anticipating an underspend of £0.2m against the £43m net managed budget. There are a number of identified risks/pressures notably around planning appeals and income, but these are mitigated by anticipated income from the Bridgewater Place settlement [£0.9m] and savings on the debt costs for the Arena [£0.5m].

3.2.6 Environment & Housing – at month 4 the directorate is forecasting a marginal underspend of £0.1m against its £53m net managed budget. Within this overall figure, there is a pressure on the waste management budget of £0.1m which is mainly due to increased disposal costs. In car parking, staffing savings and additional income are expected to deliver a saving of £0.2m and in Community Safety there is a forecast underspend of £0.1m due again to staffing savings, one-off income from the WYPCC and additional Ministry of Justice funding.

3.2.7 Strategy & Resources – overall, the directorate is highlighting a potential overspend of £0.3m which is due a potential reduction in external income in the Projects, Programmes and Procurement Unit of £1m offset by forecast staffing savings of £0.7m. The rest of the directorate is anticipated to deliver on its budget action plans.

3.2.8 Civic Enterprise Leeds – the bottom-line position for CEL is an overspend of £0.2m which is due to a £200k overspend against the Catering net budget. The Catering overspend is mainly as a result of the marginal impact of the 7 schools which have been lost to the service plus the marginal impact of a shortfall against the adjusted meal numbers.

3.2.9 Strategic & Central budgets – at month 4, the strategic and central budgets are anticipated to underspend by £1.1m. The key variations include;

i. Debt - a forecast pressure of £1.4m due to the conversion of short-term debt to long-term to take advantage of low long-term interest rates.
ii. Section 278 income - a potential £1.5m risk due to lower levels of development activity.
iii. Procurement - a £1m variation which reflects that the procurement savings will be managed through directorate budgets.
iv. Early Leaver Initiative - a potential £0.4m additional spend over the £2m earmarked reserve.
v. Savings of £2m from the additional capitalisation of eligible spend in general fund and school budgets.
vi. Appropriation of £2.7m of earmarked reserves.
vii. Savings of £0.7m on the levy contribution to the business rates

3.3 Other Financial Performance

3.3.1 Council Tax

The Council Tax in-year collection rate at the end of July was 37.13% which is in line with the performance in 2015/16. At this stage of the year, the forecast is to achieve the 2016/17 in-year collection target of 95.9% collecting some £299m of income.

3.3.2 Business Rates

The business rates collection rate at the end of July was 39.02% which is 1.15% below the performance at this stage in 2015/16. The forecast is still to achieve the 2016/17 in-year collection target of 97.7% collecting some £385m of income.

4. Housing Revenue Account (HRA)

4.1 At month 4 the HRA is projecting a marginal underspend of £0.1m against the 2016/17 budget. Projected combined income from rents and service charges are forecast to be in line with the budget with a marginal £38k anticipated net variation at this stage of the year. There are a number of marginal variations against the expenditure budgets which when combined total an underspend of £39k. Further detailed information is included in the financial dashboard at appendix 1.

5. Corporate Considerations

5.1 Consultation and Engagement

5.1.1 This is a factual report and is not subject to consultation

5.2 Equality and Diversity / Cohesion and Integration

5.2.1 The Council's revenue budget for 2016/17 was subject to equality impact assessments where appropriate and these can be seen in the papers to Council on 24th February 2016.

5.3 Council Policies and Best Council Plan

5.3.1 The 2016/17 budget targeted resources towards the Council's policies and priorities as set out in the Best Council Plan. This report comments on the financial

performance against this budget, supporting the Best Council ambition to be an efficient and enterprising organisation.

5.4 Resources and Value for Money

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

5.5 Legal Implications, Access to Information and Call In

5.5.1 There are no legal implications arising from this report.

5.6 Risk Management

5.6.1 Financial management and monitoring continues to be undertaken on a risk-based with key budget risks identified as part of the annual budget-setting process and specifically monitored through the financial year. Examples include the implementation of budget action plans, those budgets which are volatile and subject to fluctuating demand, key income budgets, etc. The information in the financial dashboards at appendix 1 includes specific information on these risk areas.

6. Recommendations

6.1 Executive Board are asked to note the projected financial position of the authority.

7. Background documents[1]

7.1 None

[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.

ADULT SOCIAL CARE 2016/17 BUDGET

FINANCIAL DASHBOARD - 2016/17 FINANCIAL YEAR

Month 4 (April to July)

Overall narrative

The directorate is currently projecting a balanced position by the financial year-end, a reduction of £1.2m since Period 3. Projected spend on community care packages and general running expenses has reduced, partly offset by an increase in transport costs.

A comprehensive review of all budget action plans has taken place and slippage totalling £2.6m is projected at the year end, although substantial contingency savings have also been identified to partly offset the impact. There is a projected shortfall of £1.4m in delivering the specific actions within the community care packages budget, with the largest shortfall relating to learning disability services. Slippage of £0.9m relates to contracts and grants budgeted savings and £0.3m to the Better Lives programme within older people's residential and day care services. Some other budget pressures and savings have been identified, further details of which are outlined below.

The main variations at Month 4 across the key expenditure types are as follows:

Staffing (-£1.4m – 2.7%)
Savings within Access and Care Delivery total £0.3m. This mainly reflects reducing staffing numbers within the Community Support Service since the budget was set and vacancies within the care management and business support services, partly offset by slippage relating to the Better Lives programme within older people's residential and day care services. Savings of £1.1m are projected in commissioning services, resources and strategy and health and wellbeing due to ongoing vacancies.

Community care packages (+£1.5m – 0.8%)
Expenditure on the learning disability pooled budget is currently projected to exceed budget provision mainly due to slippage in delivering the budgeted savings, but work is underway to bring this back on track as far as possible by the year-end. There are also some pressures on residential and nursing care placements reflecting the trend in the last quarter of 2015/16 and a higher number of residents at the start of the current financial year than was assumed when the budget was set. Actions are underway to minimise the impact of these pressures by the year-end.

Transport (+£0.6m – 13.6%)
The most recent projections from Passenger Transport Services indicate higher than budgeted costs. The information available indicates that the majority of the projected overspend relates to costs rather than demand, but further work is needed to understand this more fully. This is being undertaken in conjunction with Passenger Transport Services.

Income (-£0.8m – 1.3%)
Service user contributions are slightly higher than budgeted, mainly due to some slippage in the Better Lives programme within older people's residential and day care services. Funding for staffing costs through the learning disability pooled budget is also higher than budgeted.

Budget Management - net variations against the approved budget

				PROJECTED VARIANCES											
	Expenditure Budget	Income Budget	Latest Estimate	Staffing	Premises	Supplies & Services	Transport	Internal Charges	External Providers	Transfer Payments	Capital	Appropriation	Total Expenditure	Income	Total (under) / overspend
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Health Partnerships	365	(112)	252	(93)	0	85	0	4	141	0	0	0	136	(225)	(89)
Access & Care Delivery	245,854	(39,420)	206,434	(331)	31	(85)	(52)	659	456	925	0	0	1,603	(363)	1,241
Commissioning Services	12,828	(24,298)	(11,470)	(539)	0	(172)	(1)	204	521	0	0	0	12	(551)	(539)
Resources and Strategy	7,067	(1,008)	6,059	(404)	(1)	(137)	(3)	(323)	0	0	0	0	(867)	297	(570)
Total	**266,113**	**(64,838)**	**201,275**	**(1,366)**	**30**	**(309)**	**(56)**	**543**	**1,118**	**925**	**0**	**0**	**885**	**(842)**	**42**

Key Budget Action Plans and Budget Variations:

		Lead Officer	Additional Comments	RAG	Action Plan Value	Forecast Variation against Plan/Budget
A. Key Budget Action Plans					**£m**	**£m**
1.	Older people's residential and day care	D Ramskill	Full-year effects and ongoing Better Lives programme		0.9	0.3
2.	Assessment and care management practice	S McFarlane	Delivering the most cost effective service for new customers based on the strengths based approach and the use of reablement and telecare services		1.0	0.4
3.	Review of care packages - mental health	M Ward / M Naismith	Reviewing care packages for existing customers based on the strengths based approach and securing improved value for money commissioning		0.5	0.0
4.	Review of care packages - physical impairment	J Bootle	Reviewing care packages for existing customers based on the strengths based approach and securing improved value for money commissioning		0.5	0.0
5.	Review of care packages - learning disability	J Wright / M Naismith	Reviewing care packages for existing customers based on the strengths based approach and securing improved value for money commissioning		3.0	1.0
6.	Assessment and care management efficiencies	S McFarlane	Review of skills mix and business processes		0.5	0.0
7.	Grants and contracts	M Ward	Review of contracts and grants across client groups		1.4	0.9
8.	Vacancy management	Various	Mainly non-frontline services		0.8	0.0
9.	Fees and charges	A Hill	Implementation of February 2016 Executive Board decisions		1.0	0.0
10.	Health funding	S Hume	Mainly funding received in 2015/16 on a non-recurring basis		3.9	0.0
11.	Better Care Fund	S Hume	Exploring opportunities to realign spend between capital and revenue		1.8	0.0
B. Other Significant Variations						
1.	Staffing	Various	Ongoing tight vacancy management and reducing staff numbers in the Community Support Service			(2.7)
2.	Community care packages	J Bootle / M Naismith	Pressures experienced in 2015/16 on residential & nursing placements and the learning disability pooled budget are continuing			0.7
3.	Transport	J Bootle / M Naismith	Mainly increased costs, which are under investigation with Passenger Transport Services			0.6
4	Other expenditure	Various	Savings on general running expenses through careful budget management, including the projected impact of essential spend only for the remainder of the year			(0.6)
5	Income	Various	Mainly funding for staffing costs through the learning disability pooled budget and service user contributions			(0.6)
				Adult Social Care Directorate - Forecast Variation		**0.0**

CHILDREN'S SERVICES FINANCIAL DASHBOARD

MONTH 4 (JULY 2016)

Overall - At period 4 the directorate is reporting a projected overspend of £5.25m. The Period 4 position is an increase of £1.45m on that reported at Period 3 and is mainly due to an increase of £1m in the projected overspend on transport and a reduction in the projected savings from commissioning. The directorate is facing a number of budget pressures, if all materialised to the worst case level then the extent of the overspend could be higher than the £5.25m projected position. The directorate has committed to a number of actions to mitigate against these budget pressures including additional controls on recruitment and promoting the ELI scheme in some areas, a review of contracts and a review of spend including restrictions in all areas of non-essential spend. In addition, the directorate is anticipating additional DfE funding, not all of which will result in additional spend although this will be subject to the approval of a bid.

CLA Obsession - At period 4, the directorate is looking after an additional 56 looked after children in external residential placements and with Independent Fostering Agencies than the 2016/17 budget provides for and this has resulted in a projected £4.9m pressure around CLA demand budgets (£3.5m External Residential & £1.4m Independent Fostering Agency). In the last quarter of 2015/16 numbers had increased and numbers continued to increase in April but there has been a steady reduction in children looked after numbers since May. There are currently 1,237 CLA children; this includes 55 with external residential and 218 with independent fostering agencies. There is a £0.9m pressure on in-house fostering but this is partly off-set by additional income on adoption. Overall the CLA budget supports 1,170 placements which includes provision for 36 ER and 185 IFA placements. The current projection assumes that the looked after children numbers will continue to gradually reduce during the remainder of the financial year.

Staffing - Current assumption is for pay to balance. There are some risks around this forecast although the directorate has committed to take action to reduce staffing numbers. Current FTE levels (2,420) and spend would suggest an overspend of approximately £0.5m although FTE numbers have reduced in May, June and July and the monthly spend on pay is reducing.

Commissioned Services - A £0.1m saving target around the £10m of commissioned contracts and other spend within the directorate. There is a risk that this saving target is not achieved. The target has been reduced from Period 3 by £0.4m.

DfE Innovations Funding - There is a potential pressure of £0.8m with the existing DfE Innovations funding. The current projection assumes that actions will be taken so that overall commitments match the funding available but there is still a significant risk that commitments will exceed the available funding in 16/17.

Transport - The home to school and home to college transport budget is under significant pressure due to a rise in the number of young people with complex needs, a rise in the transport requirements outside the city and an increase in private hire rates. The pressure is currently identified at £2.7m, this is an increase of £1m on the position reported for Period 3 and is based on the latest demand and price information.

Other Income - Additional £2m DfE Innovations & Partners in Practise grant (part of a new 4 year bid which has not been secured yet). A further £0.3m HRA income to support the FIS and MST Service. Offsetting this is a net £0.6m pressure from the loss of £1.6m CCG income supporting the Children's Centres offset by an anticipated £1m health income from ASC.

Dedicated Schools Grant (DSG)Pressure- Pressures have emerged over the past term principally in relation to the Social Emotional and Mental Health provision, Funding for Inclusion numbers and Central Early Years expenditure which total £4.6m. In addition there is a risk re receiving the budgeted Schools Forum funding for the Readiness for Learning proposal. Options are being considered as to manage this pressure over the medium term.

Budget Management - net variations against the approved budget

				PROJECTED VARIANCES											
	Expenditure Budget	Income Budget	Latest Estimate	Staffing	Premises	Supplies & Services	Transport	Internal Charges	External Providers	Transfer Payments	Capital	Appropriation	Total Expenditure	Income	Total (under) / overspend
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Partnership, Development & Business Support	19,467	(1,137)	18,330	622	0	(583)	2,700	0	0	0	0	0	2,739	(40)	**2,699**
Learning, Skills & Universal Services	129,226	(116,971)	12,255	(687)		(686)	0	(119)	(942)			153	(2,281)	1,841	**(440)**
Safeguarding, Targeted & Specialist Services	121,679	(29,547)	92,132	(12)	1	(297)	186	(74)	7,547			875	8,226	(5,232)	**2,994**
Central Overheads	8,933	(11,878)	(2,945)	0	0	0	0	0	0	0	0	0	0	0	**0**
Total	**279,305**	**(159,533)**	**119,772**	**(77)**	**1**	**(1,566)**	**2,886**	**(193)**	**6,605**	**0**	**0**	**1,028**	**8,684**	**(3,431)**	**5,253**

Key Budget Action Plans and Budget Variations:		Lead Officer	Additional Comments	Action Plan Value	Forecast Variation
A. Significant Variations				**£m**	**£m**
	Children Looked After	Steve Walker	Pressure on CLA demand led budgets (External Residential placements and Independent Fostering Agencies) partly offset by additional income from adoption.		**4.90**
	Passenger Transport	Sue Rumbold	Increased numbers of children requiring education outside the city, increased complexity of need and an increase in private hire rates. .		**2.70**
	Income - DSG	Steve Walker	The current projection allows for a £0.75m shortfall against the budgeted income. The other pressures on the DSG could be partly met by exploring options in relation to balances and re-examining eligibility criteria. Options to be presented to School Forum in October.		**0.75**
	Income - DfE BID	Steve Walker	New BID to DfE in 2016/17. Assumes that not all the proposed expenditure will be additional.		**-2.00**
	Commissioning	Sue Rumbold	Target saving against the £10m commissioning budget. Specific savings proposals to be presented to CSLT. There is a risk that sufficient savings cannot be achieved in 2016/17.		**-0.10**
	HRA - funding	Steve Walker	Additional HRA income re signpost and MST service may not be forthcoming. It is subject to agreement with Environments & Housing.		**-0.30**
	Savings challenge across department	All	Target savings against running costs and staffing budgets. Proposals are being considered by CSLT. There is a risk that sufficient savings are not identified.		**-1.80**
B. Key Budget Action plans (BAP's)					
A1	Securing additional income from Schools Forum	CSLT	£3.4m of funding per academic year provisionally agreed subject to delivery of activity and funds being available from DSG.	2.40	**0.00**
A2	Health Funding For Children's Centres	CSLT	Negotiate with CCG's to extend 15/16 funding into 16/17. Income unlikely to be received from CCGs but alternative funding being pursued.	1.60	**0.60**
C1	Reconfigure services to young people at risk of becoming NEET	Andrea Richardson	IAG contract has been extended to July 2016. Some existing provider staff will TUPE.	1.20	**0.25**
E1/E2/E4	Staff savings	Sue Rumbold	Reduction in posts/additional trading opportunities and ELIs. Linked to medium term strategy for the directorate. Further staff reductions are required to meet budget assumptions.	1.40	**0.00**
E5	Reduce net cost of Learning For life managed Children's Centres Childcare.	Andrea Richardson	Ensure childcare income generated is reflected in childcare staffing levels	0.50	**0.30**
A3	Improvement partners	Steve Walker	Maximise income from supporting other LA's. Work underway with Manchester. Other expressions of interest from other LA's. Innovations bid to DfE ongoing. Decision due late summer.	0.50	**0.00**
A4	Adel Beck	Francis N'Jie	Maximise income from selling to other LA's. Rates revised for 16-17 to recover this additional income subject to occupancy levels being achieved.	0.40	**0.00**
E3	Impact of residential review on overtime costs	Steve Walker	Running cost efficiencies following closure of Pinfolds and Bodmin. Linked to the overall pay strategy for the directorate.	0.40	**0.00**
	Various other budget savings (10)	All CO's	Including reconfiguration of Targeted Services, a review of assets, additional trading with schools, reviewing non Statutory costs etc.	2.29	**(0.05)**
C. OTHER VARIATIONS					
			Children's Services Directorate - Forecast Variation		**5.25**

CITY DEVELOPMENT 16/17 BUDGET
PERIOD 4 (April - July)

Overall - At Period 4 the underlying position in City Development is a projected overspend of **£1.26** against the 2016/17 budget however this is being offset this year by the use of Bridgewater Place money estimated at £916k and Arena Debt savings and asset income of £570k to reduce this to a projected underspend of **£226k** This is based on a number of assumptions and recognising some high level risks within the budget:

There are concerns around Planning Appeals costs this year as the service currently have a number of appeals ongoing from 2015/16 and new ones coming in in 2016/17, this is currently estimated at £200k., and is partially offset by increased CIL income and an underspend on staffing.

In Economic and Asset Management the advertising Income pressure has increased by £31k to £319k. Although the income target was reduced in the 2016/17 estimates cycle by £200k it is unlikely to achieve its target this year due to time required to build up the advertising sites portfolio and programme delays around approvals for the advertising sites. It is assumed that this will be offset by Arena debt savings (£450k) and income from two new asset purchases recently approved by Executive Board (£120k). Income receipts at Kirkgate Market are also under pressure due to the extension of rent discounts into 2016-17 and later than anticipated new lettings resulting from delays to its redevelopment. The projected effect will be an under recovery of £460k against the income budget.

Highways and Transportation have a number of budget pressures specifically in relation to drainage and roads maintenance issues (£230k) which are to be funded from increased external income.

In LAH there is a projected loss of income from Room Hire at the Art Gallery (closed for roof repairs) £100k, which is offset by the NNDR Rebate and there is increased Town Hall bar and catering income
Overspends in supplies and services are funded by and related to increased events income etc. Within the Sport Service overspends on supplies and services including catering, resalables and Consultancy costs are offset with associated increases in projected income, which also includes an anticipated £40k shortfall of income in relation to the pool closure and refurbishment at John Smeaton and a £60k pressure due to incorrect treatment of VAT on the Fitness and Swim Bodyline Offer.

The Directorate Strategy is to use the proposed £916k Bridge Water Place settlement to part fund these net pressures and contribute the balance to the corporate strategy. In the service analysis below £460k is utilised against specific services and £456k Highways & Transportation.

Budget Management - net variations against the approved budget

				PROJECTED VARIANCES											
	Expenditure Budget	Income Budget	Latest Estimate	Staffing	Premises	Supplies & Services	Transport	Internal Charges	External Providers	Transfer Payments	Capital	Appropriation	Total Expenditure	Income	Total (under) / overspend
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Planning and Sustainable Development	8,571	(5,753)	2,818	(77)	0	197	0	17	0	0	0	0	137	(50)	**87**
Economic Development	4,886	(4,011)	875	59	61	42	0	22	0	0	0	0	184	263	**447**
Asset Management and Regeneration	11,170	(10,405)	765	(79)	(4)	(26)	(1)	(134)	0	0	0	0	(245)	(37)	**(282)**
Highways and Transportation	55,788	(39,605)	16,183	(257)	5	(174)	25	(8)	0	0	0	0	(409)	(37)	**(446)**
Libraries, Arts and Heritage	22,490	(7,644)	14,846	(70)	(120)	257	(1)	8	22	0	0	0	96	(140)	**(44)**
Sport and Active Recreation	24,418	(18,753)	5,665	(5)	15	28	3	4	0	0	0	0	44	(24)	**20**
Resources and Strategy	1,720	(95)	1,625	(8)	0	0	0	0	0	0	0	0	(8)	0	**(8)**
Total	**129,043**	**(86,266)**	**42,777**	**(437)**	**(44)**	**324**	**25**	**(91)**	**22**	**0**	**0**	**0**	**(201)**	**(25)**	**(226)**

Key Budget Action Plans and Budget Variations:

		Lead Officer	Additional Comments	RAG	Action Plan Value	Forecast Variation against Plan/Budget
A. Budget Action Plans					**£'000**	**£'000**
1.	Planning and Sustainable Development	Tim Hill	Reduction in the net cost of service through management restructure, staffing savings and increased income generation		550	(113)
2.	Economic Development	Tom Bridges	Reduction in the net cost of service through staffing savings and increased income generation		280	(13)
3.	Asset Management & Regeneration	Tom Bridges	Reduction in the net cost of service through staffing savings and increased income generation		410	(155)
4.	Highways and Transportation	Gary Bartlett	Reduction in the net cost of service via alternative service delivery, removal of subsidies, staffing savings and additional income		440	10
5.	Libraries, Arts and Heritage	Cluny MacPherson	Reduction in the net cost of service via efficiency savings, staffing savings and increased income generation		570	(44)
6.	Arts Grant	Cluny MacPherson	Full Year Effect of new grant allocations will deliver the savings. DDN published 25 March 2015 and implemented 1st April 2015		125	0
7.	Sport and Active Recreation	Cluny MacPherson	Reduction in the net cost of service via efficiency savings, staffing savings and increased income generation		440	20
8	Resources and Strategy	Ed Mylan	Reduction in the net cost of service via efficiency and staffing savings		30	(8)
9.	Directorate	All Chief Officers	Directorate-wide additional income target		460	0
B. Other Significant Variations						
1.	Asset Management	Tom Bridges	Reduced borrowing costs at Leeds Arena (£450k) income from new assets (£120k) offsetting reduced income from Advertisisng and increased legal costs			(127)
2.	Highways	Gary Bartlett	Additional Highways Income			0
3.	Planning Appeals	Tim Hill	Uncertainty at this stage around the costs of planning appeals			200
4.	Kirkgate Market	Tom Bridges	Extension of rent discounts and other rent reductions resulting from the delay in the Kirkgate redevelopment.			460
5.	Bridgewater Place	Martin Farrington	As per the Directorate Strategy, use of balance of Bridgewater Place settlement to mitigate pressures			(456)
					City Development Directorate - Forecast Variation	**(226)**

ENVIRONMENT & HOUSING DIRECTORATE SUMMARY
FINANCIAL DASHBOARD - 2016/17 FINANCIAL YEAR
Month 4 Report - July 2016

Overall Position (£89k under budget)

Community Safety (£129k under budget)
The service is projecting an underspend on staffing of £186k (offset by reduced charges to HRA of £75k). One off income in year has been received from West Yorkshire Police & Crime Commissioner (£85k) for contributions to LASBT (Leeds Anti social behaviour team) and additional Ministry of Justice funds (£89k) have been utilised. CCTV income is projected to be lower than budgeted by £77k. Other variances (+£79k).

Parks & Countryside (£83k under budget)
Even though there was no Easter in 16/17, turnover at attractions (including cafe/retail) continues to be strong with a projected increased surplus (£123k). Staffing savings of £79k are partially offsetting the projected reduction in Golf income £92k and additional marketing activity at Tropical World £66k. Other net savings across the service total (£39k).

Environmental Action & Health (£143k under budget)
Env Action - Projected staffing savings of (£294k) are offset by loss of Wellbeing funding £36k and £112k additional transport costs in respect of GPS system for gully tankers and additional vehicles. Other variations of +£36k.
Env Health - projected staffing savings of (£57k) + other minor costs (+£23k).

Car Parking (£235k under budget)
Ongoing vacant attendant posts (£141k) partially offset by additional expenditure of £43k (mainly for P&D machine maintenance and the upgrades required to facilitate the new £1 coin coming into circulation in 2017). Overall Income is projected to be increased by (£137k). This includes: Woodhouse Lane (£116k) of which (£90k) is for the 50p increase (in June); other variations being off street parking (£95k), On street £190k, PCN/BLE (£86k) and other income (£30k).

Housing Support/Partnerships/SECC/SP Contracts +£45k over budget
Housing staffing underspends (£449k)due to vacant posts are partially offset by a reduction of £398k corresponding income charged to HRA. Variations in SP contracts are £25k Other variations across all areas are projected to be £122k.

General Fund SS (+£367k over budget)
Of the £970k Directorate wide staffing efficiency target, **£604k** savings have been included within the projected position of individual services and therefore remains a pressure within GFSS. (It is assumed that the remaining £366k will be found across the directorate in year) . Offsetting the £604k are staffing savings in Intelligence & Improvements **(£107k)** and assumed directorate line by line savings of **(£128k)**.

Leeds Building Services (£0k Nil variance)
The service is currently projecting an overspend on staffing of +£238k, this being offset by corresponding reduction in the Sub Contractor costs. The service has a WIP of £15.7m.

Waste Management +£89k over budget

Refuse (£0k nil variance)
Additional staffing costs relating to additional back up routes and sickness levels being above target are anticipated to be offset by the identification of other staffing savings . No overall variance is projected.

HWSS & Infrastructure (£8k under budget)
Additional staffing costs of £107k are forecast, reflecting additional operatives at HWSS required to deal with higher than anticipated waste volumes. Additional weighbridge and collection contract income is projected to offset these costs.

Waste Strategy & Disposal (+£97k over budget)
The continuing reduction of volumes at the RERF and higher than anticipated share of electricity (£60k) has resulted in a projected underspend of £245k. Higher than anticipated volumes of residual tonnages at HWSS are projected to cost an additional £191k. There is also a projected pressure of £234k re the disposal of Transfer Loading Station weighbridge tonnes. Some of this is external waste with an associated increase in income projection within Household Waste Sites & Infrastructure and the remainder is due to the disposal of internal waste mainly arising from Localities and Housing Leeds (with an assumed contribution of £100k). There is a pressure of £44k for disposal of collection contracts waste, which is offset by income in HWSS & Infrastructure. The projected overspend in respect of SORT disposal costs has reduced to £31k, reflecting a reduction in gate fees in recent months. All other tonnages and assumed actions to address the pressures are anticipated to reduce the overall overspend by £165k.

Budget Management - net variations against the approved budget;

Summary By Service				PROJECTED VARIANCES											
	Expenditure Budget	Income Budget	Latest Estimate	Staffing	Premises	Supplies & Services	Transport	Internal Charges	External Providers	Transfer Payments	Capital	Appropriation	Total Expenditure	Income	Total (under) / overspend
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Community Safety	8,723	(6,530)	2,193	(186)		65	(8)	(154)					(283)	154	**(129)**
Strategic Housing, SECC, Contracts	18,610	(9,429)	9,181	(482)	(5)	105	2		100				(280)	325	**45**
General Fund Support	(429)	(408)	(837)	495		(128)							367		**367**
Leeds Building Services	45,305	(51,376)	(6,071)	174	174	1,116	(224)						1,240	(1,240)	**0**
Parks & Countryside	29,328	(21,309)	8,019	80	(26)	354	(30)	102					480	(563)	**(83)**
Waste Strategy and Disposal	20,429	(5,749)	14,680	(27)		124							97		**97**
Household Waste Sites & Infrastructure	4,502	(480)	4,022	108	9	6	8						131	(139)	**(8)**
Refuse Collection	16,747	(375)	16,372	(3)				3					0		**0**
Environmental Action	15,346	(4,343)	11,003	(294)	19	14	113	3					(145)	36	**(109)**
Environmental Health	3,164	(765)	2,399	(57)		(3)	0	29					(31)	(3)	**(34)**
Car Parking	5,003	(12,614)	(7,611)	(141)	2	41							(98)	(137)	**(235)**
Total	**166,728**	**(113,378)**	**53,350**	**(333)**	**173**	**1,694**	**(139)**	**(17)**	**100**	**0**	**0**	**0**	**1,478**	**(1,567)**	**(89)**

Key Budget Action Plans and Budget Variations:

		Lead Officer	Additional Comments	RAG	Action Plan Value £m	Forecast Variation against Plan/Budget £m
A. Key Budget Action Plans						
1.	Dealing Effectively with the City's waste	Susan Upton	FYE of Waste Strategy and assumes PFI at £53.3 for B1 tonnes; £0.3m for additional recycling performance		(4.5)	0.0
2.	HWSS Strategic Review	Susan Upton	Service still reviewing options but likely to be 2017/18. Other savings to be identified.		(0.1)	0.0
3.	Parks and Countryside additional income	Sean Flesher	Implement price rises, plus additional income at various attractions		(0.6)	0.0
4.	Leeds Building Services	Simon Costigan	Identification of savings to fund PPPU costs		(0.2)	0.0
5.	Car Parking	Helen Freeman	Review of Price tariffs and additional income target. Delay in implementation (DDN being drafte		(0.2)	0.0
6.	WYP &CC grant use	Sam Millar	£713k funding budgeted but not confirmed therefore remains a risk		(0.7)	0.0
7.	Savings in Housing related support programme	Neil Evans	FYE of 15/16 pus recommissioning of more SP contracts		(0.3)	0.1
8.	Directorate wide staffing reductions	Neil Evans	£0.9m unallocated in Support accounts, current level reduced to £0.4m + £0.3k of other staffing targets		(1.2)	0.0
9.	Contract / Procurement Savings / Line by Line		Target for contract savings in the base. (not shown as a variance as reported corp in 15/16)		(0.3)	0.0
10.	All Other action plan items				(0.1)	0.0
B. Other Significant Variations						
1.	Waste Disposal Costs	Susan Upton	Net budget £15.7m for 329.2k tonnes of waste; Detailed in year monitoring			0.1
2.	Refuse Collection staffing costs	Susan Upton	£12.2m pay budget in service; £0k variation anticipated at P4			0.0
3.	Refuse Collection vehicle costs	Susan Upton	Repairs £0.7m; Fuel £1.2m. Nil variance at P4 (Service currently pursuing Transport recharges)			0.0
4.	Car Parking BLE / PCN income	Helen Freeman	BLE £1.4m ; PCN's £2.3m - (£86k) variance projected at P4			0.0
5.	Car Parking Fee Income	Helen Freeman	£8.4m budget increase of £810k from 15/16.(Introduced new WHLCP increased by 50p June 2016)			(0.1)
6	Environmental Action staffing	Helen Freeman	£13.5m pay budget in service			(0.2)
7	Property Maintenance	Simon Costigan	Budgeted surplus of £5.2m required to be delivered. Service currently operating with £15.7m WIP			0.0
8	Parks and Countryside - Tropical/ Lotherton	Sean Flesher	£1.7m Income budget (incl: TWorld £1.3 m budget)			(0.1)
9	Parks and Countryside - Bereavement Services	Sean Flesher	£6.3 m budget			(0.1)
10	All other variations					
				Environment & Housing - Forecast Variation		**(0.1)**

STRATEGY AND RESOURCES
FINANCIAL DASHBOARD - 2016/17 FINANCIAL YEAR
MONTH 4

Overall
Action plans are generally on line to deliver the budgeted savings. The only area currently expected to create a pressure is income within the PPPU which currently is reporting a net overspend of £318k.

Strategy & Improvement
Total staffing savings amount to £63k - this arises from staff leaving via ELI and vacant posts not yet filled or not being filled.

Internal income to be generated by Business Improvement Hub of £180k is now to be funded by savings identified via the Support Services review. The apparent shortfall in income relates to efficiencies input into Strategy and Improvement's income budget to cover a shortfall in the budget requirement of the service - savings identified by the service means these efficiencies will be achieved.

Finance
The current projection shows the Finance budget approx £100k overspent at year end. Further leavers are expected though and it is anticipated that a balanced position will be achieved by year. The key risk however is the level of court summons income.

Human Resources
Staffing underspend due to freezing of posts. Supplies and services pressure due to insufficient budget for SAP Maintenance, supplies and services savings due to reduced Legal costs expected for Schools offset against reduction in Schools income.

Information Technology
Savings on staffing costs due to vacant posts are expected to be offset by reduced income as these posts are income generating.

PPPU
Based on current projections, the Unit will be £718k overspent at year end. Even though there is an underspend on pay of £671k and a freeze on posts is in place, income is projected £1,389k less than budget. The main reasons for the shortfall in income are the fall out of NGT (£619k), Health Transformation (£81k) and various capital schemes (£559k). PPPU's Senior Management Team are reviewing workload and income streams and the reported variance assumes that an extra £400k of income can be realised by year end. Obviously this is a significant risk area for the Directorate.

Legal Services
Legal are currently under budget on staffing by £32k and all expenditure budgets are online. There is a risk that internal income will be significantly below budget, principally because of the reductions in the legal establishment. An action plan is, however,is in place and the position is being monitored closely.

Democratic Services
Savings built into the budget in respect of superannuation on Members allowances have been delivered; following the May elections there are now no members in the scheme. We are currently forecasting a saving of £26k on Scrutiny as a member of staff has left and the service will manage those workloads from existing resources. Governance is on line to achieve budget and will take opportunities as they arise to deliver savings. There is an underlying ,ongoing pressure on the Members Support budget due to continuing high demand, but the service will take opportunities to deliver savings as they arise.

Budget Management - net variations against the approved budget

				PROJECTED VARIANCES											
	Expenditure Budget	Income Budget	Latest Estimate	Staffing	Premises	Supplies & Services	Transport	Internal Charges	External Providers	Transfer Payments	Capital	Appropriation	Total Expenditure	Income	Total (under) / overspend
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Strategy & Improvement	4,822	(471)	4,351	(63)	0	1	0	0	0	0	0	0	(62)	62	**0**
Finance	15,843	(7,004)	8,839	9	0	5	0	0	0	0	0	0	14	(13)	**1**
Human Resources	8,294	(1,903)	6,391	(124)	0	13	4	(30)	0	0	0	0	(137)	137	**0**
Information Technology	19,369	(6,015)	13,354	3	0	0	0	0	0	0	0	0	3	(3)	**0**
Projects, Programmes & Procurement	7,658	(6,085)	1,573	(671)	0	0	0	0	0	0	0	0	(671)	989	**318**
Legal Services	4,736	(6,915)	(2,179)	(32)	0	0	0	2	0	0	0	0	(30)	30	**0**
Democratic Services	4,944	(26)	4,918	(26)	0	0	0	0	0	0	0	0	(26)	0	**(26)**
Total	**65,666**	**(28,419)**	**37,247**	**(904)**	**0**	**19**	**4**	**(28)**	**0**	**0**	**0**	**0**	**(909)**	**1,202**	**293**

Key Budget Action Plans and Budget Variations:

		Lead Officer	Additional Comments	RAG	Action Plan Value	Forecast Variation against Plan/Budget
A. Key Budget Action Plans					**£m**	**£m**
	Efficiencies					
1	Financial services	Doug Meeson	Further changes to way services provided, self service, less internal audit, centralisation.		0.76	0.00
2	HR	Lorraine Hallam	On-line advice, less HR input into low level cases, ELI and vacancy management		0.37	0.00
3	ICT staffing	Dylan Roberts			0.12	0.00
4	ICT Print Smart	Dylan Roberts	Further efficiencies on top of those delivered in 2015/16		0.10	0.00
5	Legal Services	Catherine Witham			0.05	0.00
6	Corporate Communications and intelligence	Mariana Pexton	Staffing and efficiency savings, mainly within the Communications Team		0.38	0.00
7	Democratic services	Catherine Witham	Staffing and efficiency savings. Member pension saving		0.12	0.00
8	ICT procurement savings	Dylan Roberts	Modernisation of telephony		0.33	0.00
9	PPPU	David Outram	Significant reduction in Procurement particularly low value procurements. Additional external income		0.66	0.32
	Additional income - traded services, partner and other income					
10	ICT	Dylan Roberts	Provision of managed service to WY Joint Services		0.15	0.00
B. Other Significant Variations						
	Net effect of all other variations					-0.03
			Strategy and Resources Directorate - Forecast Variation			**0.29**

CITIZENS AND COMMUNITIES
FINANCIAL DASHBOARD - 2016/17 FINANCIAL YEAR
MONTH 4

Overall
Budget action plans have been reviewed with each Chief Officer in April and at present it is anticipated that all plans will be achieved, therefore the Directorate is currently projected to come in slightly under budget.

Communities
The latest figures for Community Centres indicate a potential overspend of £50k, although this assumes no savings in utility costs (last year this was £50k) which could balance the overall position. We have also assumed a drop in income as Leeds City College will be moving out of St Barts/Strawberry Lane and this used to bring in £30k per year. Budgeted savings in respect to Well Being, Youth Activities, Innovation Fund have been delivered. The full saving of 3rd Sector Infrastructure Grant will not be delivered in year but this will be offset by savings elsewhere within the service. The variances recorded below all relate to Migration Services and reflect some savings on staffing cost due to delayed recruitment and transfer of income in year to reserve. Overall the service will balance to resources in year.

Customer Access
Savings targets built in to the budget for 2016/17 are challenging and there is a significant amount of work involved in developing the Community Hubs. The budget for 2015/16 had a saving of £100k built in for Community Hubs and there is a further £100k saving for 2016/17. The development of the Community Hubs and the service integration is fundamental to being able to deliver both the staffing and the asset savings (a further £120k). The Executive Board report requesting approval of £4.6M of capital spend which is required to develop the retained assets that are becoming the hub sites to allow both service integration and release of surplus assets was approved and work is now underway. This is clearly a complex process and there remains a risk that these savings may not be achieved in year. This risk will be mitigated through regular meetings and careful planning. At this stage we are optimistic that the budget savings can be achieved.

The Transactional Web savings of £200k relate to staffing costs in the Contact Centre and these are currently on line to be delivered.

Elections, Licensing & Registration
A small underspend of £9k is expected, largely due to staff vacancies.

Benefits, Welfare and Poverty
Benefits will start to feel the effects of the initial changes from the introduction of Universal Credit (commenced Feb 2016). Only one benefit has been taken out of LCC control for new cases but there may well be a noticed change to case load. Of the vacancies held in Benefits , 7 of those are seeking recruitment this financial year. These vacancies have accumulated over a number of financial years. Overtime, in comparison to last year, is down but without a budget in place for it the costs are all at overspend. There have been a couple of windfall grants notified to us but these have not as yet been declared ie Pension Assessed Income, Temporary Absence, Family Premium which relate to the DWP New Burdens. The FERIS and Single Fraud grants have been declared to match additional off-site processing work.
Staffing overall is slightly underspent - again the Social Inclusion team will be fully funded by the Casino Reserve and with the Casino opening later this year additional income from the profits of the casino should enhance income further, though this may not be fully realised until 17/18 accounts. With the newly procured suppliers for postages LCC should see the reductions in costs materialising which should mean meeting the supplies and services efficiencies .

Housing Benefit and Caseload
In comparison to Period 3 in 15/16 the HB total caseload has decreased by 3,400 to 65,422.
Projected total expenditure for 16/17 is £278m in comparison to last years outturn of £288m, this was projected in the initial Estimate that was submitted to DWP.
The service continues to undertake campaigns of interventions (claim reviews). In 15/16 there were 4 campaigns of 10,000 claims. In 16/17 only the first campaign has been completed and therefore has yet to have an effect on the level of overpayments raised. Work with the DWP / HMRC provides Real Time Information (RTI) - to identify Earned Income and Private Pensions either not declared or under declared by customers in respect of their HB claim. These continue to be received by the service on a monthly basis. Both LA Error & Eligible Error, which were on a par with values raised at Month 2 in 15/16, are reporting at Month 4 a reduced level. This could be a one month "blip" that will only be realised in future months. In the month 4 projection therefore, it is still assumed that the value of overpayments will pick up and return to the level budgeted for, however this is a risk area.

Budget Management - net variations against the approved budget

				PROJECTED VARIANCES											
	Expenditure Budget	Income Budget	Latest Estimate	Staffing	Premises	Supplies & Services	Transport	Internal Charges	External Providers	Transfer Payments	Capital	Appropriation	Total Expenditure	Income	Total (under) / overspend
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Communities	12,452	(6,900)	5,552	(27)	0	33	0	(2)	0	0	0	42	46	(46)	**0**
Customer Access	16,930	(1,568)	15,362	0	0	0	0	0	0	0	0	0	0	0	**0**
Elections, Licensing & Registration	6,751	(6,024)	727	42	1	6	5	(4)	0	0	0	0	50	(59)	**(9)**
Benefits, Welfare and Poverty	298,425	(295,513)	2,912	(85)	15	103	(10)	160	0	(8,843)	0	0	(8,660)	8,660	**0**
Total	**334,558**	**(310,005)**	**24,553**	**(70)**	**16**	**142**	**(5)**	**154**	**0**	**(8,843)**	**0**	**42**	**(8,564)**	**8,555**	**(9)**

Key Budget Action Plans and Budget Variations:		Lead Officer	Additional Comments	RAG	Action Plan Value £m	Forecast Variation against Plan/Budget £m
A. Key Budget Action Plans						
Efficiencies						
	Community hubs	Shaid Mahmood	Efficiencies from bringing services together, linked to Phase 1 and 2 of the capital investment in the service		0.10	0.00
	Running costs	Shaid Mahmood	Main savings in Communities		0.29	0.00
	Transactional web	Lee Hemsworth	Further savings from the implementation of transactional web, mainly staffing		0.20	0.00
	Registrars	John Mulcahy	Review of costs and income		0.07	0.00
	Asset savings	Shaid Mahmood/Lee Hemsworth	Savings in line with the asset management plan for closure of buildings and move of some HRA functions into the Community Hubs		0.12	0.00
	Other	All CO's	£64k from PPE, printing and mail		0.10	0.00
Changes to service						
	Third sector infrastructure grant	Shaid Mahmood	Grant reduction		0.07	0.00
	Reduction in wellbeing and youth activities	Shaid Mahmood	Reduction in budget		0.20	0.00
	Innovation Fund	Shaid Mahmood	Budget reduction		0.05	0.00
Additional income - traded services, partner and other income						
	Housing benefits overpayments	Steve Carey	Level of overpayments down compared to last year. Projections still assume that the trend will pick up and the budget will be met, although this is a significant risk area.		0.35	0.00
	Council Tax Single Person Discount	Steve Carey	Continue Capita work £200k target added to CT base		0.00	0.00
	Advice consortium and welfare rights	Steve Carey	HRA contribution relating to under occupancy and rent arrears		0.20	0.00
	Local Welfare Support Scheme	Steve Carey	HRA contribution in respect of support of Council tenants		0.10	0.00
B. Other Significant Budgets						
	Net effect of all other variations					**-0.01**
			Citizens and Communities Directorate - Forecast Variation			**-0.01**

PUBLIC HEALTH
FINANCIAL DASHBOARD - 2016/17 FINANCIAL YEAR
MONTH 4

Overall

x

The allocation of the ring fenced Public Health grant for 2016-17 is £46,630k, this includes an additional £4,993k of funding for the full year effect for the 0-5 years services (Health Visiting and Family Nurse Partnership) which transferred to LCC in October 2015. On the 4th November 2015 the Government announced the result of the consultation with local authorities on the implementation of a £200m national cut to the 2015-16 Public Health grant allocation. This confirmed the Department of Health's preferred option of reducing each local authority's allocation by 6.2%, this has been confirmed as a recurrent cut, resulting in a £2.818m recurrent cut for Leeds City Council. In addition to the £2.818 cut, the 2015 comprehensive spending review has shown a further 3.9% real terms reduction in 2016-17 which equates to an additional reduction of £1.1m. The grant allocation represents a cash reduction of £3,896k or 7.71%.

Although the Public Health grant for 2016-17 is fully committed, a 2 year cuts plan has been implemented in order to meet the required savings. Work has taken place to identify options for savings and critical difficult decisions have had to be taken in order to meet this significant challenge. Savings have been made through successful consultation and negotiation with our partners and providers including 3rd Sector and NHS providers, this has resulted in approx. £1.1m of savings. In addition savings have been made from the Public Health funding which is provided across Council directorates to support joint commissioning and commissioning of Council run services resulting in £355k of savings. Savings of £955k have been found from Public Health programme budgets, vacant posts, support services and running costs. In 2016-17 there is a £1.3m shortfall to meet the required £3.9m cut, this amount has been taken from Council reserves and will be paid back by the end of 2017-18 as part of the Public Health cuts plan.

Detailed Analysis

The planned saving of £233k as part of the transfer of the TB contract will not materialise, though work to find compensating savings is now completed and is currently predicted to slightly over-achieve. Due to overtrading of sexual health services, provision was made for anticipated costs however it is likely that these costs will not materialise in full therefore resulting in savings to compensate for this risk.

Due to staff turnover and vacant posts on hold as a result of a review to prioritise critical posts that need to be filled, pay costs are projected to be £140k underspent. Work is continuing to identify potential financial pressures particularly in relation to costs associated with the new drugs and alcohol contract and Public Health activity contracts which are paid based on demand and some on NHS tariff.

Overall, this means that the grant funded budgets are projected to be £172k underspent. This underspend will be used to reduce the amount required from reserves to fund the budget shortfall.

In Supporting People there are a number of vacancies which has resulted in a projected underspend of £27k.

Budget Management - net variations against the approved budget

				PROJECTED VARIANCES											
	Expenditure Budget	Income Budget	Latest Estimate	Staffing	Premises	Supplies & Services	Transport	Internal Charges	External Providers	Transfer Payments	Capital	Appropriation	Total Expenditure	Income	Total (under) / overspend
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Public Health Grant		(46,630)	(46,630)	0	0	0	0	0	0	0	0	0	0	0	**0**
Staffing and General Running Costs	5,023		5,023	(140)	0	0	0	0	0	0	0	0	(140)	0	**(140)**
Commissioned and Programmed Services:															
- General Public Health	208		208	0	0	0	0	0	0	0	0	0	0	0	**0**
- Population Healthcare	283		283	0	0	0	0	0	0	0	0	0	0	0	**0**
- Healthy Living and Health Improvement	15,329	(140)	15,189	0	0	0	0	0	(36)	0	0	0	(36)	0	**(36)**
- Older People and Long Term Conditions	2,361	(47)	2,314	0	0	0	0	0	0	0	0	0	0	0	**0**
- Child and Maternal Health	14,059		14,059	0	0	0	0	(4)	0	0	0	0	(4)	0	**(4)**
- Mental Wellbeing and Sexual Health	9,248		9,248	0	0	0	0	0	(225)	0	0	0	(225)	0	**(225)**
- Health Protection	806		806	0	0	0	0	0	233	0	0	0	233	0	**233**
Transfer From Reserves		(500)	(500)	0	0	0	0	0	0	0	0	172	172	0	**172**
Supporting People	964	(637)	327	(27)	0	0	0	0	0	0	0	0	(27)	0	**(27)**
Drugs Commissioning	1,260	(1,260)	0	0	0	24	0	0	(24)	0	0	0	0	0	**0**
Total	**49,541**	**(49,214)**	**327**	**(167)**	**0**	**24**	**0**	**(4)**	**(52)**	**0**	**0**	**172**	**(27)**	**0**	**(27)**

Key Budget Action Plans and Budget Variations:	Lead Officer	Additional Comments	RAG	Action Plan Value	Forecast Variation against Plan/Budget
A. Key Budget Action Plans				£m	£m
Efficiencies					
- General effciencies on contracted services	Ian Cameron	A combination of reductions in demand, expiry of contracts, ending one-off contributions and activities now funded by other contracts or organisations		0.80	0.00
- Staff savings	Ian Cameron	Reduction in staffing pay budget through vacant posts on hold and vacancy management throughout 2016/17		0.42	0.00
Review of commissioned services					
Third Sector					
- Savings on contracts due to expire	Ian Cameron	5% saving on 22 contracts due to expire. Areas covered community development, food and nutrition, vulnerable groups, older people, sexual health, domestic violence, mental health, cancer screening, children's physical activity, obesity and breast feeding. All affected 3rd Sector providers have confirmed their acceptance of the 5% saving, public health contract managers continue to provide support to all providers.		0.16	0.00
- Drugs and alcohol services	Ian Cameron	Initial consultation with provider has taken palce, further discussions are planned.		0.20	0.00
- Drug Intevention Programme and Integrated Offender Mangement	Ian Cameron	Consultation with partners and providers have begun in order to realise savings.		0.38	0.00
- Savings on existing contracts	Ian Cameron	Contracts affected include Health Visiting, School Nursing, Healthy Lifestyles, Smoking Cessation, Weight Management, Infection Control. Consultation with NHS provider has started, further discussions planned.		0.29	0.00
- Transfer of TB service to NHS provider	Ian Cameron	Following consultation with NHS Partners this saving will not be realised		0.23	0.23
Leeds City Council services	Ian Cameron	In response to this proposed reduction in public health funding in 16/17 to council provided services, £1.3m of non-recurrent earmarked reserves will be used to maintain services to March 17. LCC directorates and heads of finance have confirmed savings have been achieved and implemented either by absorbing the saving or in consultation with relevant provider.		1.75	0.00
Programmed budgets	Ian Cameron	Programme budgets removed for area health priorities across ENE, S&E and WNW. Adult public health programmes including drugs and alcohol, mental health, sexual health, infection control and fuel poverty. Children's public health programmes including obesity, breastfeeding, alcohol, drugs infant mortality and oral health.		0.60	0.00
B. Other Variations					
Projected underspend on staffing costs					(0.17)
Net effect of all other variations					(0.09)
		Public Health - Forecast Variation			**(0.03)**

CIVIC ENTERPRISE LEEDS
FINANCIAL DASHBOARD - 2016/17 FINANCIAL YEAR
MONTH 4

Overall

The overall projected position at period 4 is an overspend of £201k explained by a £200k overspend against the Catering net budget. The Catering overspend is mainly as a result of the marginal impact of the 7 schools which have been lost to the service plus the marginal impact of a shortfall against the adjusted meal numbers.

Business Support Centre

BSC are forecast to be on track to meet their 2016/17 savings target of £400k which is to be achieved through the freezing of posts and ELIs.

Commercial Services

The Commercial Services overspend of £201k is, as explained above, accounted for by the marginal impact of the 7 schools which were lost from the Catering service plus the marginal impact of a shortfall against the adjusted meal numbers. The projected overspend on staffing is mainly within the Cleaning Service and is offset by additional income. Work will be done with the Head of Service to identify the permanent resources requirement and income so that a virement can be done to ensure an accurate expenditure and income budget moving forward for Cleaning Services. Once this budgetary realignment is done, this will show that following the implementation of day time cleaning in civic buildings (thus avoiding premium staffing payments) and reduced cleaning frequencies and using the ELI initiative, the service is on track to meet the £200k savings from a lower cleaning specification included in the 2015/16 base budget and should provide a platform for savings in the following financial year.

Facilities Management

A balanced position is projected at month 4 although there are risks around accruals for services charges for the two joint service centres going back to 2013/14. The payment of these charges is being dealt with by Legal Services . There is also a potential risk on savings assumed in the Asset Rationalisation programme for Merrion House NNDR where, following advice, an accrual of £430k has been provided in 2015/16.

Corporate Property Management

A balanced position is projected at month 4 which assumes budgeted savings of £150k staffing and £450k on building maintenance will be achieved.

Budget Management - net variations against the approved budget

				PROJECTED VARIANCES											
	Expenditure Budget	Income Budget	Latest Estimate	Staffing	Premises	Supplies & Services	Transport	Internal Charges	External Providers	Transfer Payments	Capital	Appropriation	Total Expenditure	Income	Total (under) / overspend
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Business Support Centre	15,090	(5,410)	9,680	(3)	1	(64)	0	0	0	0	0	0	(66)	66	**0**
Commercial Services	59,493	(56,858)	2,635	1,110	72	(216)	665	56	17	0	0	0	1,704	(1,503)	**201**
Facilities Management	9,919	(3,955)	5,964	(45)	30	22	0	0	0	0	0	0	7	(7)	**0**
Corporate Property Management	5,959	(587)	5,372	110	(117)	0	0	7	0	0	0		0	0	**0**
Total	**90,461**	**(66,810)**	**23,651**	**1,172**	**(14)**	**(258)**	**665**	**63**	**17**	**0**	**0**	**0**	**1,645**	**(1,444)**	**201**

Key Budget Action Plans and Budget Variations:		Lead Officer	Additional Comments	RAG	Action Plan Value	Forecast Variation against Plan/Budget
A. Key Budget Action Plans					£m	£m
1	Asset rationalisation	Sarah Martin	Savings from: 1&3 Reginald Terr £29k, Belgrave Hse £60k, Deacon Hse £30k, South Pudsey Centre £25k, Tribecca £110k		0.29	0.0
2	Maintenance of council buildings	Sarah Martin	Reduce responsive maintenance		0.60	0.0
3	Catering Savings	Mandy Snaith	Agency staff		0.05	0.0
4	Energy	Sarah Martin	Impact of energy efficiency measures		0.05	0.0
5	BBM - admin, mail and print	Helena Phillips	Significant changes in respect of business processes required to deliver these savings across 4 contract areas.		0.37	0.0
6	Vehicle Fleet	Terry Pycroft	Extend life of light commercial vehicles		0.20	0.0
7	Recover cost of living wage	Richard Jackson	Recover from Property Cleaning.		0.20	0.0
8	Catering additional income.	Mandy Snaith	Increased income/efficiencies.		0.05	0.0
9	Additional MOT income.	Terry Pycroft	Increase number of MOTs undertaken.		0.03	0.0
10	Recovery of cleaning charges.	Les Reed	Recovery of charges from clients.		0.07	0.0
B. Other Significant Variations						
1	Net effect of all other variations					0.2
			Civic Enterprise Leeds - Forecast Variation			**0.2**

STRATEGIC & CENTRAL ACCOUNTS 2016/17 BUDGET
Period 4

Overall :

At month 4 , the strategic & central budgets are anticipated to underspend by £1.1m.

The key variations are;

- Debt - a forecast pressure of £1.4m due to the conversion of short-term debt to long-term to take advantage of low long-term interest rates.
- Section 278 income - a potential £1.5m risk due to lower levels of development activity.
- Procurement - a £1m variation which reflects that the procurement savings will be managed through directorate budgets.
- Early Leaver Initiative - a potential £0.4m additional spend over the £2m earmarked reserve.
- Savings of £2m from the additional capitalisation of eligible spend in general fund and school budgets.
- Appropriation of £2.7m of earmarked reserves.
- Savings of £0.7m on the levy contribution to the business rates

Budget Management - net variations against the approved budget

				PROJECTED VARIANCES											
	Expenditure Budget £'000	Income Budget £'000	Latest Estimate £'000	Staffing £'000	Premises £'000	Supplies & Services £'000	Transport £'000	Internal Charges £'000	External Providers £'000	Transfer Payments £'000	Capital £'000	Appropriation £'000	Total Expenditure £'000	Income £'000	Total (under) / overspend £'000
Strategic Accounts	(11,480)	(32,488)	(44,422)	400		1,000					(2,735)	(2,000)	(3,335)	1,500	**(1,835)**
Debt	24,380	(1,103)	23,277								1,364		1,364	0	**1,364**
Govt Grants	3,015	(26,434)	(23,419)										0	(590)	**(590)**
Joint Committees	37,411	0	37,411										0		**0**
Miscellaneous	2,450	(1,311)	1,139										0		**0**
Insurance	9,831	(9,831)	0			2,858		36				(1,024)	1,870	(1,870)	**0**
Total	**65,607**	**(71,167)**	**(6,014)**	**400**	**0**	**3,858**	**0**	**36**	**0**	**0**	**(1,371)**	**(3,024)**	**(101)**	**(960)**	**(1,061)**

Key Budget Action Plans and Budget Variations:

		Lead Officer	Additional Comments	RAG	Budget	Forecast Variation against Budget
A. Major Budget Issues					**£m**	**£m**
1.	Debt Costs and External Income	Doug Meeson	Latest projection of increased debt costs due to new long term borrowing.	A	13.0	1.4
2.	Minimum Revenue Provision	Doug Meeson	The budget assumes the use of £23.4m capital receipts to repay debt. There is a risk that capital receipts available to fund this may fall short by up to £2.1m.	A	10.3	0.0
3.	New Homes Bonus	Doug Meeson	No material variation anticipated at this stage in the year	G	(19.2)	0.0
4.	Business Rates (S31 Grants, Tariff adjustment & EZ)	Doug Meeson	Tariff adjustment £480k and Enterprise zone reliefs £370k not budgeted for.	A	(7.1)	0.1
5.	S278 Contributions	Doug Meeson	Projection from Capital team is £3m, therefore potential risk of £2.2m depending on development activity to the year-end	A	(5.2)	1.5
6.	General capitalisation target	Doug Meeson	Capitalisation of eligible spend in directorate/service revenue budgets. No variation anticipated at this stage.	A	(3.0)	(1.0)
7.	Schools capitalisation target	Doug Meeson	Capitalisation of eligible spend in school revenue budgets.	A	(2.5)	(1.0)
8.	Corporate Savings Target	Doug Meeson	Centrally-held budget savings target. Actual savings will be shown in Directorate budgets.	A	(1.0)	1.0
9.	PFI Contract Monitoring Target	David Outram	Budget held in the strategic accounts pending confirmation of where the reductions in expenditure will be achieved	A	(0.9)	0.0
10.	Early Leaver Initiative	Doug Meeson	£2m earmarked reserve established to fund the severance costs in 2016/17.	A	0.0	0.4
B. Other Significant Budgets			Potential additional costs in-year which will be managed through the Insurance Reserve			
1.	Insurance	Doug Meeson	No material variation anticipated at this stage.	A	0.0	(1.0)
2.	Business Rates Levy	Doug Meeson	Contra budgets in directorate/service accounts. No material variation at this stage.	G	3.0	(0.7)
3.	Prudential Borrowing Recharges	Doug Meeson		G	(11.9)	0.0
4	Earmarked Reserves	Doug Meeson	Capital Reserves.	G	0.0	(1.7)
4	Bridgwater Place	Doug Meeson	Compensation to be received from the developer.	G	0.0	0.0

Strategic & Central Accounts - Forecast Variation **(1.1)**

APPENDIX 2

1. 2016-17 Procurement Report

1.1 The Chief Officer for the Projects Programmes and Procurement Unit is required to provide statistical procurement information to Executive Board every quarter. This report provides information in relation to **Q1 of the 2016/17** financial year.

2. Procurement Savings

2.1 The delivery of procurements, and in turn procurement savings, are a result of cross-functional working with directorates. The procurement category teams work closely with directorate colleagues to seek to secure procurement and contract efficiencies and to reduce off-contract and non-contract spend. Agreeing and 'capturing' procurement savings, in discussion with directorates, enables budget holders to make informed choices and, where possible, translate identified saving opportunities into 'cashable' savings. The high level forecast savings are detailed below.

2.2

Updated June 2016	Prior Years £000s	2016/17 £000s	Future Years £000s	Projected Whole Life Saving £000s
Savings already deducted from previous year's and future budgets	*** (17,656)**	*** (5,421)**	*** (7,849)**	*** (30,926)**
Additional Projected savings (revenue and capital)	**-**	**(2,902)**	**-**	**(2,902)**
Total Forecast Savings on Current contracts	**(17,656)**	**(8,323)**	**(7,849)**	**(33,828)**
***Savings reflect the whole life of the contract and are reflected in the budget for the year the contract is awarded**				

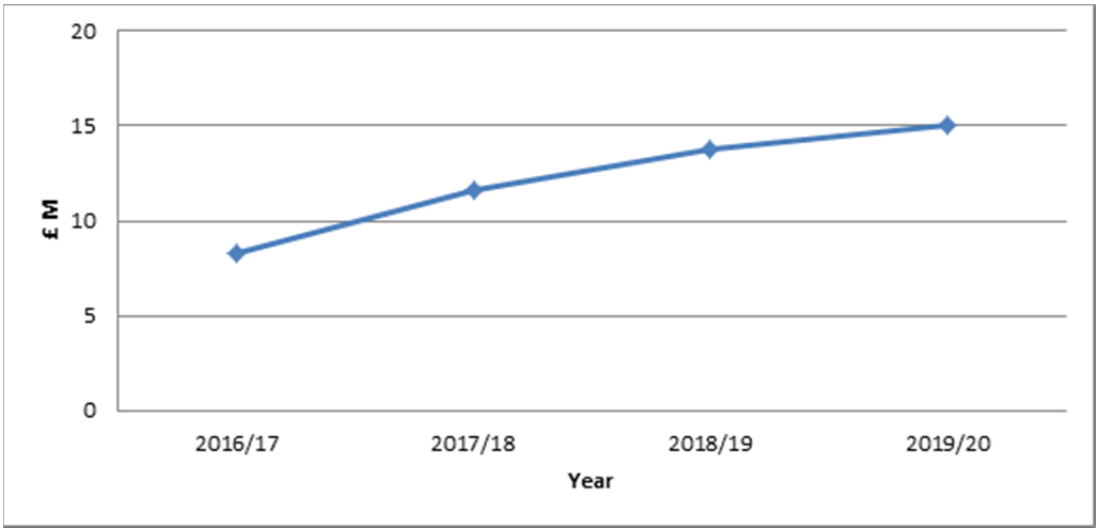
2.3 Anticipated savings on new procurements for contracts awarded as at 30th June are £2.902m.

2.4 Forecast savings are based on predicted contract usage and will be updated on a quarterly basis to reflect this.

2.5 Further savings are anticipated in the remainder of the year however as market conditions dictate the final tender values, savings will only be estimated once the final tender values are known.

2.6 In addition to the cashable savings identified above, the savings report also identifies cost avoidance or 'non cashable savings', for example whereby having implemented good procurement controls, or contract management, a price increase has been avoided or where the re-procurement of a contract has resulted in 'more for less'. By definition it is difficult to prove these savings as they are not usually quantifiable from a budget perspective. Nevertheless they do demonstrate the value added by effective procurement intervention and add value to the process.

2.7 Graph of Cumulative Procurement savings 2016/17 to 2018/19



3. Orders Placed on the Financial Management System (FMS)

3.1 The following financial information is sourced from an analysis of all orders recorded in the council's main financial system, FMS. On the payments system, each creditor (a body or person to which a payment is made by the council) has an indicator on their record which allocates them to a category. Such categories include private companies, commercial individuals (sole traders), other public sector bodies, and the third sector. The classification of organisations is carried out by colleagues in corporate finance with typically several hundred new creditor organisations allocated to a category each month.

3.2 These figures do not include orders placed through feeder systems, such as Orchard[2], purchasing cards, or payment requisitions where BACS or cheque payments are made through FMS without the Business Support Centre processing an invoice and where therefore there is no associated order.

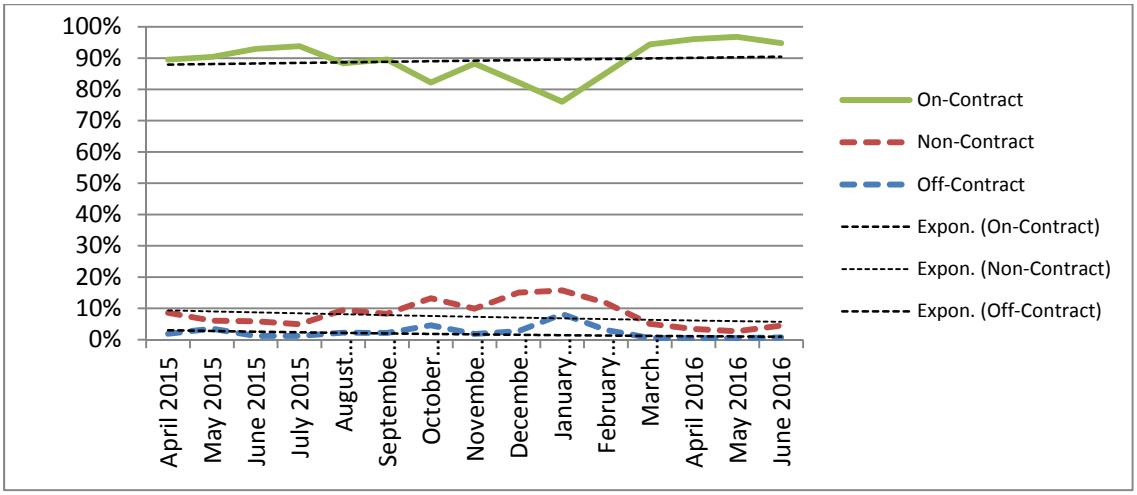
3.3 The table below shows all orders placed in FMS during Q1 2016/17. Data from the corresponding period in 2015/16 is included for comparison.

	Q1 2015/16			Q1 2016/17		
Classification	**Order Value**	**Number of Orders**	**% of Total**	**Order Value**	**Number of Orders**	**% of Total**
On Contract	£122,087,465	5,002	75.42%	£176,774,077	4,685	72.50%
Non-Contract	£10,060,210	4,571	6.21%	£5,825,169	4,338	2.39%
On Contract - Quasi	£24,599,485	1,623	15.20%	£55,386,454	2,153	22.72%
On Contract - Waiver	£258,108	22	0.16%	£2,251,455	75	0.92%
Off-Contract	£3,687,268	911	2.28%	£1,278,204	546	0.52%
Non-Contract - One off or non-influenceable	£1,194,586	269	0.74%	£2,308,866	375	0.95%
Grand Total	**£161,887,122**	**12,398**	**100.00%**	**£243,824,227**	**12,172**	**100.00%**

[2] Orchard is used by various council functions for dealing with the financial aspects of council owned property, for example to pay contractors for undertaking repairs to the housing stock.

On, off and non-contract orders placed on FMS

a) The graph below shows the percentage of on, off and non-contract orders placed on FMS from April 2015 to June 2016.



4. Local Suppliers

4.1 Orders placed with local suppliers in **Q1 2016/17** are detailed below. Data from the corresponding period in 2015/16 is included for comparison.

	Q1 2015/16			Q1 2016/17		
Classification	**Order Value**	**Number of Orders**	**% of Total**	**Order Value**	**Number of Orders**	**% of Total**
Local Spend	£62,429,954	5,410	38.56%	£105,763,846	5,075	43.38%
Non-Local Spend	£99,457,167	6,988	61.44%	£138,060,381	7,097	56.62%
Grand Total	**£161,887,122**	**12,398**	**100.00%**	**£243,824,227**	**12,172**	**100.00%**

Suppliers with a Leeds metropolitan area postcode have been included in the above data. These are postcodes LS1 to LS29 plus BD3, BD4, BD10, BD11, WF2, WF3, WF10, WF12, WF17.

5. Third sector

5.1 Orders placed with third sector suppliers in **Q1 2016/17** are detailed below. Data from the corresponding period in 2015/16 is included for comparison.

	Q1 2015/16			Q1 2016/17		
Classification	**Order Value**	**Number of Orders**	**% of Total**	**Order Value**	**Number of Orders**	**% of Total**
Third Sector	£40,689,137	1,621	25.13%	£71,789,116	1,525	29.44%
Non Third Sector	£121,197,985	10,777	74.87%	£172,035,110	10,647	70.56%
Grand Total	**£161,887,122**	**12,398**	**100.00%**	**£243,824,227**	**12,172**	**100.00%**

6. Small and Medium Enterprises (SMEs)

6.1 Orders placed with SMEs in **Q1 2016/17** are detailed below. Data from the corresponding period in 2015/16 is included for comparison.

	Q1 2015/16			Q1 2016/17		
Classification	**Order Value**	**Number of Orders**	**% of Total**	**Order Value**	**Number of Orders**	**% of Total**
Not an SME	£96,183,639	4,790	59.41%	£131,124,986	4,771	53.78%
SME	£65,703,483	7,608	40.59%	£112,699,241	7,401	46.22%
Grand Total	**£161,887,122**	**12,398**	**100.00%**	**£243,824,227**	**12,172**	**100.00%**

7. Glossary

7.1 **On contract** is an order placed with a contracted supplier.

7.2 **Non-contract** is an order placed where no contract exists for the goods or service.

7.3 **Off contract** is an order placed where there is a contracted supplier but the order raiser uses a different supplier.

7.4 **Waivers** are required where the relevant Chief Officer is able to justify a genuine exception to the requirements for competition under Contract Procedure Rules.

7.5 **Quasi** contracts are virtual contracts put in place to aggregate spend with a view to evaluating the requirements of a contract.

7.6 The Local Government Association defines the third sector as “non-governmental organisations” (NGOs) that are value-driven and which principally reinvest their surpluses to further social, environmental or cultural objectives.

7.7 **Third sector** includes charities, community groups, churches and faith groups, sports and recreational clubs, social enterprises and partnerships and trade unions and associations.

7.8 **SMEs** are defined as having a turnover of less than £25.9 million and fewer than 250 employees. This data was collated by using the categorisation selected by the supplier upon registration on YORtender (the council’s electronic tendering site) and then verified where possible against data from the Department of Business Innovation and Skills.

Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 247 4707

Report of Head of Scrutiny

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

Date: 4 October 2016

Subject: Care Quality Commission (CQC) – Inspection Outcomes

Are specific electoral Wards affected? If relevant, name(s) of Ward(s):	☐ Yes	☒ No
Are there implications for equality and diversity and cohesion and integration?	☐ Yes	☒ No
Is the decision eligible for Call-In?	☐ Yes	☒ No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	☐ Yes	☒ 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 During the previous municipal year (2015/16), a system of routinely presenting and reporting CQC inspection outcomes to the Scrutiny Board was established. The processes involved 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 provides a summary of the inspection outcomes across Leeds published since 1 April 2016. More recent inspection reports, not previously presented to the Scrutiny Board, are highlighted in Appendix 1.

2.5 It should be noted that the purpose of this report is to provide a summary of inspection outcomes across health and social care providers in Leeds. As such, full inspection reports are not routinely provided as part of this report: However, these are available from the CQC website and links to individual inspection reports are highlighted in Appendix 1.

2.6 It should also be noted the details presented in Appendix 1 are a statement of fact and CQC representatives are not routinely invited to attend the Scrutiny Board. Should members of the Scrutiny Board have any specific matters they wish to raise directly with the CQC, these will have to be dealt with outside of the meeting and/or at a future Scrutiny Board.

3. Recommendations

3.1 That the Scrutiny Board:

(a) Considers the details presented at the meeting and set out in this report and its appendices; and,

(b) Determines any further scrutiny activity and/or actions, as appropriate.

4. Background papers[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.

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
01-Apr-16	Danial Yorath House	Residential Care Home	http://www.cqc.org.uk/directory/1-134123755	Garforth & Swillington	Good
01-Apr-16	Woodhouse Cottage	Residential Care Home	http://www.cqc.org.uk/directory/1-130890690	Ardsley & Robin Hood	Good
05-Apr-16	Tealbeck House	Residential Care Home	http://www.cqc.org.uk/location/1-126242199	Otley & Yeadon	Requires improvement
07-Apr-16	Woodview Extra Care Housing	Homecare agency	http://www.cqc.org.uk/directory/1-283352948	Cross Gates & Whinmoor	Good
08-Apr-16	Moorfield House Nursing Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-304652901	Moortown	Requires improvement
08-Apr-16	Outreach Office	Homecare agency	http://www.cqc.org.uk/directory/1-224415641	Headingley	Good
12-Apr-16	The Sycamores Nursing Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-127096576	Gipton & Harehills	Good
13-Apr-16	Airedale Residential Home	Residential Care Home	http://www.cqc.org.uk/directory/1-128272457	Pudsey	Good

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
13-Apr-16	Cordant Care - Leeds	Homecare agency	http://www.cqc.org.uk/directory/1-2170495605	City & Hunslet	Good
15-Apr-16	Lofthouse Grange and Lodge	Residential Care Home	http://www.cqc.org.uk/directory/1-123817278	Ardsley & Robin Hood	Good
21-Apr-16	Hillcrest Residential Home	Residential Care Home	http://www.cqc.org.uk/directory/1-516775598	Armley	Good
22-Apr-16	Copper Hill Residential and Nursing Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-127503516	City & Hunslet	Requires improvement
26-Apr-16	Grove Park Care Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-2013878639	Chapel Allerton	Requires improvement
27-Apr-16	Creative Support - Hampton Crescent	Homecare agency	http://www.cqc.org.uk/directory/1-1072972554	Burmantofts & Richmond Hill	Good
27-Apr-16	Headingley Hall Care Home	Residential Care Home	http://www.cqc.org.uk/directory/1-119664818	Headingley	Requires improvement
29-Apr-16	Primrose Court	Residential Care Home	http://www.cqc.org.uk/directory/1-126242712	Guiseley & Rawdon	Good

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
30-Apr-16	Springfield House Retirement Home	Residential Care Home	http://www.cqc.org.uk/directory/1-118805299	Morely North	Requires improvement
05-May-16	Carr Croft Care Home	Residential Care Home	http://www.cqc.org.uk/directory/1-146208801	Moortown	Good
06-May-16	Wetherby Manor	Nursing Care Home	http://www.cqc.org.uk/directory/1-663231663	Wetherby	Good
14-May-16	The Green	Residential Care Home	http://www.cqc.org.uk/directory/1-136455703	Killingbeck & Seacroft	Good
14-May-16	Real Life Options - Yorkshire	Homecare agency	http://www.cqc.org.uk/directory/1-2159639674	Beeston & Holbeck	Requires improvement
01-Jun-16	Gledhow Lodge	Residential Care Home	http://www.cqc.org.uk/directory/1-108939262	Roundhay	Good
02-Jun-16	Mears Care Limited	Homecare agency	http://www.cqc.org.uk/directory/1-2229506609	City & Hunslet	Requires improvement
04-Jun-16	Farfield Drive	Residential Care Home	http://www.cqc.org.uk/directory/1-2064565003	Calverley & Farsley	Good

Scrutiny Board (Adult Social Care, Public Health, NHS) **Appendix 1**

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
04-Jun-16	Raynel Drive	Residential Care Home	http://www.cqc.org.uk/directory/1-2064564806	Weetwood	Good
10-Jun-16	Colton Lodges Nursing Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-127503501	Temple Newsam	Requires improvement
10-Jun-16	Park Avenue Care Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-128272617	Roundhay	Requires improvement
10-Jun-16	Rievaulx House Care Centre	Residential Care Home	http://www.cqc.org.uk/directory/1-123208495	Farnley & Wortley	Good
10-Jun-16	Victoria Court	Homecare agency	http://www.cqc.org.uk/directory/1-793208891	Headingley	Good
11-Jun-16	Cross Heath Drive	Residential Care Home	http://www.cqc.org.uk/directory/1-2064542599	Beeston & Holbeck	Good
11-Jun-16	Mount St Joseph – Leeds	Nursing Care Home	http://www.cqc.org.uk/directory/1-131623876	Headingley	Good
14-Jun-16	Simon Marks Court	Residential Care Home	http://www.cqc.org.uk/directory/1-126242079	Farnley & Wortley	Good

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
14-Jun-16	Claremont Care Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-122224585	Calverley & Farsley	Requires improvement
16-Jun-16	The Gables Nursing Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-120249107	Pudsey	Inadequate
16-Jun-16	Bluebird Care (Leeds North)	Homecare agency	http://www.cqc.org.uk/directory/1-280404914	Horsforth	Good
21-Jun-16	St Armands Court	Residential Care Home	http://www.cqc.org.uk/directory/1-111148838	Garforth & Swillington	Good
21-Jun-16	Green Acres Nursing Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-2259160271	Burmantofts & Richmond Hill	Requires improvement
21-Jun-16	Adel Grange Residential Home	Residential Care Home	http://www.cqc.org.uk/directory/1-110993039	Adel & Wharfedale	Requires improvement
21-Jun-16	Parkside Residential Home	Residential Care Home	http://www.cqc.org.uk/directory/1-109780793	Roundhay	Requires improvement
22-Jun-16	Oak Tree Lodge	Residential Care Home	http://www.cqc.org.uk/directory/1-1477142369	Gipton & Harehills	Requires improvement

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
22-Jun-16	Ashcroft House - Leeds	Residential Care Home	http://www.cqc.org.uk/directory/1-109574569	Adel & Wharfedale	Requires improvement
24-Jun-16	Seacroft Grange Care Village	Nursing Care Home	http://www.cqc.org.uk/directory/1-990605516	Killingbeck & Seacroft	Requires improvement
24-Jun-16	Bremner House	Nursing Care Home	http://www.cqc.org.uk/directory/1-128584398	Armley	Requires improvement
25-Jun-16	The Spinney Residential Home	Residential Care Home	http://www.cqc.org.uk/directory/1-112270555	Armley	Good
25-Jun-16	UBU - 67 Elland Road	Residential Care Home	http://www.cqc.org.uk/directory/1-142626153	Morely North	Good
25-Jun-16	Harewood Court Nursing Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-155030449	Chapel Allerton	Requires improvement
28-Jun-16	Mineral Cottage Residential Home Limited	Residential Care Home	http://www.cqc.org.uk/directory/1-229359398	Farnley & Wortley	Good
01-Jul-16	AJ Social Care Recruitment Limited - 4225 Park Approach	Homecare agency	http://www.cqc.org.uk/directory/1-115002084	Temple Newsam	Good

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
01-Jul-16	Elmwood Care Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-128272518	Roundhay	Requires improvement
06-Jul-16	Southlands Nursing Home	Nursing Care Home	http://www.cqc.org.uk/directory/1-119664848	Roundhay	Requires improvement
07-Jul-16	Hillside	Homecare agency	http://www.cqc.org.uk/directory/1-2267851709	Beeston & Holbeck	Good
07-Jul-16	Comfort Call - Leeds	Homecare agency	http://www.cqc.org.uk/directory/1-1626371041	Morely North	Requires improvement
07-Jul-16	Community Integrated Care, Leeds Regional Office	Homecare agency	http://www.cqc.org.uk/directory/1-1857243215	Kirkstall	Requires improvement
08-Jul-16	Kirkside House	Residential Care Home	http://www.cqc.org.uk/directory/1-156503084	Kirkstall	Good
08-Jul-16	Middlecross	Residential Care Home	http://www.cqc.org.uk/directory/1-136455602	Armley	Good
08-Jul-16	Gledhow	Nursing Care Home	http://www.cqc.org.uk/directory/1-312270514	Roundhay	Good

Scrutiny Board (Adult Social Care, Public Health, NHS) **Appendix 1**

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
09-Jul-16	Wetherby Home Care Limited	Homecare agency	http://www.cqc.org.uk/directory/1-1551243664	Wetherby	Good
16-Jul-16	Corinthian House	Nursing Care Home	http://www.cqc.org.uk/directory/1-1494575220	Farnley & Wortley	Requires improvement
16-Jul-16	Holmfield Court	Residential Care Home	http://www.cqc.org.uk/directory/1-120101275	Roundhay	Requires improvement
16-Jul-16	SignHealth Constance Way	Homecare agency	http://www.cqc.org.uk/directory/1-118140768	Hyde Park & Woodhouse	Requires improvement
19-Jul-16	Shadwell Medical Centre	General Practice	http://www.cqc.org.uk/directory/1-582111403	Alwoodley	Requires improvement
20-Jul-16	Kestrel House	Homecare agency	http://www.cqc.org.uk/directory/1-137500639	City & Hunslet	Good
20-Jul-16	Morley Manor Residential Home	Residential Care Home	http://www.cqc.org.uk/directory/1-111200339	Morely South	Requires improvement
22-Jul-16	Sue Ryder - Wheatfields Hospice	Hospice	http://www.cqc.org.uk/directory/1-136414799	Headingley	Requires improvement

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
26-Jul-16	27 Ledston Avenue	Rehabilitation - Residential Care	http://www.cqc.org.uk/directory/1-296741513	Garforth & Swillington	Good
26-Jul-16	Vive UK Social Care Limited	Residential Care Home	http://www.cqc.org.uk/directory/1-122175223	City & Hunslet	Requires improvement
27-Jul-16	Dr R D Gilmore and Partners	General Practice	http://www.cqc.org.uk/directory/1-542490411	Bramley & Stanningley	Good
29-Jul-16	Dr CA Hicks & Dr JJ McPeake	General Practice	http://www.cqc.org.uk/directory/1-552591165	Morely South	Good
30-Jul-16	Positive People Recruitment Limited	Homecare agency	http://www.cqc.org.uk/directory/1-1914211820	Farnley & Wortley	Requires improvement
02-Aug-16	Kirkstall Lane Medical Centre	General Practice	http://www.cqc.org.uk/directory/1-552846870	Headingley	Outstanding
05-Aug-16	Helping Hands North	Homecare agency	http://www.cqc.org.uk/directory/1-451430539	Garforth & Swillington	Requires improvement
05-Aug-16	Meadowbrook Manor	Residential Care Home	http://www.cqc.org.uk/directory/1-112578091	Garforth & Swillington	Requires improvement

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
09-Aug-16	Aspire	Community based mental health services	http://www.cqc.org.uk/directory/1-256804055	Gipton & Harehills	Requires improvement
09-Aug-16	Prestige First Call	Homecare agency	http://www.cqc.org.uk/directory/1-1321423984	Temple Newsam	Requires improvement
10-Aug-16	Paisley Lodge	Residential Care Home	http://www.cqc.org.uk/directory/1-2583919829	Armley	Requires improvement
10-Aug-16	Acacia Court	Residential Care Home	http://www.cqc.org.uk/directory/1-123208600	Pudsey	Good
16-Aug-16	Dr A Khan and K Muneer	General Practice	http://www.cqc.org.uk/directory/1-533299035	City & Hunslet	Good
16-Aug-16	West Yorkshire	Community Services - nursing / homecare agency	http://www.cqc.org.uk/directory/1-154214570	Beeston & Holbeck	Requires improvement
16-Aug-16	The Roundhay Road Surgery	General Practice	http://www.cqc.org.uk/directory/1-541883559	Gipton & Harehills	Good

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
17-Aug-16	Newton Surgery	General Practice	http://www.cqc.org.uk/directory/1-552754314	Chapel Allerton	Good
18-Aug-16	Assisi Place	Homecare agency	http://www.cqc.org.uk/directory/1-397672324	City & Hunslet	Good
19-Aug-16	Elderly Care Services	Homecare agency	http://www.cqc.org.uk/directory/1-415123704	City & Hunslet	Inadequate
24-Aug-16	Rutland Lodge Medical Practice	General Practice	http://www.cqc.org.uk/directory/1-549768513	Chapel Allerton	Good
25-Aug-16	Waterloo Manor Independent Hospital	Hospital - Mental Health	http://www.cqc.org.uk/directory/1-156620871	Garforth & Swillington	Good
30-Aug-16	Drs Ross, Mason, Champaneri, Mason, Hardaker & Limaye	General Practice	http://www.cqc.org.uk/directory/1-549674372	Pudsey	Good
02-Sep-16	Sevacare - Leeds	Homecare agency	http://www.cqc.org.uk/directory/1-2544811890	Weetwood	Requires improvement
03-Sep-16	Local Care Force	Homecare agency	http://www.cqc.org.uk/directory/1-330021774	City & Hunslet	Good

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
06-Sep-16	The Wilf Ward Family Trust Domiciliary Care Leeds and Wakefield	Homecare agency	http://www.cqc.org.uk/directory/1-939874319	Garforth & Swillington	Good
07-Sep-16	Pulse - Leeds	Community Services - nursing / homecare agency	http://www.cqc.org.uk/directory/1-303216298	City & Hunslet	Good
07-Sep-16	Valeo Domiciliary Care Service	Homecare agency	http://www.cqc.org.uk/directory/1-576931725	Beeston & Holbeck	Good
08-Sep-16	Leeds Federated Housing Association	Homecare agency	http://www.cqc.org.uk/directory/1-131663345	Hyde Park & Woodhouse	Good
09-Sep-16	Owlett Hall	Nursing Care Home	http://www.cqc.org.uk/directory/1-141599363	Morely North	Inadequate
09-Sep-16	Manorfield House	Residential Care Home	http://www.cqc.org.uk/directory/1-136455588	Horsforth	Good
09-Sep-16	Reflections Community Support	Homecare agency	http://www.cqc.org.uk/directory/1-973343971	Guiseley & Rawdon	Requires improvement

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
09-Sep-16	The Medical Centre	General Practice	http://www.cqc.org.uk/directory/1-573811790	Killingbeck & Seacroft	Good
09-Sep-16	The Medical Centre	General Practice	http://www.cqc.org.uk/directory/1-573811763	Burmantofts & Richmond Hill	Good
10-Sep-16	New Mabgate Centre	Homecare agency	http://www.cqc.org.uk/directory/1-341088808	Armley	Good
12-Sep-16	Gibson Lane Practice	General Practice	http://www.cqc.org.uk/directory/1-570699732	Kippax & Methly	Good
13-Sep-16	Martin House	Hospice	http://www.cqc.org.uk/directory/1-101635211	Wetherby	Good
14-Sep-16	Manston Surgery	General Practice	http://www.cqc.org.uk/directory/1-2116560070	Cross Gates & Whinmoor	Good
17-Sep-16	Rest Assured Homecare Services	Homecare agency	http://www.cqc.org.uk/directory/1-164355808	Otley & Yeadon	Requires improvement
22-Sep-16	Avanta Care Ltd	Homecare agency	http://www.cqc.org.uk/directory/1-1586299768	Horsforth	Good

Care Quality Commission (CQC) - Inspection Outcomes

Date	Organisation	Type of Service	Inspection report (web link)	Ward	Outcome
23-Sep-16	Craven Road Medical Practice	General Practice	http://www.cqc.org.uk/directory/1-547429698	Hyde Park & Woodhouse	Good
23-Sep-16	Dr RI Addlestone, Dr N Mourmouris, Dr GE Orme, Dr AM Sixsmith and Dr PK Smith	General Practice	http://www.cqc.org.uk/directory/1-552575041	Armley	Good

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: 4 October 2016

Subject: Children's Epilepsy Surgery Services

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

1 Purpose of this report

1.1 The purpose of this report is to provide an opportunity to formally update the Scrutiny Board on any decisions following NHS England's review and public consultation on the future provision of Children's Epilepsy Surgery Services in England.

2 Main issues

2.1 Earlier in the municipal year, the Scrutiny Board was advised of concerns regarding the delay in NHS England's decision regarding Children's Epilepsy Surgery Services in England – following its review and consultation on proposals. Public consultation on the proposals had closed in June 2015.

2.2 Subsequently, the Chair of the Scrutiny Board wrote to NHS England expressing the Board's concerns at the significant delay in decision-making. Further exchanges of correspondence suggested a decision was likely to be made toward the end of September 2016.

2.3 NHS England has been invited to confirm any decisions regarding the future provision of Children's Epilepsy Surgery Services in England ahead of the Scrutiny Board meeting. Any details will be provided will be presented at the meeting.

2.4 The purpose of this report is, therefore, to provide the Scrutiny Board with details of any NHS England decision regarding the provision of Children's Epilepsy Surgery Services in England, and any associated implications.

3. Recommendations

3.1 Members are asked to consider the information provided and determine any further scrutiny activity that may be required.

4. Background papers[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: 4 October 2016

Subject: Renal Patient Transport

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

1 Purpose of this report

1.1 The purpose of this report is to introduce a report from the NHS commissioners and provider in relation to the transport service provided to kidney patients in and around Leeds.

2 Main issues

2.1 Earlier in the municipal year, the Scrutiny Board was advised of concerns raised by the Kidney Patient Association (KPA) following changes to the transport arrangements for patients accessing the transport service when attending renal dialysis appointments at Leeds Teaching Hospitals NHS Trust and the associated satellite units.

2.2 A working group meeting was convened on 31 August 2016 to consider patient concerns in more detail, alongside input from NHS commissioners and service providers. Those attending the working group including representatives from the following organisations:

- The Kidney Patient Association (KPA)
- Yorkshire Ambulance Service NHS Trust
- Leeds North Clinical Commissioning Group (CCG)
- Greater Huddersfield CCG / Calderdale CCG
- Leeds Teaching Hospitals NHS Trust

2.3 As reported to the previous Scrutiny Board meeting, the main outcome from the working group meeting was the requirement that NHS commissioners and providers

provide a joint detailed recovery plan as a matter of urgency. The purpose of this report, therefore, is to present the appended recovery plan/ report for consideration.

2.4 Appropriate representatives have been invited to attend the meeting to assist the Scrutiny Board in its consideration of the attached recovery plan and help address any outstanding matters.

3. Recommendations

3.1 Members are asked to consider the information provided and determine any further scrutiny activity that may be required.

4. Background papers[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.

Yorkshire Ambulance Service NHS Trust

NHS Leeds North Clinical Commissioning Group

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

Patient Transport Service for Renal Patients
September 2016

1. Purpose of the Report

Leeds City Council's Health Services Development Group (HSDG), a sub-group of the Adult Social Services, Public Health and NHS Scrutiny Board, met on 31 August 2016 to discuss the patient transport service (PTS) for renal patients. Following the discussions at the meeting a report was requested which would draw together the understanding of the lead commissioner, Calderdale CCG, Leeds CCG, Yorkshire Ambulance Service NHS Trust (YAS) and Leeds Teaching Hospitals NHS Trust (LTHT) and, in addition, identify actions for improving the patient transport service for renal patients. The report aims to achieve this by providing details of the following:

- The outcome of the workshop.
- Commissioning arrangements in West Yorkshire.
- West Yorkshire Patient Transport Service Review – engagement with renal patients.
- Contract and performance information.
- Statement from YAS.
- Findings and Conclusions

2. PTS Overview and Scrutiny Committee Workshop

2.1 The HSDG meeting involved patient representatives, LTHT, YAS and representatives from Leeds and Calderdale Clinical Commissioning Groups (CCGs).

2.2 The workshop examined the process leading to the recent changes to the patient transport service for renal patients across West Yorkshire and the impact of the changes. The following issues were noted:

- Although not linked to the recent changes introduced by YAS,during 2015/16 Commissioners carried out a West Yorkshire Patient Transport Service Review which is currently being considered at a senior level by CCGs in West Yorkshire.

- YAS advised that service improvement and utilisation of new technology is required in order to ensure that the service is able to provide a better patient

experience by improving efficiency and effectiveness within the financial envelope.

- Renal patients considered that services prior to the changes were sufficient to meet their needs.

- YAS had implemented auto-planning as a pilot in Leeds in May 2016 and this had been rolled out to all areas in West Yorkshire in June 2016.

- At the same time as implementing auto planning, YAS had merged the renal and core staff teams with the result that some patients attending renal appointments are now travelling with people attending other outpatient appointments.

- Renal patients with a physical or psychological need to travel alone were and are still able to do so.

- Prior to the start of the pilot YAS PTS Locality Managers met with the Matron for Hepatorenal Services and Renal Services Manager at LTHT and wrote to all renal patients to provide details about the roll-out of the change.

- There had been a fall in performance initially after the change was fully rolled out. Performance had subsequently improved to a higher standard than that provided prior to the changes being made; however there have been increases to patient journey length times. It was also noted that improvements in performance were apparent during the school holiday period; which may have had a positive impact upon timeliness.

3. Commissioning Arrangements

3.1 PTS is commissioned from YAS on a West Yorkshire footprint which means that the ten West Yorkshire CCGs have come together to commission a single service from YAS. PTS is predominantly provided by YAS, with the exception of wheelchair, orthotics, prosthetics and discharge services at LTHT and renal transport in Bradford and Airedale, Wharfedale and Craven CCGs. LTHT is not involved in the commissioning or delivery of patient transport services for renal patients but is involved as an intermediary between patients and YAS PTS. PTS is essential to the successful delivery of dialysis services.

3.2 The commissioning of PTS has been undertaken by commissioners since 2010. Prior to this date PTS was commissioned by acute trusts.

3.3 Calderdale CCG is the lead commissioner for PTS and the remaining nine CCGs are associates to the contract.

3.4 The 10 West Yorkshire CCGs are:

NHS Calderdale CCG
NHS Greater Huddersfield CCG
NHS North Kirklees CCG
NHS Wakefield CCG
NHS Leeds West CCG
NHS Leeds North CCG
NHS Leeds South & East CCG
NHS Bradford City CCG
NHS Bradford Districts CCG
NHS Airedale, Wharfedale and Craven CCG

3.5 The CCGs are signed up to a collaborative agreement which set out roles and responsibilities and governance processes in terms of the contract. Each CCG is responsible for the communications with the acute trust in their CCG area and for any financial issues affecting their CCG.

3.6 A contract meeting with YAS takes place on a monthly basis to discuss quality, performance, activity, finance and operational elements of the PTS contract. An update of the progress of the YAS PTS transformation plan is provided, as referred to below in 5.5.

4. West Yorkshire Patient Transport Review – Engagement with Renal Patients

4.1 A PTS review commenced in July 2015. The aim of the review was to identify future commissioning requirements for a high quality patient transport service for all patients including renal patients and also to inform commissioners in relation to the requirement to undertake a procurement process as required by the Public Procurement Regulations. As mentioned in section 1 of this report, the findings of the service review are currently under consideration.

4.2 The review, its findings and the ongoing consideration of how the service might be commissioned in future, are commissioner-led. This Review has been undertaken by commissioners and has been independent of YAS. The Review has not informed or influenced the service changes introduced by YAS in May 2016.

4.3 The review included engagement with service users, hospitals and transport providers as well as benchmarking against other patient transport services across the country. Throughout the engagement 811 patients were consulted, including 152 renal patients. The findings of the national Kidney Patient Transport Audit carried out in 2012 are also included in the review.

4.4 The findings of the review indicate that people attending renal appointments were, in general, satisfied with services prior to the changes; however it is also clear that waiting for transport following treatment was an issue.

4.5 Also included in the service review are the findings from a renal survey carried out through a quality scheme in the contract in 2015/16. 137 renal patients completed the survey and again the results indicated that although there was general satisfaction with the service there was a concern about waiting times following treatment. A small number of people also mentioned lateness of vehicles and waiting times prior to treatment, although delays may have been for a variety of reasons, not all relating to transport.

4.6 It is also clear from the findings of the service review that patient groups with higher or particular needs such as renal patients will require a different level of service and this is something that commissioners will be working on with patients and hospitals in the development of the future service specification.

4.7 It is also clear that continuous improvement is required to ensure that the needs of all service users are met in an ever more challenging environment, as the demographic picture changes alongside more patient choice, the increased use of specialist centres but also the delivery of the care closer to home agenda.

5. YAS PTS Contract and Performance

5.1 The contract is YAS's largest PTS contract with an annual value of £13.6m. The service received an above inflation increase in 2016/17 of 4.44%.

5.2 There are approximately 489,000 patient journeys annually, including 102,500 renal patient journeys forecast in 2016/17(21% of total journeys).

5.3 YAS is commissioned to provide non-urgent, planned transport for patients, with a medical need for transport, to and from an NHS funded health service providers. This can encompass a wide range of vehicle types and levels of care consistent with patients' needs. The service does not provide medical care to patients.

The contract has one service specification for both renal and core patient transport; however, there are specific renal Key Performance Indicators (KPIs) as commissioners understand that renal patients are high users of PTS and travel on a regular basis. It is notable that commissioners in West Yorkshire have maintained higher performance requirements for renal services. YAS also reports on the monthly performance of renal contracts in the North and East Consortia with separate KPIs. YAS is currently meeting these KPIs.

5.4 In all NHS standard contracts there is a Service Development and Improvement Plan (SDIP). The YAS PTS SDIP includes auto-planning as a service development that would be introduced as part of the YAS transformation plan during 2016/17. Auto-planning is a software enhancement to the YAS computer system which allows dynamic planning of transport and supports improved utilisation of vehicles. The auto-planning software in itself does not require any changes to the way that services are provided. Commissioners therefore supported its introduction as it was hoped that there would be improvements in both efficiency and performance. It was

not expected that there would be any changes to the way services were delivered and YAS did not request any changes to performance measures.

5.5 At the 29 April 2016 contract meeting YAS informed commissioners that auto-planning was being introduced as a pilot in Leeds from 23 May 2016. They also advised that renal and core staff teams and rotas would merge to provide a greater pool of staff and vehicles. This would mean that renal and core transport patients would be travelling together. YAS confirmed that the renal KPIs would remain the same and that patients who had a medical reason for travelling separately would still be able to do so. Commissioners expressed concern about the lack of consultation but as it was a pilot, allowed YAS to progress as YAS confirmed that it was expected that performance for renal patients would improve.

5.6 Under the general terms and conditions of the contract there is a requirement for providers to communicate with service users about service changes. It was therefore agreed in the contract meeting that a letter would be sent to all renal service users to inform them of the proposed changes. Commissioners were also informed that there would be a meeting with the renal matron at LTHT on 12 May 2016 to inform her about the changes that were to be implemented. It was agreed that the changes would be closely monitored prior to the roll-out across West Yorkshire.

5.7 At the contract meeting on 27 May 2016 YAS confirmed that the pilot had commenced with an intention to roll-out fully across West Yorkshire on 20 June 2016. At that stage no concerns were raised. YAS confirmed that the systems team were liaising with locality teams on a daily basis, providing confidence that any issues would be identified immediately.

5.8 At the contract meeting on 24 June 2016, Leeds CCG advised that there had been a number of complaints and concerns raised about the changes to renal transport. It was agreed that a tail of performance report would be sent to Leeds CCG in respect of St James's and Seacroft Renal Units.

5.9 It was also reported at the June contract meeting that YAS had changed the "marked ready" website to prevent renal departments marking patients ready more than 15 minutes prior to the actual time. YAS advised that the changes to the website had not yet been introduced and agreed to check this and inform commissioners. YAS confirmed that performance had been maintained and that work had been undertaken to ensure that there was a detailed understanding of how services were delivered prior to implementing the changes.

5.10 In July 2016 Leeds CCG commissioners met with YAS, LTHT and representatives from the Kidney Patients Association to discuss the issues. Some of the outputs from that meeting included:

- YAS colleagues to attend senior sisters' meetings (chaired by the Matron for Hepatorenal Services) to better understand the issues and mitigate against these –

the meeting was attended on 13 September 2016. Feedback from the sisters was positive and it was noted that all KPIs had been exceeded.

- YAS to attend regular meetings with West Yorkshire Kidney Patients Association (WYKPA) – these meetings have been arranged.
- A YAS Renal Engagement Lead, Ann-Marie Kelly, is now in post and will be visible at the satellite units across West Yorkshire.
- All parties to meet on a bi-monthly basis – YAS senior PTS managers met with LTHT representatives on 13 September 2016 and no issues were raised.

5.11 At the contract meeting on 26 July 2016 it was noted that the changes had made an impact on renal PTS performance. It was confirmed that YAS were looking at each renal clinic in detail and were using taxis to try to improve performance. Commissioners informed YAS that the changes to the service should be managed as a pilot and that commissioners would have to give approval for any permanent changes. YAS confirmed that there was a new renal working group which was monitoring the impact of any changes and developing an action plan. The data for all PTS (including renal) in June was available at the meeting which showed a large increase in the number of concerns and service-to-service issues, as follows:

1. Feedback received by type (Includes complaints, concerns, comments made by patients and their families, issues raised by other healthcare professionals, and other general enquiries.)

WEST	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	YTD
Complaints	4	4	4	1	4	4	4	5	5	4	9	17	35
Concerns	8	20	17	16	11	11	14	11	13	15	52	51	131
Comments	3	5	0	1	2	0	3	3	3	5	4	4	16
Service to Service	22	34	31	31	29	20	27	24	24	13	51	65	153
Compliments	0	4	6	4	3	2	1	1	2	1	0	0	3
Lost Property	0	1	0	1	1	0	0	1	2	1	0	1	4
PALs Enquiries	3	2	0	2	1	0	0	0	6	0	1	1	8
Total	40	70	58	56	51	37	49	45	55	39	117	139	350

Please note that the August 2016 figures show a marked reduction in service-to-service issues related to PTS and renal transport and fewer complaints from patients. In August there were 8 complaints, 27 concerns, 4 comments, 42 service-to-service issues and 6 compliments.

5.12 It was also noted at the 29 July 2016 contract meeting that the “marked ready” website changes had been made and that as a result the renal departments were no longer marking people ready. This had resulted in YAS having to telephone the units to find out if patients were ready which resulted in a significant fall in performance in July 2016. Commissioners expressed concern about the lack of consultation and advised that no changes should have been made without consulting the hospital. YAS has now provided reassurance that no further changes will be made to PTS without consulting and planning with commissioners and carrying out detailed and timely engagement with patients and hospitals. YAS reinstated the functionality of the “marked ready” website on 8 August 2016.

5.14 The table below shows performance against Renal KPIs before any changes were made.

Year To Date position from 01.04.2016 to 22.05.2016 (Pre-Consolidation)

Target		95%	100%	0%	90%	100%	90%
Hospital	**Clinic**	**KPI 1A < 30mins Early**	**KPI 1B < 60 Mins Early**	**KPI 1C >30 Mins Late**	**KPI 2A 0-45 Mins**	**KPI 2B 0-60 Mins**	**KPI3 >45 Mins**
Beeston Dialysis Unit	Ren/dialysis Ward	83.6%	99.8%	1.4%	93.4%	98.6%	97.6%
Calderdale Royal Hospital	Renal Dialysis	90.0%	99.8%	1.0%	93.6%	97.9%	97.9%
Dewsbury District Hospital	Ren/dia Dews	85.7%	99.7%	1.0%	90.9%	97.8%	98.6%
Huddersfield Royal Infirmary	Renal Ward - South Drive	86.8%	99.7%	0.9%	94.3%	98.8%	96.5%
Pontefract General Infirmary New Building	Renal Dialysis	85.9%	99.8%	0.5%	95.1%	98.4%	99.4%
Seacroft Hospital	Ren/dia Ward B Seac	85.7%	99.7%	1.0%	89.3%	96.2%	96.3%
Seacroft Hospital	Renal Dialysis Ward R&S	88.4%	99.5%	1.4%	86.5%	95.3%	96.2%
St James's Hospital Leeds	Ward J48 (55/54) Renal Dia	86.3%	99.3%	2.0%	86.3%	94.7%	97.4%
West Total		86.9%	99.6%	1.2%	90.0%	96.7%	97.3%

5.15 The following table below shows performance from the 23May 2016 when the staff teams were merged until 24 August 2016. (During this period the functionality of the "marked ready" website had also changed):

Year To Date position from 23.05.2016 to 24.08.2016

Target		95%	100%	0%	90%	100%	90%
Hospital	**Clinic**	**KPI 1A < 30mins Early**	**KPI 1B < 60 Mins Early**	**KPI 1C >30 Mins Late**	**KPI 2A 0-45 Mins**	**KPI 2B 0-60 Mins**	**KPI3 >45 Mins**
Beeston Dialysis Unit	Ren/dialysis Ward	84.7%	99.2%	0.5%	85.5%	93.6%	96.6%
Calderdale Royal Hospital	Renal Dialysis	84.0%	99.5%	2.6%	82.6%	92.6%	93.7%
Dewsbury District Hospital	Ren/dia Dews	83.9%	99.6%	1.1%	85.5%	94.3%	99.0%
Huddersfield Royal Infirmary	Renal Ward - South Drive	82.9%	99.3%	1.0%	88.7%	96.0%	97.0%
Pontefract General Infirmary (New Building)	Renal Dialysis	83.7%	99.8%	0.6%	93.3%	98.2%	98.2%
Seacroft Hospital	Ren/dia Ward B Seac	80.4%	98.7%	1.7%	77.3%	88.9%	86.6%
Seacroft Hospital	Renal Dialysis Ward R&S	86.5%	99.4%	2.3%	78.2%	89.6%	82.4%
St James's Hospital Leeds	Ward J48 (55/54) Renal Dia	87.7%	99.1%	2.4%	75.3%	86.3%	83.9%
West Total		84.8%	99.3%	1.7%	82.0%	91.6%	90.6%

5.16 The table below shows performance since YAS reinstated the functionality of the "marked ready" website on 8August 2016 until 24 August 2016.

KPI's based on 08.08.2016 to 24.08.2016

Target		95%	100%	0%	90%	100%	90%
Hospital	**Clinic**	**KPI 1A < 30mins Early**	**KPI 1B < 60 Mins Early**	**KPI 1C >30 Mins Late**	**KPI 2A 0-45 Mins**	**KPI 2B 0-60 Mins**	**KPI3 >45 Mins**
Beeston Dialysis Unit	Ren/dialysis Ward	97.9%	100.0%	0.0%	95.7%	100.0%	99.3%
Calderdale Royal Hospital	Renal Dialysis	86.4%	99.5%	3.3%	90.1%	98.1%	96.6%
Dewsbury District Hospital	Ren/dia Dews	93.2%	100.0%	1.1%	89.3%	96.4%	98.9%
Huddersfield Royal Infirmary	Renal Ward - South Drive	86.3%	100.0%	0.4%	93.3%	98.0%	96.3%
Pontefract General Infirmary (New Building)	Renal Dialysis	89.4%	100.0%	0.0%	93.2%	98.1%	97.3%
Seacroft Hospital	Ren/dia Ward B Seac	89.8%	100.0%	0.5%	91.9%	97.1%	87.9%
Seacroft Hospital	Renal Dialysis Ward R&S	91.4%	99.4%	0.6%	88.1%	94.6%	85.4%
St James's Hospital Leeds	Ward J48 (55/54) Renal Dia	91.6%	100.0%	1.9%	84.2%	91.5%	84.3%
West Total		90.8%	99.8%	0.9%	89.8%	96.0%	91.9%

5.17 It is clear from the performance information provided from 5.14 to 5.16 above that there was a significant drop in performance when the functionality of the "marked ready" website was removed but that since it was reinstated performance has actually improved or is at pre-change levels for all KPIs with the exception of journey times where there is still a drop in performance. This will be managed through the contract management process.

5.18 Performance data will continue to be reviewed on a monthly basis particularly now that the school holidays have finished and traffic is expected to return to normal levels.

6. Statement from YAS

6.1 Background:

Yorkshire Ambulance Service NHS Trust has embarked on a programme to modernise its PTS in order to create a service that provides high quality, safe, efficient care to its patients whilst remaining competitive and sustainable for the future.

Work has been ongoing for the past 12 months on the PTS Delivery Model and the PTS Change Programme looking at ways in which we could improve the patient experience of all our patients. YAS has recently introduced a Resource Department function which has brought together staff from the PTS Communications Team to work on standardising the way it organise the right number of staff, vehicles, sub-contractors and volunteer car service drivers to meet the activity demand.

On 23 May 2016 YAS introduced a number of changes to the way it operates our PTS in Leeds only which included:

- Combining two separate Renal Rotas and Core PTS Rotas into one rota to provide a greater pool of staff and vehicles.
- Two planning desks (controllers, planners and call handlers) were combined into one planning desk for Leeds but there is the same number of staff as before with the same level of knowledge.
- Utilising the PTS system's auto-planning to help plan staffing and vehicle requirements more effectively.

At the same time auto-planning was introduced to PTS which is closely linked to the Resourcing and Logistics functions.

On 20 June 2016 the above changes were replicated for the whole of West Yorkshire.

As part of this background detail, in March 2012 Leeds City Council ceased to provide the service at Beeston Renal Unit on behalf of YAS. A new provider,

Streamline Taxis, was put in place to assist in providing part of the service. Patients who were unable to travel by taxi were conveyed by resources from PTS. It is therefore important to note that there is **not** a specific renal contract in the West Consortia. The service is part of a generic PTS contract, although YAS agree that patients have, until recently, been provided with a bespoke renal patient-only service. This is not how the contract has been commissioned. However, separate performance measures are in place specifically for renal patients.

6.2 Initial Impact of the Changes:

- Decline in performance
- Not achieving KPI targets
- Patients waiting longer to be collected from their appointment
- Patients arriving too early or too late to their appointment
- Increase in number of complaints from renal patients
- Concerns received from the British Kidney Patients Association
- Unforeseen problems with the implementation of auto-planning
- Inconsistency in planning desks.

6.3 Mitigating Actions:

Daily and weekly conference calls have been set up with all West Locality Managers, our Resourcing Team and Systems Team to identify on-day problems. The meetings were minuted and an action log put in place. This is now an ongoing weekly meeting.

There is now a dedicated PTS Renal Engagement Lead, Ann-Marie Kelly, in position who is engaging with all units, speaking with both patients and renal staff.

The decision was made to reintroduce the practice which allows nursing staff to forecast in advance when patients will be ready for collection together with closely monitoring performance and quality of all resources.

YAS is micro-managing performance and breaches for both renal and core PTS patients on a daily basis.

A trial of the extended use of sub-contractors has begun for patients for Seacroft and St.James's. Once costings have been received and reviewed the next step will be to introduce this to the Beeston Unit.

The Volunteer Car Service is also being utilised for patients where appropriate. Staff rotas are being reviewed within the communications centre and more staff are being resourced so that a full review of courtesy calls can be implemented.

Checks have been made to ensure that contact lists of all the satellite units are up-to-date.

The process of ensuring more alternative providers of patient transport are included within the YAS framework has been accelerated to allow greater flexibility.

In-depth analysis to monitor journeys for renal patients is being carried out along with increased scrutiny of the controls in place.

The YAS Patient Relations Team is dealing directly with a number of patients who have raised concerns about specific issues they have experienced.

6.4 Current Position:

Performance has now improved to previous levels. There has been more engagement with commissioners with very positive feedback. A full register of all renal sisters and ward clerks is in place and they will be the first point of contact for any issues.

Meetings have been arranged for YAS, LTHT, Leeds North CCG and the British Kidney Patient Association on a monthly basis to May 2017. Attendees will develop an action tracker which will log actions for incremental service improvement and reflect the discussions which take place.

The ongoing feedback from satellite units and YAS engagement with patients is very positive.

6.5 Next Steps:

YAS will improve its communication and engagement methods by way of investing more time to communicate with patients and other stakeholders and raise awareness of its initiatives. A dedicated communications resource is now in place for PTS transformation and a comprehensive plan is in development.

A more effective use of data will be put in place for feedback from patients and staff, thus proactively engaging with patients and staff. This will include reviewing patient surveys and all feedback received to highlight any emerging trends and address any breaches.

The Renal Transport Charter will be refreshed to include: Patient and Carers' Responsibility, Dialysis Unit Responsibility, Leeds Teaching Hospitals NHS Trust's Responsibility, Transport Provider's Responsibility and Commissioner's Responsibility.

It will be ensured that there is accessibility to staff within PTS when renal staff and patients need to report transport problems or have enquiries relating to transport times.

The dialogue between Ann-Marie Kelly (the dedicated YAS PTS Renal Engagement Lead) and the Renal Units will continue review be undertaken of what works well and what needs to be improved.

6.6 Lessons learned:

- More formalised and evidenced evaluation criteria required prior to any go/no go decisions for PTS transformation.
- Planned communication and engagement activity with key stakeholders – patients, renal unit staff and commissioners, which is coordinated with partner organisation input.
- Evidence-based engagement; ensuring all parties involved confirm they understand what/why/when.
- If it is deemed that proposed changes do not require engagement activity, this should be logged with an explanation as to why.

7. Findings and Conclusions

It is acknowledged that renal patients were, in general, satisfied with PTS prior to the changes but that there were concerns about waiting times following treatment.

Although YAS performance is in line with targets on core services, commissioners would like to introduce higher performance targets in future for all patients and therefore changes to service provision may be required, although what impact there will be on renal patients has not yet been determined.

YAS is providing services which require continuous improvement to increase efficiency within the financial envelope, but also to compete with other providers in the market. Their transformation programme aims to achieve this and is independent of the CCG commissioning work, other than where it impacts on performance of services and delivery of the specification. The need to work separately on commissioning and transformation is necessary as patient transport services are subject to Public Procurement Regulations.

Journey length times are a particular issue for renal patients and action is therefore required to address the fall in performance. In addition, further engagement is required by YAS in order to fully understand the difficulties that the merging of staff teams has caused for renal patients.

Commissioners will be working with patients during 2016/17 in order to develop a new patient transport specification.

All NHS partners are committed to providing the renal patients with a safe, responsive service which gives them a positive experience. This needs to be a system-wide approach and all parties are engaging with each other and working together more closely to achieve this outcome.

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Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 247 4707

Report of Head of Scrutiny and Member Development

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

Date: 4 October 2016

Subject: NHS England Planning Guidance (2017 – 2019)

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

1 Purpose of this report

1.1 The purpose of this report is to present the recently published the NHS Operational Planning Guidance for 2017/18 and 2018/19 to allow the Scrutiny Board an initial opportunity to consider the broad implications of the guidance; and to determine any further specific scrutiny activity that may be required.

2 Main issues

2.1 On 22 September 2016, national NHS leaders set out steps to strengthen collaboration across the NHS and ensure that local health and care areas are successful in delivering their blueprints for the future.

2.2 Published by NHS England and NHS Improvement, the NHS Operational Planning Guidance for 2017/18 and 2018/19 provides NHS trusts and commissioners with tools they need to plan for the years ahead.

2.3 For the first time, the guidance covers two financial years, underpinned by a two-year tariff for NHS patients and a two-year NHS Standard Contract.

2.4 A range of additional measures to help the NHS deliver on the commitments of the Five Year Forward View have also been announced, including:

- New incentives worth more than £100m to help tackle unnecessary delays in discharging patients from hospital;
- Incentives to reduce people attending A&E with mental health problems;
- Further steps to ensure the sustainability of general practice.

2.5 The guidance has been published three months earlier than normal, to allow more time to plan work in line with national priorities. These will include the actions agreed in priority areas such as cancer, mental health, learning disabilities, primary care and Urgent and Emergency Care.

2.6 It has been stated that to help local NHS organisations work together effectively, Sustainability and Transformation (STP) areas will be able to apply for their own system wide financial control totals. This will enable resources to be pooled across organisations and make it easier to shift money to support care improvement and redesign.

2.7 The detailed guidance is appended to this report for information; and includes the following outline timetable:

Timetable Item	Date
Planning Guidance published	**22 September 2016**
Technical Guidance issued	**22 September 2016**
Commissioner Finance templates issued (commissioners only)	22 September 2016
Draft NHS Standard Contract and national CQUIN scheme guidance published	22 September 2016
National Tariff draft prices issued	22 September 2016
Provider control totals and STF allocations published	30 September 2016
Commissioner allocations published	21 October 2016
NHS Standard Contract consultation closes	21 October 2016
Submission of STPs	**21 October 2016**
National Tariff section 118 consultation issued	31 October 2016
Final CCG and specialised services CQUIN scheme guidance issued	31 October 2016
Provider finance, workforce and activity templates issued with related Technical Guidance (providers only)	1 November 2016
Submission of summary level 2017/18 to 2018/19 operational financial plans	1 November 2016 (noon)
Commissioners (CCGs and direct commissioners) to issue initial contract offers that form a reasonable basis for negotiations to providers	4 November 2016
Providers to respond to initial offers from commissioners (CCGs and direct commissioners)	4 November 2016
Final NHS Standard Contract published	4 November 2016
Submission of full draft 2017/18 to 2018/19 operational plans	**24 November 2016 (noon)**
Weekly contract tracker to be submitted by CCGs, direct	Weekly from:21/22

Timetable Item	Date
commissioners and providers	November 2016to 30/31 January 2017
Where CCG or direct commissioning contracts are not signed and contract signature deadline of 23 December 2016 is at risk, local decisions to enter mediation	5 December 2016
Contract mediation	5-23 December 2016
National Tariff section 118 consultation results announced	w/c 12 December 2016
Publish National Tariff	20 December 2016
National deadline for signing of contracts	**23 December 2016**
Final contract signature date for CCG and direct commissioners for avoiding arbitration	23 December 2016
Submission of final 2017/18 to 2018/19 operational plans, aligned with contracts	**23 December 2016**
Final plans approved by Boards or governing bodies of providers and commissioners	By 23 December 2016
Submission of joint arbitration paperwork by CCGs, direct commissioners and providers where contracts not signed	By 9 January 2017
Arbitration outcomes notified to CCGs, direct commissioners and providers	Within two working days after panel date
Contract and schedule revisions reflecting arbitration findings completed and signed by both parties	By 31 January 2017

2.8 Representatives from Leeds Clinical Commissioning Groups have been invited to attend the meeting to discuss the broad implications of the planning guidance for Leeds and to help the Scrutiny Board consider and determine any aspects where more detailed and/or specific scrutiny activity might be required.

3. Recommendations

3.1 Members are asked to consider the information provided and determine any further scrutiny activity that may be required.

4. Background papers[1]

None used

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

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NHS Operational Planning and Contracting Guidance

2017-2019

Published by

NHS England and NHS Improvement

Published: **Thursday 22 September 2016**
Prepared by: **NHS England and NHS Improvement**

This document is for: NHS Commissioners, NHS trusts and NHS foundation trusts
Publication Gateway Reference: **05829**

Contents

Annexes

Introduction and context: implementing Sustainability and Transformation Plans

1. This document explains how the NHS operational planning and contracting processes will now change to support Sustainability and Transformation Plans (STPs) and the 'financial reset'. It reaffirms national priorities and sets out the financial and business rules for both 2017/18 and 2018/19.

2. Our shared tasks are clear: implement the Five Year Forward View to drive improvements in health and care; restore and maintain financial balance; and deliver core access and quality standards.

3. In local STPs, these jobs come together as one. Each STP becomes the route map for how the local NHS and its partners make a reality of the Five Year Forward View, within the Spending Review envelope. It provides the basis for operational planning and contracting.

4. STPs are more than just plans. They represent a different way of working, with partnership behaviours becoming the new norm. What makes most sense for patients, communities and the taxpayer should always trump the narrower interests of individual organisations. That is why, although STPs are relatively new, we see them as having a significant ongoing role in the NHS.

5. Good organisations cannot implement the Five Year Forward View and deliver the required productivity savings and care redesign in silos. Only through a system-wide set of changes will the NHS be sure of being able to deliver the right care, in the right place, with optimal value. This means improving and investing in preventative, primary and community based care. It means creating new relationships with patients and communities, seeing the totality of health and care in identifying solutions, using social care and wider services to support improved productivity and quality as well as people's wellbeing. We need new care models that break down the boundaries between different types of provider, and foster stronger collaboration across services – drawing on, and strengthening, joint work with partners, including local government. The solutions will not come solely from within the NHS, but from patients and communities, and wider partnerships including local government, and the third sector; and effective public engagement will be essential to their success.

6. Right across the country, NHS organisations want to spend less of their time locked in adversarial and transactional relationships. Allocating finite and stretched NHS resources between competing demands will never be easy, and the task gets harder over the next three years. But we do now have the opportunity to settle the numbers earlier and for a longer duration. This will enable us all to devote more of our energies towards getting on with the job of redesigning and delivering better, more efficient care.

7. To support the STP process and embed the 'financial reset', the annual NHS planning and contracting round will now be streamlined significantly. Our aims are to provide greater certainty and stability; simplify processes and ensure they are more joined up; cut transaction costs; and support partnership and transformation.

8. The default will be for two-year contracts in place of those currently negotiated annually. Commissioners will still have the ability to let new longer-term contracts, based on new care models and whole population budgets, revising existing contracts accordingly.

9. The 2017-19 operational planning and contracting round will be built out from STPs. Two-year contracts will reflect two-year activity, workforce and performance assumptions that are agreed and affordable within each local STP. We are issuing a two-year tariff for consultation and two-year CQUIN and CCG quality premium schemes. NHS England is engaging with the sector on the indicators and measurements for these CQUINs. For the first time, a single NHS England and NHS Improvement oversight process will provide a unified interface with local organisations to ensure effective alignment of CCG and provider plans. And, as requested by NHS leaders, the timetable is now being brought forward to provide certainty earlier – with a target deadline of all 2017-19 contracts signed by 23 December 2016.

10. To ensure that organisational boundaries and perverse financial incentives do not get in the way of transformation, from April 2017 each STP (or agreed population/geographical area) will have a financial control total that is also the summation of the individual organisational control totals. All organisations will be held accountable for delivering both their individual control total and the overall system control. It will be possible to flex individual organisational control totals within that system control total, by application and with the agreement of NHS England and NHS Improvement. Further details are contained in paragraphs 25-29 of this document.

Priorities and performance assessment

Nine 'must dos' for 2017-19

11. In 2016/17 we described nine 'must do' priorities. These remain the priorities for 2017/18 and 2018/19. These national priorities and other local priorities will need to be delivered within the financial resources available in each year.

2017/18 and 2018/19 'must dos'

1. STPs

- Implement agreed STP milestones, so that you are on track for full achievement by 2020/21.
- Achieve agreed trajectories against the STP core metrics set for 2017-19.

2. Finance

- Deliver individual CCG and NHS provider organisational control totals, and achieve local system financial control totals. At national level, the provider sector needs to be in financial balance in each of 2017/18 and 2018/19. At national level the CCG sector needs to be in financial balance in each of 2017/18 and 2018/19.
- Implement local STP plans and achieve local targets to moderate demand growth and increase provider efficiencies.
- Demand reduction measures include: implementing RightCare; elective care redesign; urgent and emergency care reform; supporting self care and prevention; progressing population-health new care models such as multispecialty community providers (MCPs) and primary and acute care systems (PACS); medicines optimisation; and improving the management of continuing healthcare processes.
- Provider efficiency measures include: implementing pathology service and back office rationalisation; implementing procurement, hospital pharmacy and estates transformation plans; improving rostering systems and job planning to reduce use of agency staff and increase clinical productivity; implementing the Getting It Right First Time programme; and implementing new models of acute service collaboration and more integrated primary and community services.

3. Primary care

- Ensure the sustainability of general practice in your area by implementing the General Practice Forward View, including the plans for Practice Transformational Support, and the ten high impact changes.
- Ensure local investment meets or exceeds minimum required levels.
- Tackle workforce and workload issues, including interim milestones that contribute towards increasing the number of doctors working in general practice by 5,000 in 2020, co-funding an extra 1,500 pharmacists to work in general practice by 2020, the expansion of Improving Access to Psychological Therapies (IAPT) in general practice with 3,000 more therapists in primary care, and investment in training practice staff and stimulating the use of online consultation systems.
- By no later than March 2019, extend and improve access in line with requirements for new national funding.
- Support general practice at scale, the expansion of Multispecialty Community Providers or Primary and Acute Care Systems, and enable and fund primary care to play its part in fully implementing the forthcoming framework for improving health in care homes.

4. Urgent and emergency care

- Deliver the four hour A&E standard, and standards for ambulance response times including through implementing the five elements of the A&E Improvement Plan.
- By November 2017, meet the four priority standards for seven-day hospital services for all urgent network specialist services.
- Implement the Urgent and Emergency Care Review, ensuring a 24/7 integrated care service for physical and mental health is implemented by March 2020 in each STP footprint, including a clinical hub that supports NHS 111, 999 and out-of-hours calls.
- Deliver a reduction in the proportion of ambulance 999 calls that result in avoidable transportation to an A&E department.
- Initiate cross-system approach to prepare for forthcoming waiting time standard for urgent care for those in a mental health crisis.

5. Referral to treatment times and elective care

- Deliver the NHS Constitution standard that more than 92% of patients on non-emergency pathways wait no more than 18 weeks from referral to treatment (RTT).
- Deliver patient choice of first outpatient appointment, and achieve 100% of use of e-referrals by no later than April 2018 in line with the 2017/18 CQUIN and payment changes from October 2018.
- Streamline elective care pathways, including through outpatient redesign and avoiding unnecessary follow-ups.
- Implement the national maternity services review, *Better Births*, through local maternity systems.

6. Cancer

- Working through Cancer Alliances and the National Cancer Vanguard, implement the cancer taskforce report.
- Deliver the NHS Constitution 62 day cancer standard, including by securing adequate diagnostic capacity and the other NHS Constitution cancer standards.
- Make progress in improving one-year survival rates by delivering a year-on-year improvement in the proportion of cancers diagnosed at stage one and stage two; and reducing the proportion of cancers diagnosed following an emergency admission.
- Ensure stratified follow up pathways for breast cancer patients are rolled out and prepare to roll out for other cancer types.
- Ensure all elements of the Recovery Package are commissioned, including ensuring that:
    - o all patients have a holistic needs assessment and care plan at the point of diagnosis;
    - o a treatment summary is sent to the patient's GP at the end of treatment; and
    - o a cancer care review is completed by the GP within six months of a cancer diagnosis.

7. Mental health

- Deliver in full the implementation plan for the Mental Health Five Year Forward View for all ages, including:
    - Additional psychological therapies so that at least 19% of people with anxiety and depression access treatment, with the majority of the increase from the baseline of 15% to be integrated with physical healthcare;
    - More high-quality mental health services for children and young people, so that at least 32% of children with a diagnosable condition are able to access evidence-based services by April 2019, including all areas being part of Children and Young People Improving Access to Psychological Therapies (CYP IAPT) by 2018;
    - Expand capacity so that more than 53% of people experiencing a first episode of psychosis begin treatment with a NICE-recommended package of care within two weeks of referral.
    - Increase access to individual placement support for people with severe mental illness in secondary care services by 25% by April 2019 against 2017/18 baseline;
    - Commission community eating disorder teams so that 95% of children and young people receive treatment within four weeks of referral for routine cases; and one week for urgent cases; and
    - Reduce suicide rates by 10% against the 2016/17 baseline.
- Ensure delivery of the mental health access and quality standards including 24/7 access to community crisis resolution teams and home treatment teams and mental health liaison services in acute hospitals.
- Increase baseline spend on mental health to deliver the Mental Health Investment Standard.
- Maintain a dementia diagnosis rate of at least two thirds of estimated local prevalence, and have due regard to the forthcoming NHS implementation guidance on dementia focusing on post-diagnostic care and support.
- Eliminate out of area placements for non-specialist acute care by 2020/21.

8. People with learning disabilities

- Deliver Transforming Care Partnership plans with local government partners, enhancing community provision for people with learning disabilities and/or autism.
- Reduce inpatient bed capacity by March 2019 to 10-15 in CCG-commissioned beds per million population, and 20-25 in NHS England-commissioned beds per million population.
- Improve access to healthcare for people with learning disability so that by 2020, 75% of people on a GP register are receiving an annual health check.
- Reduce premature mortality by improving access to health services, education and training of staff, and by making necessary reasonable adjustments for people with a learning disability or autism.

9. Improving quality in organisations

- All organisations should implement plans to improve quality of care, particularly for organisations in special measures.
- Drawing on the National Quality Board's resources, measure and improve efficient use of staffing resources to ensure safe, sustainable and productive services.
- Participate in the annual publication of findings from reviews of deaths, to include the annual publication of avoidable death rates, and actions they have taken to reduce deaths related to problems in healthcare.

Measuring and assessing performance

12. These priorities do not encompass the full breadth of NHS organisations' responsibilities. A summary of the current Government Mandate to NHS England is attached at Annex 1 and sets out the areas in which the Government expects the NHS to improve by 2020. Should these mandated objectives change for 2017/18 or 2018/19, we will issue supplementary advice as necessary. There is clear read-across from the Mandate to both the new CCG Improvement and Assessment Framework (CCG IAF) indicators and the new NHS Improvement oversight framework for NHS providers. Annexes E and F of the technical guidance list metrics for which commissioners and providers are required to submit planning trajectories. NHS England is publishing its intentions for specialised services commissioning alongside this document – these are outlined in paragraphs 63-67.

13. NHS England, NHS Improvement, Health Education England, the Care Quality Commission, Public Health England, NHS Digital and NICE are committed to working in a joined up way, together with local government, to support STP areas. NHS Improvement will use its new single oversight framework to look at providers' contribution to their STP and any associated support needs, and NHS England will do likewise through the CCG IAF. Wherever appropriate, however, we will ensure that our main point of contact to discuss progress with implementation of STPs and any support needed from national bodies is with the shared STP leadership for each area.

14. Drawing on existing data collections from the assurance frameworks, we will publish core baseline STP metrics in November 2016, encompassing as a minimum these metrics:

Finance

- Performance against organisation-specific and system control totals

Quality

Operational Performance

- A&E performance
- RTT performance

Health outcomes and care redesign

- Progress against cancer taskforce implementation plan
- Progress against Mental Health Five Year Forward View implementation plan
- Progress against the General Practice Forward View
- Hospital total bed days per 1,000 population
- Emergency hospital admissions per 1,000 population

15. STP areas will need to agree trajectories against these areas for 2017-19. The letter sent to STP leaders setting out the expectations for the content of STPs for the October 2016 submission is in Annex 4. These include:

- addressing feedback from the July 2016 conversations, including a crisp articulation of the tangible benefits to patients and communities;
- providing more depth and specificity on implementation;
- ensuring plans are underpinned by the Finance Templates;
- setting out the measurable impacts of the STP;
- describing how they envisage better integration between health and social care;
- describing the degree of local consensus amongst organisations and plans for further engagement; and
- continuing development of the STP's estates strategy.

Developing operational plans and agreeing contracts for 2017-19

16. The detailed requirements for commissioner and provider plans are set out in accompanying technical guidance. Plans will need to demonstrate:
    - how they will be delivering the nine 'must-dos';
    - how they support delivery of the local STP, including clear and credible milestones and deliverables;
    - how they intend to reconcile finance with activity and workforce to deliver their agreed contribution to the relevant system control total;
    - robust, stretching and deliverable activity plans which are directly derived from their STP, reflective of the impact that the STP's well-implemented transformation and efficiency schemes will have on trend growth rates, agreed by commissioners and providers and consistent with achieving the relevant performance trajectories within available local budgets;
    - how local independent sector capacity should be factored into demand and capacity planning from the outset, and local independent sector providers engaged throughout;
    - the planned contribution to savings;
    - how risks have been jointly identified and mitigated through an agreed contingency plan; and
    - the impact of new care models, including where appropriate how contracts with secondary care providers will be adjusted to take account of the introduction of new commissioning arrangements for MCPs or PACS during 2017-19.

17. CCG and provider plans will need to be agreed by NHS England and NHS Improvement, with a clear expectation that they must be fully aligned in local contracts. This is more than a technical process. It requires a genuine commitment for local leaders to run a shared, open-book process to deliver performance and improvement within the growing, but fixed, funding envelope available to that local area. We have seen this approach in the development of STPs and expect to see it carried forward into operational plans. Further details on support, review and assurance are set out in the Technical Guidance document.

Dispute avoidance and resolution

18. We expect all contracts to be signed by 23 December 2016. The earlier timetable for operational planning should give commissioners (CCGs and direct commissioners) and providers greater scope for constructive engagement over contracts. Access to formal arbitration must be a last resort. Our expectation is that commissioners and providers sort out any differences without the need for arbitration, and failure to do so will be seen as a clear failure of collaboration and good governance.
19. To enable a more collaborative approach to contracting, we are making a number of changes to the dispute resolution process as follows:
    - increased access to technical advice on contract and tariff issues to reduce the number of technical disputes;
    - escalation to NHS England and NHS Improvement chief executives (or delegated national directors) for commissioners and providers that do not agree their contracts to the national timetable.
20. It is our expectation that any parties, including foundation trusts, that are unable to agree contracts in line with the national timetable will submit their disputes for timely resolution through the NHS arbitration process. NHS England will also ensure that any disputes regarding its specialised commissioning activities which have not been resolved according to the national timeline will be referred to the NHS arbitration arrangements. NHS Improvement and NHS England will intervene where necessary, using their oversight and regulatory powers to resolve any cases where organisations refuse to do so. In addition, where a provider refuses to follow the NHS arbitration process, they may forfeit a proportion of their Sustainability and Transformation Fund (STF) monies, and where a CCG fails to comply with the process, quality premium and transformation monies may be forfeited.

NHS Standard Contract

21. We are proposing minimal changes to the NHS Standard Contract for the next two years. To support two-year local plans and contracts, the NHS Standard Contract will be set for two years. NHS England is publishing the revised NHS Standard Contract for consultation, alongside this document.

22. To enable more seamless care for patients, and as set out in the General Practice Forward View, we have strengthened the requirement for transmitting letters to GPs following clinic attendance. The current timescale for production (within 14 days of attendance) will reduce progressively to ten days (from 1 April 2017) and seven days (from 1 April 2018). A new requirement for electronic transmission of clinic letters, as structured messages using standardised clinical headings, will take effect from 1 October 2018. NHS England is also proposing:

    - from April 2017, stronger requirements on commissioners to facilitate hospital discharge and on providers to comply with recent NICE guidance;
    - from April 2017 mandated use of the e-Referral system (ERS); and from October 2018, non-payment for activity resulting from non-ERS referrals and the right for providers to return such referrals to GPs. We will work with the GP community to resolve practical issues which currently hinder use and uptake of the e-referral system in general practice;
    - from April 2017, mandatory data-sharing agreements for urgent and emergency care providers, enabling commissioners to access cross-provider data about utilisation and effectiveness of services;
    - from November 2017, the four priority standards for seven-day hospital services for all urgent network specialist services; and
    - compliance with new data security standards (April 2017), new conflicts of interest guidance (June 2017) and new interoperability requirements for clinical IT systems (January 2019).

23. In addition, NHS Digital intends to amend its guidance to support daily submission of electronic Secondary User Service (SUS) data from April 2018. There will be further engagement with providers before introducing these changes. NHS Digital will also shorten the turnaround of data to improve its utility for providers, commissioners and national bodies, which will in turn reduce burden on the system in providing aggregate data and the same data to multiple organisations. This will also improve the quality of data at source and on source systems.

24. Where providers accept their financial control totals and any associated conditions and are therefore eligible for payments from the Sustainability and Transformation Fund, contract sanctions for key performance standards are currently suspended. We propose to extend this suspension until April 2019.

Timetable

Timetable Item (applicable to all bodies unless specifically referenced)	Date
Planning Guidance published	**22 September 2016**
Technical Guidance issued	**22 September 2016**
Commissioner Finance templates issued (commissioners only)	22 September 2016
Draft NHS Standard Contract and national CQUIN scheme guidance published	22 September 2016
National Tariff draft prices issued	22 September 2016
Provider control totals and STF allocations published	30 September 2016
Commissioner allocations published	21 October 2016
NHS Standard Contract consultation closes	21 October 2016
Submission of STPs	**21 October 2016**
National Tariff section 118 consultation issued	31 October 2016
Final CCG and specialised services CQUIN scheme guidance issued	31 October 2016
Provider finance, workforce and activity templates issued with related Technical Guidance (providers only)	1 November 2016
Submission of summary level 2017/18 to 2018/19 operational financial plans	1 November 2016 (noon)
Commissioners (CCGs and direct commissioners) to issue initial contract offers that form a reasonable basis for negotiations to providers	4 November 2016
Providers to respond to initial offers from commissioners (CCGs and direct commissioners)	4 November 2016
Final NHS Standard Contract published	4 November 2016
Submission of full draft 2017/18 to 2018/19 operational plans	**24 November 2016 (noon)**
Weekly contract tracker to be submitted by CCGs, direct commissioners and providers	Weekly from: 21/22 November 2016 to 30/31 January 2017
National Tariff section 118 consultation closes	28 November 2016

Timetable Item (applicable to all bodies unless specifically referenced)	Date
Where CCG or direct commissioning contracts are not signed and contract signature deadline of 23 December 2016 is at risk, local decisions to enter mediation	5 December 2016
Contract mediation	5-23 December 2016
National Tariff section 118 consultation results announced	w/c 12 December 2016
Publish National Tariff	20 December 2016
National deadline for signing of contracts	**23 December 2016**
Final contract signature date for CCG and direct commissioners for avoiding arbitration	23 December 2016
Submission of final 2017/18 to 2018/19 operational plans, aligned with contracts	**23 December 2016**
Final plans approved by Boards or governing bodies of providers and commissioners	By 23 December 2016
Submission of joint arbitration paperwork by CCGs, direct commissioners and providers where contracts not signed	By 9 January 2017
Arbitration outcomes notified to CCGs, direct commissioners and providers	Within two working days after panel date
Contract and schedule revisions reflecting arbitration findings completed and signed by both parties	By 31 January 2017

Finance and business rules

STP system control totals

25. STP areas are required to submit local financial plans showing how their systems will achieve financial balance within the available resources. We expect both the commissioner sector and the provider sector to be in financial balance in both 2017/18 and 2018/19. Operational plans for 2017/18 and 2018/19 are the detailed plans for the first two years of the STP.

26. We expect that:

- the transformation and efficiency plans, including activity growth moderation plans, set out in STPs will be reflected in individual organisational plans;
- there will be aggregate financial activity and workforce plans at STP level, underpinned by financial control totals, and organisational level operational plans will need to reflect those aggregate plans;
- accountability for delivery will sit with individual organisations but they will need to demonstrate how their organisational plans align with STP objectives and planning assumptions; and
- STP leaders will have strong governance processes to ensure clarity as to how different organisations are contributing to agreed system working, how progress will be tracked, and how organisations will work together to manage cross-cutting transformational activity.

27. To support system-wide planning and transformation, we will be setting financial system control totals for all STP or equivalent agreed areas for planning purposes, ongoing monitoring and management. In the first instance, they will be derived from individual control totals for CCGs and provider organisations in that geography. On a by-application basis, there will be flexibility, by agreement with NHS England and NHS Improvement, for STP partners to adjust organisational control totals (both for providers and for CCGs) within an STP footprint, provided the overall system control total is not breached. This process will be managed so that two rules are met: the provider sector achieves aggregate financial balance in 2017/18 and 2018/19, and the commissioning system continues to live within its statutory resource limits. Individual organisations will continue to be accountable for managing within their organisational-level control totals.

28. This approach has a number of potential benefits, including the ability to shift money within systems to support agreed transformation plans or planned changes to patient flows; to manage financial risk across a health economy; and to pool administrative and other functions across organisations. Annex 5 provides further information.

29. Larger STP areas may wish to propose to NHS England and NHS Improvement a subdivision of their geography for these purposes, with separate system control totals (and governance arrangements) for each subdivision, where this is better suited to operational collaboration and risk management.

Approach to efficiency

30. In July 2016, the 'reset' publication 'Strengthening Financial Performance and Accountability in 2016/17 in the NHS' underscored the responsibilities of individual NHS bodies to live within the funding available. Specifically, it confirmed actions to support NHS providers in cutting the annual NHS provider deficit in 2016/17 to no more than £580m with a goal of £250m for 2016/17 and a balanced starting position for 2017/18 based on the full year effect of the measures taken. It also set out measures to sharpen the direct accountability of providers and commissioners to live within the public resources made available by Parliament.

31. As noted above, the provider sector will be expected to achieve aggregate financial balance in each of the two years of the operational plan after taking into account deployment of the £1.8bn STF. Any deterioration in the opening position for 2017/18 set out in the previous paragraph or in delivery during the plan period will require the relevant individual providers to deliver efficiency levels greater than the 2% national requirement to meet the control totals set by NHS Improvement, recognising that by definition they will have unrealised and undelivered efficiency opportunity from previous years.

32. Although there are increased resources available for the NHS in 2017/18 and 2018/19, the level of growth is significantly less than has previously been available to the NHS.

33. Therefore, the expectation is that providers and commissioners have a relentless focus on efficiency in 2017/18 and 2018/19; and that the opportunities set out in the national efficiency programmes and embedded in STPs are further developed in operational plans and delivered by providers and commissioners working together. The national transformation and efficiency programmes – RightCare, Continuing Healthcare, New Models of Care, Urgent and Emergency Care, Self Care and Prevention, Getting It Right First Time (GIRFT), and the Carter productivity programme led by NHS Improvement – will support this process, and learning from early adopters is now available.

34. Improvements in operational productivity need to be accelerated within providers and across STPs to reduce unwarranted variation in quality and costs. Particular focus should be given to:

    - consolidation of pathology services and back office functions across STP footprints (and possibly wider);
    - compliance with the procurement of items on the mandated list and continuing to submit purchase order information for the Purchasing Price Benchmarking Index and taking action to move to best value items;
    - implementing Procurement, Hospital Pharmacy and Estates and Facilities Transformation Plans;
    - improved rostering systems and job planning to reduce the use of agency and increase clinical productivity, with reference to benchmarks and guidance around Care Hour Per Patient Day and Cost Per Care Hour metrics;
    - participating in the specialised commissioning savings programme for high cost drugs and devices; and
    - fully participating in the clinically led Getting it Right First programme by submitting any necessary data and enacting jointly agreed changes to clinical practice to reduce unwarranted variation.

35. Work to roll out Lord Carter's work in to the mental health and community provider sectors begins in autumn 2016, and providers and commissioners of these services are encouraged to participate.

National Tariff

36. The Tariff Engagement Document published in August 2016 proposed two major changes:
    - first, to set a national tariff for two years; and
    - second, to move from using HRG4 currency design to using phase 3 of HRG4+ complemented by an updated system of top-up payments in order to better reflect different levels of complexity and current clinical practice.

37. Subject to consultation, cost uplifts in the national tariff will be set at 2.1% for 2017/18 and 2.1% for 2018/19. The cost uplifts include revised projections for pay drift, the costs of the apprenticeship levy and pass through drugs and exclude HRG-specific uplifts included in tariff prices for Clinical Negligence Scheme for Trusts (CNST). As previously announced, the efficiency deflator will be set at 2% in both years.

38. We proposed in the Tariff Engagement Document that we move all follow up outpatient activity to a single block payment. The rationale was to reduce inappropriate outpatient follow-ups. This proposal was not widely supported by either commissioners or providers. We therefore intend as an alternative to increase the percentage of follow-up costs bundled into first attendances as follows:

    - 30% - adult surgical specialties and some medical specialties eg diabetes, cardiology and general paediatric medicine;
    - 20% - other medical specialties; and
    - 10% (ie no change) – oncology, haematology, paediatric specialties and areas where Best Practice Tariffs apply eg transient ischaemic attack.

39. We encourage local systems to consider more far reaching local payment reform to complement the redesign of first outpatient appointments and introduction of advice and guidance services under the proposed new CCG CQUIN, as well as to reduce inappropriate outpatient follow-ups, through local variations. Where local schemes are not in place, the default will be the approach set out above.

40. As announced in June, we will also publish the first new Innovation and Technology tariffs, drawing on the NHS Innovation Accelerator (NIA) programme, to incentivise take-up of the latest innovations across the NHS.

Education and Training Tariffs

41. To provide stability to providers, Health Education England (HEE) will not be introducing changes to the education and training tariff currency design before 1 April 2019. There are three possible exceptions to this:

    - The non-medical placement tariff. The Department of Health (DH) consultation on education funding reforms could lead to structural changes from September 2018. HEE will continue to fund the non-medical placement tariff on the same basis as 2016/17, provided there are no material changes to placement numbers;
    - Dental undergraduate tariff, where the Department of Health is proposing changes to the structure of the tariff from April 2018; and
    - The potential expansion of the standardised education and training tariff for primary care placements.

42. The Spending Review settlement means that there will be no increase to the education and training tariffs in both 2017/18 and 2018/19, both for clinical placement settings and the salary contributions that HEE currently pays for each post graduate placement (eg F1 doctors in training). Study leave course fees may be removed from the education and training tariff for postgraduate medical placements subject to the outcome of DH proposals currently under consideration.

43. Transition to national education and training tariff price, which has limited provider gains and losses on a year by year basis, will continue in line with original transition plan. The cap on annual losses will remain at £2m or 0.25% of income. In addition, the non-recurrent supplementary tariff relief provided by DH this year will not be repeated for 2017/18. That relief effectively negated for 12 months the 2% reduction across all education and training tariffs in 2016/17. The Department of Health intends to provide further guidance on the education and training tariffs for 2017/18 and 2018/19 in due course[1].

Sustainability and transformation funding

44. The provider sector is required to return to aggregate financial balance in 2017/18, including through use of the £1.8bn STF. This is again being made available to providers in 2017/18 and 2018/19. Our expectation is that sustainability funding must deliver at least a pound-for-pound improvement in the aggregate financial position.

45. It is intended that the overall disposition of the £1.8bn will be as follows: a £1.5bn general fund allocated on the basis of emergency care; a £0.1bn general fund allocated to non-acute providers; and a £0.2bn targeted fund. The operating rules of the existing £1.8bn STF are subject to agreement with the Department of Health and HM Treasury, and we will set out further details in due course.

46. The baseline for 2017/18 trajectories will be the agreed trajectories for 2016/17. Any provider whose plan for 2016/17 did not deliver one or more of the national standards for operational performance will not be able to reduce this baseline, and will have a trajectory to reach the national standards during 2017/18. All other providers will be expected to deliver the national standard and will submit assurance statements to this effect to NHS Improvement. If a provider does not deliver its performance trajectory during 2016/17 as a result of exceptional circumstances outside of its control, it can use the appeals process to NHS England and NHS Improvement and, if successful, NHS England and NHS Improvement may jointly agree to adjust its trajectory, but this will only very rarely be the case.

[1] The Department of Health and Health Education England are currently in discussion with NHS Improvement about the impact of the proposed changes to Education Tariffs

47. The 2016/17 Spending Review provided additional dedicated funding streams for core priorities, including mental health, cancer care, general practice, and technology, building up over the next five years:

- **Primary Care:** For 2017/18, NHS England has allocated around £8bn in primary medical care allocations (central and local), an increase of £301m over the previous year, and around £8.3bn in 2018/19 a further £304m increase. CCGs should also plan to spend approximately £3 per head (totalling £171m non-recurrently) in 2017/18 and 2018/19, from their existing allocations, for practice transformational support, as set out in the General Practice Forward View. Additional information is available in the General Practice Forward View Planning Requirements in Annex 6.
- **Mental Health:** To support the transformation of mental health services, dedicated funding will be available. This includes centrally-held transformation funding of £215m in 2017/18 and £180m in 2018/19.
- **Cancer:** Most of the extra funding needed to improve and expand cancer services is contained within CCG and specialised commissioning growing core budget allocations. However, there are several specific elements of the Cancer Taskforce which will be "kick started" with national funds, and these will be announced shortly.
- **Technology:** £4.2bn of additional transformation funding for technology programmes will be subject to a consolidated approvals process which brings together NHS England, DH and NHS Digital funding as part of the National Information Board and associated new Digital Delivery Board (DDB). Programme plans for the period from 2017/18 to 2020/21 have been developed at a national level, and are subject to confirmation and challenge by DDB. During 2016/17, health economies organised themselves into digital footprints and developed Local Digital Roadmaps which are their plans of how they will digitise the providers in their area and achieve integration of information across care boundaries over the coming years. During the next period, NHS England and NHS Digital will work with STPs to agree allocation of transformation funding to support delivery of their Local Digital Roadmaps.
- **Diabetes:** The NHS Diabetes Prevention Programme will be scaled up in 2017/18 and 2018/19 in two further phases of expansion, with appropriate national funding to support this. Additionally, we intend to launch a wider programme of investment in supporting the treatment and care of people who already have diabetes, for which CCGs will have the opportunity to bid for additional national funding of approximately £40m per year to promote access to evidence based interventions - improving uptake of structured education; improving access to specialist inpatient support and to a multi-disciplinary foot team for people with diabetic foot disease; and improving the achievement of the NICE recommended treatment targets whilst driving down variation between CCGs.

48. From 2017/18 onwards, the different streams of transformation funding will increasingly be targeted towards the STPs making most progress. However, this funding will need to be focused on full delivery of specific national programme objectives, rather than spread thinly everywhere. To minimise the administrative burden, we will ensure that the different application processes for different programmes are more co-ordinated, following the submission of STPs in October 2016. This will enable NHS England's Investment Committee to make investment decisions in time for the beginning of the 2017/18 financial year. Transformation funding will only be available to systems whose operational plans meet their required control total and performance trajectories.

49. Improving value in the NHS is at the heart of the Five Year Forward View. Over the course of this year NHS England has used the Best Possible Value (BPV) framework to make investment decisions for year two of vanguard funding and for transformation funding for mental health, cancer and maternity. The BPV framework is a structured approach to assessing the value of a particular project. It uses logic models and success hypotheses to estimate both quality benefits as well as financial return on investment and provide a robust mechanism for tracking the delivery of these benefits. For 2017/18 and 2018/19, the BPV framework will be used to assess most applications for transformation investments that are available for the NHS. We expect all STPs to have adopted value-based decision making processes based on the BPV framework, embedded from April 2017.

50. The capital environment remains very challenged with capital resources severely constrained. STPs will enable a clearer view of how capital funding can help deliver transformation. Provider capital plans will need to be consistent with clinical strategy and clearly provide for the delivery of safe, productive services with business cases that demonstrate affordability and value for money. Providers will need to continue to procure capital assets more efficiently, maximise and accelerate disposals and extend asset lives. We will shortly issue guidance on commissioner and provider capital processes for 2017/18 and 2018/19.

Risk reserve

51. In 2016/17 we asked CCG and primary care commissioners to ensure the 1% non-recurrent investment was uncommitted at the beginning of the year in order to create a risk reserve for the NHS, which could then be spent later in the year if commissioners and providers are on track to deliver their financial plans. In total this was worth circa £800m. To make sure we can manage the risks that both commissioners and providers face in 2017/18 and 2018/19, we will require a similar level of risk reserve, whilst nevertheless maximising purchasing power available to frontline services early in the year.

52. For 2017/18 and 2018/19 we will be looking to both commissioners and providers to help create the risk reserve, as part of a more collaborative and system-wide approach, and to complement the introduction of system control totals at STP level. As in 2016/17, release of the risk reserve to each local system will be dependent on delivery of its control total, subject to a satisfactory national risk profile. The risk reserve will be created from three components, totalling circa £830m:

    - CCGs will again be asked to ensure that 1% of their allocation is planned to be spent non-recurrently, but only half of this – equivalent to £360m – has to be uncommitted at the start of the year, with the other half being available for immediate investment.
    - NHS England will add circa £200m to this, funded from drawdown.
    - 0.5% of the local CCG CQUIN scheme will also be held within the risk reserve, contributing £270m. If a provider delivers its control total in 2016/17, the CQUIN will be paid at the beginning of 2017/18 to the provider, who will be required to hold it as a reserve until release is authorised (with CQUIN for 2018/19 linked to delivery in 2017/18). For providers that do not accept or deliver their control totals in the prior year the 0.5% CQUIN will be held by the CCG prior to potential release. In both instances this element of the risk reserve will be released for investment by the relevant providers when it is demonstrated that the system in question is delivering its control total.

CCG Business rules and allocations

53. The business rules for commissioners for 2017/18 and 2018/19 are set out in full in Annex E of the technical guidance. The key requirements are:

    - all CCGs are required to aim for in-year breakeven, with expectations set for the minimum level of improvement in deficit CCGs;
    - as in previous years, CCGs should plan for 1% non-recurrent spend:
        - 0.5% to be uncommitted and held as risk reserve (see above)
        - 0.5% immediately available for CCGs to spend non recurrently, to support transformation and change implied by STPs;
    - as was the case for 2016/17 and previous years, CCGs should also plan for 0.5% contingency to manage in-year pressures and risks; and
    - £0.4bn drawdown will be available supplemented by an increasing level of repayment of cumulative deficits, which will be used to fund:
        - a contribution to the risk reserve;
        - in-year CCG deficits (subject to the financial improvement rules set out in Annex E); and
        - drawdown for CCGs and primary care budgets, which have built up cumulative underspends above 1% in previous years.

54. Commissioner allocations may be refreshed to reflect the impacts of new tariff pricing and updated Identification Rules for specialised services. Any adjustments will be published on 21 October 2016.

55. The commissioner sector needs to continue to achieve a balanced position, and within this those CCGs that are currently in cumulative deficit need to recover their position as rapidly as possible. Deficit CCGs are expected to achieve at least breakeven position in-year and plan for return to cumulative underspend over the Spending Review period. Where this is not possible, they will be required as a minimum to improve their in-year position by 1% of allocation per year plus any above average allocation growth until the cumulative deficit has been eliminated and the 1% cumulative underspend business rule is achieved. Any variation from this to reflect exceptional circumstances will need to be agreed with the relevant NHS England regional team. Annex E of the technical guidance sets out further details of the expectations for CCGs in deficit.

56. In addition centrally held transformation funding to support delivery of the General Practice Forward View and Mental Health Forward View will be allocated to CCGs for 2017/18 and 2018/19. More details of the approach to this are set out in Annexes 6 and 8 of this document.

CQUIN and Quality Premium

57. The current CQUIN scheme enables providers to earn up to 2.5% of annual contract value if they deliver objectives set out in the scheme. For 2017/18 and 2018/19, the full 2.5% will continue to be available to providers. NHS England is intending to make two changes to the scheme.

58. First, continuing the arrangement of the current year, 1.5% of the 2.5% will be linked to delivery of nationally identified indicators. The indicator set has been streamlined, and with different indicator sets for different provider types. For acute and community services, the proposed national indicators cover six areas; there are five in mental health, and two each in ambulance services, NHS 111 and care homes. The indicators and their rationale are set out in Annex A of the technical guidance. NHS England will seek views over the next month on the measures and thresholds proposed for each indicator, through a new engagement exercise.

59. The national indicators include:
    - NHS staff health and wellbeing (all providers)
    - proactive and safe discharge (acute and community providers);
    - reducing 999 conveyance (ambulance providers)
    - NHS 111 referrals to A&E and 999 (NHS 111 providers);
    - reducing the impact of serious infections (acute providers)
    - wound care (community providers);
    - improving services for people with MH needs who present to A&E (acute and mental health providers);
    - physical health for people with severe mental illness (community and mental health providers);
    - transition for children and young people with mental health needs (mental health providers);

- advice and guidance services (acute providers);
- e-referrals (acute providers, 2017/18 only;) and
- preventing ill health from risky behaviours (acute providers 2018/19 only; community and mental health providers, both years)

60. Secondly, the remaining 1% will be assigned to support providers locally. 0.5% will be available subject to full provider engagement and commitment to the STP process. In effect, this will be a cost free indicator for providers with clear scope for earning the full amount. The remaining 0.5% is discussed in paragraph 52 above.

61. The Quality Premium scheme will continue to be offered to CCGs. This will also become a two-year scheme. The 2017/18 to 2018/19 scheme has evolved from the 2016/17 scheme, in that NHS England has streamlined the indicator set and:
    - retained indicators on Cancer Stage of Diagnosis and Patient Experience of Accessing their GP;
    - evolved the existing Anti-Microbial Resistance measure into a measure on Bloodstream Infections;
    - retained a locally selected indicator towards delivering the aims of the RightCare programme; and
    - introduced two new indicators, one to be selected from a Mental Health menu, and one focused on delivery of Continuing Healthcare.

62. The previous Gateway tests will continue to operate for the scheme, covering Finance, Quality and measures within the NHS Constitution. More detail is set out at Annex A of the technical guidance.

Specialised services and other direct commissioning

63. NHS England's commissioning intentions for specialised services are being published alongside this document. These set out national priorities for the six programmes of care, and region-specific priorities. Reviews that will impact in 2017/18 include Hyperbaric Oxygen Therapy, Prosthetics, Spinal Cord Injury, Paediatric Burns, Children's Epilepsy Surgery, Metabolic Medicine, Intestinal Failure and Paediatric critical care, transport, surgery and extra corporeal membrane oxygenation. The document also sets priorities for clinical and service reform, quality improvement and peer review including the payment system for secure mental health and critical care.

64. The new specialised services framework will enable STPs to include the contribution of specialised care to population based health services and outcomes. Through the continuation of the existing gain-share arrangements, CCGs will also be encouraged to unlock efficiencies across whole patient pathways. The national adoption of information rules by all providers will enable clearer identification and action on unwarranted variation in utilisation, efficiency and outcomes.

65. The contracting approach for specialised services is aligned to implementation of the Carter review. It includes: locally priced services reform, to reduce cost per weighted activity unit; a comprehensive multi-year medicines optimisation approach underpinned by CQUIN; and further reforms to the medical device supply chain, high cost drugs reimbursement and data flows.

66. The specialised services CQUIN scheme has been simplified and updated following engagement with providers over the summer. The multi-year approach introduced after dialogue in 2016/17 was supported and is continued. The overall funding structure for the scheme will remain as now with 2% of contract value for all acute providers, 2.5% for mental health providers, and 2.8% for hepatitis C lead providers. Furthermore, the incentive payment will be increased from "typical provider cost + 25%" to "typical provider cost + 50%". The scheme provides a sufficient range of CQUINs to be relevant to the service diversity of specialised providers whilst setting a limited number of CQUINs per contract, proportionate to the financial value of CQUIN investment. The largest acute and mental health provider will have ten and five CQUINs respectively, with an average three CQUINs per contract. NHS England will seek further views on the proposed specialised CQUIN indicators as part of the wider CQUIN engagement exercise in October 2016, and will publish any changes to the final scheme at the end of October 2016.

67. The approach outlined in this planning guidance will also apply to NHS England's other areas of direct commissioning as appropriate, including public health services, services for the armed forces, and healthcare for people in secure and detained settings.

Commissioning in the evolving system

68. Over half of CCGs now have delegated responsibility for commissioning primary medical care. CCGs indicate that this number will increase very significantly by April 2017, with almost all having delegated responsibility by the end of 2018/19. CCGs are also playing a bigger role in specialised services commissioning through the regional collaboration hubs. As part of devolution policy, joint working with local government is being strengthened across the country.

69. CCGs and Upper Tier Councils will need to agree a joint plan to deliver the requirements of the Better Care Fund (BCF) from 2017/18 via the Health and Wellbeing Board. The plan should build on the 2016/17 BCF plan, taking account of what has worked well in meeting the objectives of the fund, and what has not. CCGs will be advised of the minimum amount that they are required to pool as part of the notification of their wider allocation. BCF funding should explicitly support reductions in unplanned admissions and hospital delayed transfers of care. Further guidance on the BCF will be provided later in the autumn.

70. CCGs' role will continue to evolve. As new care models are established, the boundary between what is done by CCGs and by new integrated care providers will shift. However, there will continue to be a need for an effective commissioning function in the NHS. This includes acting as funder, setting local priorities and incentives, oversight of contracts, ensuring best value for the taxpayer, and ensuring the provision of a comprehensive local NHS within the available resources.

71. As part of this operational planning process, and within the context of STPs, CCGs will need to consider the opportunities for establishing new care models, the likely timetable for this and the implications for contracting. CCGs have a key role here in defining the scope of services for MCPs and PACS, engaging with local communities and providers over proposals, and running procurement processes. In particular, where the scope of MCP services includes services previously provided in hospitals, CCGs will need to agree revised contracts with the providers of these services. As part of the process for setting up new care models, NHS England will work with CCGs to ensure they have the capability and capacity to operate effectively in the changing provider landscape. This will include building on locally-led initiatives up and down the country for CCGs to work together across larger geographical footprints, for example, through joint appointments, integrated management and governance arrangements.

Annex 1

The Government's Mandate to NHS England, 2020 goals

1.	**Through better commissioning, improve local and national health outcomes, particularly by addressing poor outcomes and inequalities.**
1.1: CCG performance	Overall 2020 goal: • Consistent improvement in performance of CCGs against new CCG assessment framework.
2.	**To help create the safest, highest quality health and care service.**
2.1: Avoidable deaths and seven day services	Overall 2020 goals: • Roll out of seven day services in hospital to 100% of the population (four priority clinical standards in all relevant specialities, with progress also made on the other six standards), so that patients receive the same standards of care, seven days a week. • Achieve a significant reduction in avoidable deaths, with all trusts to have seen measurable reduction from their baseline on the basis of annual measurements. • Support NHS Improvement to significantly increase the number of trusts rated outstanding or good, including significantly reducing the length of time trusts remain in special measures. • Measurable progress towards reducing the rate of stillbirths, neonatal and maternal deaths and brain injuries that are caused during or soon after birth by 50% by 2030 with a measurable reduction by 2020. • Support the NHS to be the world's largest learning organisation with a new culture of learning from clinical mistakes, including improving the number of staff who feel their organisation acts on concerns raised by clinical staff or patients. • Measurable improvement in antimicrobial prescribing and resistance rates.

2.2: Patient experience	Overall 2020 goals: • Maintain and increase the number of people recommending services in the Friends and Family Test (FFT) (currently 88-96%), and ensure its effectiveness, alongside other sources of feedback to improve services. • 50-100,000 people to have a personal health budget or integrated personal budget (up from current estimate of 4,000). • Significantly improve patient choice, including in maternity, end-of-life care and for people with long-term conditions, including ensuring an increase in the number of people able to die in the place of their choice, including at home.
2.3: Cancer	Overall 2020 goals: • Deliver recommendations of the Independent Cancer Taskforce, including: o significantly improving one-year survival to achieve 75% by 2020 for all cancers combined (up from 69% currently); and o patients given definitive cancer diagnosis, or all clear, within 28 days of being referred by a GP.
3.	**To balance the NHS budget and improve efficiency and productivity.**
3.1: Balancing the NHS budget	Overall 2020 goals: • With NHS Improvement, ensure the NHS balances its budget in each financial year. • With the Department of Health and NHS Improvement, achieve year on year improvements in NHS efficiency and productivity (2-3% each year), including from reducing growth in activity and maximising cost recovery.
4.	**To lead a step change in the NHS in preventing ill health and supporting people to live healthier lives.**
4.1: Obesity and diabetes	Overall 2020 goals: • Measurable reduction in child obesity as part of the Government's childhood obesity strategy. • 100,000 people supported to reduce their risk of diabetes through the Diabetes Prevention Programme. • Measurable reduction in variation in management and care for people with diabetes.

4.2: Dementia	Overall 2020 goals: • Measurable improvement on all areas of Prime Minister's challenge on dementia 2020, including: o maintain a diagnosis rate of at least two thirds; o increase the numbers of people receiving a dementia diagnosis within six weeks of a GP referral; and o improve quality of post-diagnosis treatment and support for people with dementia and their carers.
5.	**To maintain and improve performance against core standards**
5.1: A&E, Ambulances and RTT	Overall 2020 goals: • 95% of people attending A&E seen within four hours; Urgent and Emergency Care Networks rolled out to 100% of the population. • 75% of Category A ambulance calls responded to within eight minutes. • At least 92% of patients on incomplete non-emergency pathways to have been waiting no more than 18 weeks from referral; no-one waits more than 52 weeks.
6.	**To improve out-of-hospital care.**
6.1. New models of care and general practice	Overall 2020 goals: • 100% of population has access to weekend/evening routine GP appointments. • Measurable reduction in age standardised emergency admission rates and emergency inpatient bed-day rates; more significant reductions through the New Care Model programme covering at least 50% of population. • Significant measurable progress in health and social care integration, urgent and emergency care (including ensuring a single point of contact), and electronic health record sharing, in areas covered by the New Care Model programme. • 5,000 extra doctors in general practice.
6.2: Health and social care integration	Overall 2020 goals: • Achieve better integration of health and social care in every area of the country, with significant improvements in performance against integration metrics within the new CCG Improvement and assessment framework. Areas will graduate from the Better Care Fund programme management once they can demonstrate they have moved beyond its requirements, meeting the Government's key criteria for devolution. • Ensure the NHS plays its part in significantly reducing delayed transfers of care, including through developing and applying new incentives.

6.3: Mental health, learning disabilities and autism	Overall 2020 goals: • To close the health gap between people with mental health problems, learning disabilities and autism and the population as a whole (defined ambitions to be agreed based on report by Mental Health Taskforce). • Access and waiting time standards for mental health services embedded, including: o 50% of people experiencing first episode of psychosis to access treatment within two weeks; and o 75% of people with relevant conditions to access talking therapies in six weeks; 95% in 18 weeks.
7.	**To support research, innovation and growth.**
7.1: Research and growth	Overall 2020 goals: • Support the Department of Health and the Health Research Authority in their ambition to improve the UK's international ranking for health research. • Implement research proposals and initiatives in the NHS England research plan. • Measurable improvement in NHS uptake of affordable and cost-effective new innovations. • To assure and monitor NHS Genomic Medicine Centre performance to deliver the 100,000 genomes commitment.
7.2: Technology	Overall 2020 goals: • Support delivery of the National Information Board Framework 'Personalised Health and Care 2020' including local digital roadmaps, leading to measurable improvement on the new digital maturity index and achievement of an NHS which is paper-free at the point of care. • 95% of GP patients to be offered e-consultation and other digital services; and 95% of tests to be digitally transferred between organisations.
7.3 Health and work	Overall 2020 goals: • Contribute to reducing the disability employment gap. • Contribute to the Government's goal of increasing the use of Fit for Work.

Annex 2

The CCG Improvement and Assessment Framework

NHS England introduced a new Improvement and Assessment Framework for CCGs (CCG IAF) from 2016/17 onwards, to replace both the previous CCG Assurance Framework and separate CCG performance dashboard. In the Government's Mandate to NHS England, this new framework takes an enhanced and more central place in the overall arrangements for public accountability of the NHS.

The Five Year Forward View (5YFV), NHS Planning Guidance and the Sustainability and Transformation Plans (STPs) for each area, are all driven by the pursuit of the "triple aim": (i) improving the health and wellbeing of the whole population; (ii) better quality for all patients, through care redesign; and (iii) better value for taxpayers in a financially sustainable system. The new framework aligns key objectives and priorities, including the way we assess and manage our day-to-day relationships with CCGs.

The CCG IAF has been designed to supply indicators for adoption in STPs as markers of success. In turn those plans will provide vision and local actions that will populate and enrich the local use of the CCG IAF.

The NHS can only deliver the 5YFV through place-based partnerships spanning across NHS commissioners, local government, providers, patients, communities, the voluntary and independent sectors. To ask CCGs to focus solely on what resides exclusively within their own organisational locus would miss out what many are doing, and artificially limit their influence and relevance as local system leaders. In both the CCG IAF, and STPs, we give primacy to tasks-in-common over formal organisational boundaries.

The CCG IAF is available on the NHS England website.

Annex 3

NHS Improvement Single Oversight Framework

In September 2016 NHS Improvement published the Single Oversight Framework which has five themes:

- Quality of care (safe, effective, caring, responsive): we will use CQC's most recent assessments of whether a provider's care is safe, effective, caring and responsive, in combination with in-year information where available. We will also include delivery of the four priority standards for seven day hospital services.
- Finance and use of resources: we will oversee a provider's financial efficiency and progress in meeting its financial control total, reflecting the approach taken in strengthening financial performance and accountability. We are co-developing this approach with CQC.
- Operational performance: we will support providers in improving and sustaining performance against NHS Constitution standards and other, including A&E waiting times, referral to treatment times, cancer treatment times, ambulance response times, and access to mental health services. These NHS Constitution standards may relate to one or more facets of quality (i.e. safe, effective, caring and/or responsive).
- Strategic change: working with system partners we will consider how well providers are delivering the strategic changes set out in the 5YFV, with a particular focus on their contribution to sustainability and transformation plans (STPs), new care models, and, where relevant, implementation of devolution.
- Leadership and improvement capability (well-led): building on the joint CQC and NHS Improvement well-led framework, we will develop a shared system view with CQC of what good governance and leadership look like, including organisations' ability to learn and improve.

By focusing on these five themes NHS Improvement will support providers to improve to attain and/or maintain a CQC 'good' or 'outstanding' rating. Quality of care, finance and use of resources, and operational performance relate directly to sector outcomes. Strategic change recognises that organisational accountability and system-wide collaboration are mutually supportive. Leadership and improvement capability are crucial in ensuring that providers can deliver sustainable improvement.

The Single Oversight Framework is available on the NHS Improvement website

Annex 4

October Guidance on STPs

The Five Year Forward View set out our shared ambition to improve health, quality of care and efficiency within the resources given to us by Parliament. This 'triple aim' will only be achieved through local health and social care organisations working together in partnership with the active involvement of patients, stakeholders, clinicians and staff. Sustainability and Transformation Plans are the means of delivering these objectives in each local health and care system.

In June, each STP area shared its emerging thoughts on the three to five critical issues in its locality. As discussed in our conversations during July, we now expect to see plans with more depth and specificity. We recognise that each area is at a different starting point and that you will be able to provide more detail in 17/18 than later years but the October submission should build on the previous STP guidance issued in April and:

- Set out your plan to address the feedback from our July conversation. We don't need another lengthy narrative. It would be helpful if you could provide a summary sheet or 'plan on a page' to set out your overall aims, highlighting key changes between the June and October submissions. This should also include a crisp articulation of the tangible benefits to patients and communities.
- Provide more depth and specificity on how you plan to implement the proposed schemes as annexes. Illustrative PIDs and templates that other footprints have developed will follow to support you in this process. Any proposed shifts in activity from the acute sector should be accompanied by a clear plan to build strong primary care and community based services to provide the appropriate alternative care. Whatever format you choose, your plan will need to set out a clear set of milestones, outcomes, resources and owners for each scheme, as well as overarching risks, governance and interdependencies. This should include which organisation is involved in each initiative to allow you and us to triangulate your STP with local operational plans. We recognise that your plans will be more detailed for 17/18 and 18/19 and more high-level thereafter and subject to the normal rules around consultation and engagement.
- Ensure your plan is underpinned by the finance template and shows the impact on activity, benefits (costs and returns), capacity, workforce and investment requirements over time. We expect calculations to build from a whole-system view developed in collaboration with local government colleagues. Further guidance will be provided separately.

- Set out the measurable impacts of your STP. These will reflect local priorities and show how your local metrics link to the three to five key issues identified in your June submission as well as national metrics agreed with the Department of Health. These are likely to include measurements already captured in the CCG Improvement and Assessment Framework and NHS Improvement's Single Oversight Framework such as emergency admissions, bed days per 1000, A&E and RTT performance as well as delivery against elements of the cancer, mental health and primary care plans. Further information will follow.
- Include a brief statement setting out how you envisage better integration between health and social care commissioning and services could support the overall objectives of your STP and proposals for working between the leadership of the STP and the health and social care integration plan if these are different. The LGA have also produced a tool to support integration (to follow).
- Set out the degree of local consensus amongst organisations and plans for further engagement. It would be useful to know the degree of support your proposals command, the extent that you have engaged stakeholders and the public so far, and your plans for further engagement with patients, stakeholders, clinicians, communities, staff and other partners and how you have held meaningful strategic conversations with both NHS boards, CCG governing bodies and local government leaders (Local Authority arrangements will vary across the country so you should seek the advice of your LA CEO on who best to involve and when). We have produced guidance on engagement and consultation to support you in this (published 15 September 2016).
- Continue to develop your estates strategy to deliver your service strategy; identifying and valuing the opportunities for estates rationalisation and land disposal (as well as funding sources) and any key interdependencies. The strategic estates advisers that supported CCGs in the preparation of their initial Local Estates Strategies will continue to be available to support you.

In order to plan effectively you will need to know the business rules and planning assumptions going forward, including how transformation funds and control totals will be agreed. We will therefore publish the Planning Guidance for your operational plans today – three months earlier than previous years – and we will be in touch to arrange a briefing in advance of publication.

STPs will be system-wide and set out how to deliver locally agreed objectives, how activity will flow between care settings and what each organisation needs to do to deliver the system-wide plan. Operational plans will be at the level of individual CCGs and NHS providers and capture each organisation's plans for quality improvement, activity and operational performance, including the reconciliation of finance, activity and workforce plans. This year, operational plans will cover 2017/18 and 2018/19, i.e. years two and three of the STP. The aggregate of all operational plans in a footprint need to be consistent with the STP. Operational plans will be expected to reconcile to STPs.

As you will need to move swiftly from STP to contract agreement, it is important that the key metrics in terms of activity trajectory and outline finance allocated are addressed within the STP.

Producing system wide STPs and earlier operational plans and contracts will be challenging for us all. Nevertheless, this offers a real opportunity to ensure that operational plans reflect our strategic intent rather than simply rolling forward last year's business model and to free up headroom in 2017 so that we can focus on delivering our plans rather than negotiating them.

Our Regional directors will continue to support you in this process and will provide feedback on your STP in November so you can feed this into the planning round. The role of the STP and the Footprint leader is a vital and evolving one and we will work with you to understand how we can best support each other as we move towards implementation.

Further information on available support will follow separately including a timeline of key milestones.

Submission

Plans need to be submitted by Friday, 21 October by 5pm to england.fiveyearview@nhs.net, copying in your Regional directors.

Annex 5

NHS England and NHS Improvement approach to establishing shared financial control totals

Contents

1. Introduction

This annex covers the development and implementation of system control totals for 2017/18 and 2018/19.

The intent of system control totals is threefold:

- To sustain the commitment to collaboration developed across health economies through the STP process and reduce the incentives for individual organisations to optimise their own financial position at the expense of the wider system as the focus moves to operational planning and delivery;
- To create the flexibility for local systems to implement transformational change without being constrained by any resulting shifts in financial performance as between individual organisations;
- To maximise the likelihood of success in managing overall financial delivery risk in the system by fostering shared risk management approaches across health economies.

System-wide control totals are intended to complement rather than replace individual organisational control totals, and all organisations will therefore be held accountable for delivering both their individual control total and the relevant overall system control total.

The degree of flexibility offered to individual systems will depend on their appetite for collaborative financial management and the maturity of the processes and governance they put in place to support it. For 2017/18 this will be on a 'by application' basis. Flexible system controls will become the default from 2018/19, though each area will still be required to demonstrate that it has the appropriate mechanisms in place to ensure successful functioning of a shared control total.

2. Setting control totals

System control totals for each STP area are being developed and will be communicated to STP leaders to ensure that STP submissions in October deliver financial balance on a national basis in 2017/18 and 2018/19 and in each system by 2020/21. For 2017/18 and 2018/19 these system control totals will be derived from NHS England and NHS Improvement draft requirements of individual organisations (including direct commissioning on a basis consistent with the STPs) but will also take into account insights from the modelling undertaken to date by individual areas. These control totals should then be reflected in final STPs.

We expect individual operational plans to be a direct disaggregation of the agreed STPs to the component organisations, and the resulting individual control totals for operational planning and delivery should add up to the agreed STP control totals.

3. Scope and geography for system control totals

Control totals will be applied across providers and CCGs together.

For operational purposes, the system control total will exclude direct commissioning (other than delegated primary medical care) at least for the next two years. Ambulance trusts and highly specialised organisations with predominantly national remits will also be similarly excluded, as will local authorities. However, systems will need to consider the financial impact of their decisions on these other organisations.

The default is for operational control totals to apply to the same geography as the STP. However, larger STP areas may wish to propose to NHS England and NHS Improvement a subdivision of their geography for these purposes, with separate system control totals (and governance arrangements) for each subdivision, where this is better suited to operational collaboration and risk management. The subdivisions must cover the entire STP area between them, and each must be of a demonstrably sufficient size to provide appropriate risk pooling. System control totals are not expected to operate over a wider footprint than an STP.

4. Flexibility

Systems will also be able to apply for in-year flexibility to vary individual control totals whilst maintaining the overall system control total. System control total flexibilities can be applied within a given financial year only, not across financial years.

Shifts can only be made prospectively, for example to allow for the financial impacts of an agreed transformation plan or planned changes to patient flows. Systems may apply for changes to control totals at the planning stage and then quarterly thereafter.

Any changes will be subject to joint approval by the NHS England and NHS Improvement regional teams. As well as the inherent merits of individual proposals this will need to take into account the need for the provider sector to achieve aggregate financial balance in 2017/18 and 2018/19 and for the NHS England Group – comprising NHS England and CCGs – to live within its statutory resource limits.

The system control total approach will routinely apply to the planned underspend or deficit of the control group, but areas may also wish to explore combined arrangements for contingency, 1% non-recurrent spend, or other specific business rules. Where this option is taken, areas must ensure that such agreements are clearly documented and transparent.

Local system leaders should also give consideration to joint approaches to the accessing and deployment of national transformation resources, collaboration arrangements and pooled budgets with local authorities and gain share arrangements with specialised commissioning.

5. Local management arrangements

Areas will need to articulate the monitoring and management arrangements that will be put in place to ensure that a system control total can operate effectively. This is particularly important where they are seeking to apply the flexibilities outlined above. The arrangements will need to include the following:

- An oversight group comprising the leaders across the health economy with a named chair and including senior financial representation;
- Terms of reference which clearly articulate the limit of the group's decision making and how any escalation and dispute resolution will be managed;
- Arrangements for the operation of the group which have been approved by the boards or governing bodies of the constituent organisations;
- Reporting arrangements to receive timely financial and performance information to allow monitoring of performance against the control total and other related factors such as delivery of efficiency savings and CIPs plans; and
- Scenario planning which has been discussed and agreed by the group showing how delivery of the system control total will operate in various scenarios, where individual organisations fall short of their control total.

These arrangements will form a key part of any application for additional flexibilities and will also be subject to NHS England and NHS Improvement assurance processes.

6. Reporting

Reporting requirements for system control totals will be multi-level.

Each individual organisation will continue to report financial performance through its own governance route and in addition as part of the system control group.

NHS England and NHS Improvement will continue to monitor and report the financial performance of individual organisations against their agreed plans.

The system control total will provide a mechanism for monitoring the financial performance of an STP compared with its agreed strategy, and thus whether the STP's progress towards financial sustainability is being delivered. NHS England and NHS Improvement will put additional reporting mechanisms in place to allow us collectively to monitor performance against system control totals.

7. Benefits realisation

Establishing flexible system control total processes is not an end in itself but should be seen as a means for seeking improvement across the system that could not otherwise be achieved.

In designing their arrangements and applying for flexibilities, areas should consider how tangible benefits will flow from establishing the control total. Benefits may arise in the following ways:

Direct financial improvement – establishing a system control total may allow for greater certainty over income and expenditure within the health economy which may in turn allow for a more positive system control total than the sum of the individual control totals.

Improved risk management – working collaboratively across a control group may lead to an enhanced ability to manage financial risk across the health economy and hence improved risk management. This may then allow for earlier and greater release of risk reserves for investment.

Improved use of/reduction in admin resources – collaborative working across the health economy may yield benefits from a resource perspective, for example by combining programme offices, reducing the amount of resource dedicated to generating and challenging provider income claims, or negotiating contracts and disputes. Health economies may also wish to look at collaboration on common resources such as drugs purchases and call centre arrangements.

Behavioural change – in combination with the STP process, the establishment of a system control total approach may provide a better platform for medium term change by breaking through organisational barriers and helping to align the leaders of the health economy behind a common purpose. Behavioural change may provide short term measurable benefit if conflicting incentives are removed from the system and organisations are therefore acting in a goal congruent manner.

8. Application processes

Any systems wishing to manage system control totals over smaller operational footprints than the STP area should set out their proposals, including the rationale and supporting information in relation to the criteria set out above. This should be sent to NHSCB.financialperformance@nhs.net by 31st October 2016 for review and discussion with regional teams, leading to confirmation by 30th November 2016.

Those systems wishing to apply for flexibility in operating their operational control totals for 2017/18 should submit a proposal covering the following:

- A description of how the control total will operate, including the planned footprint, any initial flexibility proposals and the likely further flexibility required during the financial year;
- The accountability proposals;
- The oversight and monitoring arrangements for the operation of the control total;
- The additional reporting arrangements that will be required;
- An explanation of the expected benefits, including how these will be measured; and
- Any considerations for specialised services commissioning or provision, and any other cross border issues relevant to the application.

Annex 6

General Practice Forward View planning requirements

1.1 Introduction

This technical annex outlines the planning requirements of CCGs to support implementation of the General Practice Forward View (GPFV)

The GPFV, published on 21 April 2016, sets out our investment and commitments to strengthen general practice in the short term and support sustainable transformation of primary care for the future. It includes specific, practical and funded investment in five areas – investment, workforce, workload, practice infrastructure and care redesign.

Many of the actions in the GPFV are for NHS England, Health Education England and the Care Quality Commission to take forward. This guidance focuses on the actions needed to implement the more local aspects.

Strengthening and transforming general practice will play a crucial role in the delivery of STP plans, and already many STP footprints are integrating the aims and more local elements of the GPFV into the system wide plans. To complement this, CCGs should similarly translate the aims and key local elements of the GPFV into their more detailed local operational plans. This technical annex distils the priorities that CCGs should consider as they develop these local plans. Some of these are for CCGs to consider alone; others are for CCGs to consider working in collaboration.

CCGs will need to submit one GPFV plan to NHS England on 23 December 2016, encompassing the specific areas outlined in this guidance. Plans will need to reflect local circumstances, but must – as a minimum – set out:

- How access to general practice will be improved
- How funds for practice transformational support (as set out in the GPFV) will be created and deployed to support general practice
- How ring-fenced funding being devolved to CCGs to support the training of care navigators and medical assistants, and stimulate the use of online consultations, will be deployed.

1.2 Investment

The NHS England allocations for primary care (medical) were published for five years.

This sets out that in 2017/18 and 2018/19 there will be an increase in funding for core local primary medical allocations of £231 million and then a further £188 million on top respectively. In addition to those allocations, other primary care funding is available for specific purposes as part of the £500 million plus sustainability and transformation package announced in the GPFV, as detailed below, as well as specific extra funding to support improvements in access to general practice, and improvements in estates and technology.

1.2.1 Elements of the sustainability and transformation package

a) Transformational support 2017/18 and 2018/19 from CCG allocations

CCGs should also plan to spend a total of £3 per head as a one off non-recurrent investment commencing in 2017/18, for practice transformational support, as set out in the GPFV. This equates to a £171million non- recurrent investment. This investment should commence in 2017/18 and can take place over two years as determined by the CCG, £3 in 17/18 or 18/19 or split over the two years. The investment is designed to be used to stimulate development of at scale providers for improved access, stimulate implementation of the 10 high impact actions to free up GP time, and secure sustainability of general practice. CCGs will need to find this funding from within their NHS England allocations for CCG core services.

b) Online general practice consultation software systems

The £45 million funding for this programme (over three years), announced in the GPFV, will start to be deployed in 2017/18 with £15 million devolved to CCGs along with rules and a specification, and a further £20 million in 2018/19.

The allocations to each CCG will be based upon the estimated CCG registered populations for 2017/18 and 2018/19, which can be found in the "GP Registration Projections" tab of Spreadsheet file B.

CCGs can calculate their share of the funding in 2017/18 by multiplying the £15 million total by their registered population figures in column X within the "GP Registrations Projections" tab of the Spreadsheet file B, and then dividing by the total number of registered patients in England of 58,173,725.

Likewise, CCG shares for 2018/19 can be calculated by multiplying the £20 million total by their registered population figures in column Y, and dividing by the total number of registered patients in England of 58,592,211.

CCGs will be accountable for this spend to deliver the specification outlined. Further details on the specification and monitoring arrangements will be shared in due course.

c) Training care navigators and medical assistants for all practices

The £45 million funding for this programme (over five years) announced in the GPFV, totals £10 million in 2017/18 and £10 million in 2018/19, with £5 million already allocated in 2016/17. Again, this funding will be devolved to NHS England local teams or delegated CCGs based on their share of registered patients as a percentage of the England total.

The allocation for 2017/18 for each CCG area will be their total estimated registered population for that year, shown in column X of the "GP Registration Projections" tab of Spreadsheet file B divided by the total estimated registered patients in England, of 58,173,725 multiplied by the £10 million total.

Likewise, the allocation for each CCG area is the estimated CCG registered lists figure in column Y of the "GP Registration Projections" tab of Spreadsheet file B divided by the total of patients in England of 58,592,211 multiplied by the £10 million total.

CCGs will be accountable for this expenditure to deliver the specification outlined for this work, with details on the specification and monitoring arrangements being shared in due course.

d) General Practice Resilience Programme

The £40 million non-recurrent funding for the General Practice Resilience Programme (over four years) announced in the GPFV, has already begun to be deployed, with £16 million already allocated in 2016/17. Funding for this programme in 2017/18 totals £8 million, and a further £8 million in 2018/19.

This funding will be delegated to NHS England local teams on a fair shares basis as set out in the published guidance document , which contains the details of the allocations. NHS England local teams should ensure these amounts are included in their plans.

A number of other elements of the package are being held centrally. Some schemes have already started and announcements will be made in due course as to how further funding for these will be spent and distributed, or how centrally commissioned arrangements can be accessed. Commissioners of GP services should not currently factor any of the funding for these schemes into their plans.

1.2.2 Funding to improve access to general practice services

This funding is being targeted at those areas of England which had successful pilot sites in 2015/16, known as the "Prime Minister's Challenge Fund" or "General Practice Access Fund" sites.

CCGs should plan to receive £6 per weighted patient for each of these sites in 2017/18 and £6 per weighted patient in 2018/19.

The programme will expand in 2017/18, bringing the total investment up to over £138m million. This funding will be recurrent. There will be further funding coming on stream in 2018/19, totalling £258 million. This additional funding will be allocated across all remaining CCGs to support improvements in access, as £3.34 per head of population and as set out in the 'improved access' section of this document.

It has been agreed that, given some of the unique characteristics of London, the funding for London schemes will be available to be deployed to support improvements across the whole of the geographical area. Further information will be available through NHS England (London).

Further background details on improving access to general practice are available here.

1.2.3 Estates and Technology Transformation Fund (primary care)

CCGs were invited to bid for funding from 2016/17 onwards as set out in guidance issued in May 2016. Details of the process and milestones are also included in that guidance.

CCGs will receive confirmation that a bid has been successful shortly.

1.2.4 Other funding for general practice

There will also be some non-recurrent funding held nationally to support GPFV commitments in a number of areas, including growing the general practice workforce, premises and the national development programme. In addition, there will be increases in a number of national lines to support the promised increase in investment in general practice set out in the GPFV. This includes:

- increases in funding for GP trainees funded by Health Education England;
- Increases in funding for nationally procured GP IT systems;
- Increases in the section 7A funding for public health services, which support payments to GPs for screening and immunisation services; and
- 3,000 new fully funded practice-based mental health therapists to help transform the way mental health services are delivered.

The GPFV also assumes that there will continue to be increases in CCG funding to general practice (currently totalling around £1.8 billion in 2015/16) at least equal to, and ideally more than, the increases in CCG core allocations which are 2.14% in 2017/18 and 2.15% in 2018/19.

1.3 Care redesign

As part of their GPFV plan, CCGs should have a clear, articulated vision of the care redesign that will deliver sustainable services today and transformed services tomorrow. This will be part of their STP's vision. This should include details of the changes to be made to redesign services for improved outcomes, including the ways in which greater use will be made of selfcare, technology and a wider workforce, and other actions to address challenges with general practice capacity.

CCGs should agree a plan for implementation of these changes across all member practices and other providers, with an indication of how this has been developed in co-production with primary care providers themselves.

1.3.1 Improved access

As outlined in the investment section, NHS England will provide additional funding, on top of existing primary medical care allocations to enable CCGs to commission and fund extra capacity to ensure that everyone has access to GP services, including sufficient routine and same day appointments at evenings and weekends to meet locally determined demand, alongside effective access to other primary care and general practice services such as urgent care services.

CCGs will be required to secure services following appropriate procurement processes.

Recurrent funding to commission additional capacity and improve patient access will increase over time. In 2017/18 CCGs with General Practice Access Fund Schemes, and a number of additional geographies identified across the country which will accelerate delivery of improving GP access, will receive recurrent funding of £6 per head of population (weighted) to commission improved access. In 18/19, this will expand to enable remaining CCGs to improve access, with £3.34 available in 2018/19 for those remaining CCGs. In 2019/20 all CCGs will receive at least £6 per head extra recurrently for those improvements in general practice.

In order to be eligible for additional recurrent funding, CCGs will need to commission and demonstrate the following:

Timing of appointments:

- commission weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6:30pm) – to provide an additional 1.5 hours a day;
- commission weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs;
- provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week; and
- appointments can be provided on a hub basis with practices working at scale.

Capacity:

- commission a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population.

Measurement:

- ensure usage of a nationally commissioned new tool to be introduced during 2017/18 to automatically measure appointment activity by all participating practices, both in-hours and in extended hours. This will enable improvements in matching capacity to times of high demand.

Advertising and ease of access:

- ensure services are advertised to patients, including notification on practice websites, notices in local urgent care services and publicity into the community, so that it is clear to patients how they can access these appointments and associated service;

- ensure ease of access for patients including:
  - all practice receptionists able to direct patients to the service and offer appointments to extended hours service on the same basis as appointments to non-extended hours services
  - patients should be offered a choice of evening or weekend appointments on an equal footing to core hours appointments.

Digital:
- use of digital approaches to support new models of care in general practice.

Inequalities:
- issues of inequalities in patients' experience of accessing general practice identified by local evidence and actions to resolve in place.

1.3.2 Effective access to wider whole system services

- Effective connection to other system services enabling patients to receive the right care from the right professional, including access from and to other primary care and general practice services such as urgent care services

During 2017/18 CCGs should ensure 100% coverage of extended access (evening and weekend appointments) is achieved in GP Access Fund sites and a number of additional geographies identified across the country which will accelerate delivery of improving GP access.

In 2018/19 and 2019/20, we expect this roll out to continue. Remaining CCGs will be required to start access improvement in 2018/19, with funding at £3.34 per head of population for the year, and achieve 100% coverage from April 2019, when funding will reach at least £6 per head of population in 2019/20.

CCGs will need to provide plans outlining their approach to improved access by 23 December 2016 as part of their GPFV plan. This should include trajectories on improved access coverage for their local population.

There are currently significant inequalities in different groups' experience of access. Whilst making changes designed to improve access, CCGs should ensure that new initiatives work to reduce inequalities as well as improve overall access.

1.3.3 Time for Care Programme

In July 2016, NHS England set out plans to establish a new national development programme for general practice – Time for Care. CCGs will want to consider identifying a senior person to lead local work to release staff capacity in general practice. They will be an important part of championing the 10 High Impact Actions to release time for care, support the planning of care redesign programmes and act as a link with NHS England development leads. Where appropriate, they will also support local practices in submitting expressions of interest for the Time for Care and General Practice Improvement Leaders programmes.

CCGs should have clear plans for how they will support the planning and delivery of a local Time for Care development programme, to implement member practices' choice of the 10 High Impact Actions. This could include details of:

- how this piece of practice development is being aligned with other developments locally such as technology and estates investment, workforce development and improved collaboration between providers, and
- the investment being made by the CCG to create headroom for practices to engage in development.

1.3.4 Deployment of funding for reception and clerical staff training, and online consultation systems

CCGs are not required to submit a plan to the national NHS England team prior to beginning to spend funds allocated for training in active signposting and document management, or supporting the purchase of online consultation systems. However, they will be required to report on their use of this funding on a regular basis, as part of wider arrangements for monitoring GPFV activity.

The funding will be allocated equally between all CCGs on a capitated basis. The first tranche of funds were transferred in September 2016, but future allocations will be made near the beginning of each financial year.

It will usually be preferable for practices to undertake training or innovation adoption in local cohorts, rather than on an ad hoc basis. CCGs may wish to consider pooling funding with others in their STP footprint. Reporting of GPFV activity will allow CCGs to indicate where this is being done.

As part of their GPFV plan, CCGs should describe how these two new funds will be used for member practices, and may wish to do this collaboratively across the STP footprint. This should include evidence that the plan:

a) has been developed in consultation with general practices themselves;
b) will be delivered in alignment with other development activities such as local Time for Care programmes, and wider workforce and technology strategies;
c) includes plans to use early adopters to help spread innovations in workforce and technology; and
d) provides assurance that this funding is ring-fenced for the intended purposes.

1.4 Workforce

In their GPFV plans, CCGs will want to include a general practice workforce strategy for the local system that links to their service redesign plans. These should be clear about the current position, areas of greatest stress, examples of innovative workforce practices, the planned future model and actions to get there.

For example, the plans could include:

- a baseline that includes assessment of current workforce in general practice, workload demands and identifying practices that are in greatest need of support;

- workforce development plans which set out future ways of working including the development of multi-disciplinary teams, support for practice nursing and establishing primary care at scale;
- commitment to develop, fund and implement local workforce plans in line with the GPFV and that support delivery of STPs;
- initiatives to attract, recruit and retain GPs and other clinical staff including locally designed and nationally available initiatives;
- actions to ensure GPs are operating at the top of their license, for example through use of clinical pharmacists in a community setting and upskilling other health care professionals to manage less complex health problems;
- actions which facilitate an expanded multi-disciplinary team and greater integration across community services to optimise out of hospital care for patients including access to premises, diagnostics, technology and community assets.

NHS England has retained some national funds to support workforce developments as indicated in the investment section. This includes:

a) **International recruitment**: NHS England will produce a framework for CCGs along with other partners to recruit doctors internationally and will fund several overseas recruitment projects for up to 500 doctors nationally. Further information will be available by the end of December 2016.

b) **Clinical pharmacists in general practice:** in addition to the clinical pharmacist recruited in phase one, additional funding will be available (as set out in the GPFV) for providers over the next three years to assist in costs of establishing the role in practices. Further information will be made available by December 2016.

c) HEE and NHS England will produce frameworks and models to support the expansion of physician associates, medical assistants and physiotherapists.

1.5 Workload

Guidance for the General Practice Resilience Programme sets out indicative funding allocations of £8 million each year for 2017/18 and 2018/19 for NHS England Regional teams to deliver a menu of support to help practices become more sustainable and resilient. Local teams should work in partnership with STPs and CCGs to ensure this funding is used to target support at areas of greatest need and work in line with the processes set out in the operational guidance to deliver upstream support for practices. Local teams will keep their assessments of practices to be selected for support under six-monthly review and by July and January of each financial year will be able to confirm their list of practices prioritised for support and that agreed action plans for delivery of support to these practices are in place.

For people living with long term conditions, self care is usual care. STP footprints should ensure that people living with long term conditions reporting low levels of support or confidence to self care (or for those STPs using the Patient Activation Measure, low levels of activation) undertake regular personalised care and support planning and are signposted to tailored support. Personalised care and support planning should take place in general practice and should produce a single care plan, which is owned by the patient and shared with the system.

Commissioners should also have established pathways of care that integrate with community pharmacy. For example, we would expect CCGs to have considered the value provided by a community pharmacy based minor ailments service and also the contribution to better medicines use by patients with long terms conditions – both of which are expected to have a positive impact on patient experience and practice workload.

1.6 Practice infrastructure

CCGs should have clear local estates and digital roadmaps which lay out the plans to create the infrastructure to support new models of care. These should deliver against the requirements set out in recent guidance (Local Estates Strategies: A Framework for Commissioners and the GP IT Operating Model 2016/18).

Estates and technology schemes funded or part funded by the Estates and Technology Transformation Fund must meet the specified core criteria. NHS England will work with CCGs to agree the pipeline of investments.

Digital Roadmaps, as highlighted in the GP IT Operating Model 2016/18, should set out priorities and deliverables for each year. Interoperability must feature as must the pursuit of innovative technologies to transform triage and consultations with patients to alleviate workload pressures.

Annex 7

Cancer services transformation planning requirements

2017/18	2018/19	Metrics
Strengthen existing tobacco controls and smoking cessation services, in line with reducing smoking prevalence to below 13% nationally by 2020	Strengthen existing tobacco controls and smoking cessation services, in line with reducing smoking prevalence to below 13% nationally by 2020	Smoking prevalence in adults in routine and manual occupations (PHOF 2.14; annual; PHE)
Increase uptake of breast, bowel and cervical cancer screening programmes	Increase uptake of breast, bowel and cervical cancer screening programmes	Cancer screening uptake rates (PH Outcomes Framework 2.20i-iii; annual; PHE) Stage at diagnosis
Drive earlier diagnosis by: A. Implementing NICE referral guidelines, which reduce the threshold of risk which should trigger an urgent cancer referral B. Increasing provision of GP direct access to key investigative tests for suspected cancer	Drive earlier diagnosis by: A. Implementing NICE referral guidelines, which reduce the threshold of risk which should trigger an urgent cancer referral B. Increasing provision of GP direct access to key investigative tests for suspected cancer	A. Stage at diagnosis B. GP direct access to tests used for suspected cancer in Diagnostic Imaging Dataset (official statistics; monthly; NHS England statistics)

2017/18	2018/19	Metrics
Commission sufficient capacity to ensure 85% of patients continue to meet the 62 day standard by: A. Identifying any 2017/18 diagnostic capacity gaps B. Improving productivity or implementing plans to close these immediate gaps	Commission sufficient capacity to ensure 85% of patients continue to meet the 62 day standard and to begin to meet the 28 day faster diagnosis standard by: A. Identifying any 2018/19 diagnostic capacity gaps. B. Improving productivity or implementing plans to close these immediate gaps	62-day cancer waiting times (official statistics, monthly, NHS England statistics) Stage at diagnosis A. Submission of planning trajectories for activity (diagnostic tests; endoscopy tests) (annual, NHS England) B. Diagnostic Waiting Times (official statistics; monthly; NHS England Statistics)
Ensure all parts of the Recovery Package are available to all patients including: A. Ensure all patients have a holistic needs assessment and care plan at the point of diagnosis and at the end of treatment B. Ensure that a treatment summary is sent to the patient's GP at the end of treatment C. Ensure that a cancer care review is completed by the GP within six months of a cancer diagnosis	Ensure all parts of the Recovery Package are available to all patients including: A. Ensure all patients have a holistic needs assessment and care plan at the point of diagnosis and at the end of treatment B. Ensure that a treatment summary is sent to the patient's GP at the end of treatment C. Ensure that a cancer care review is completed by the GP within six months of a cancer diagnosis	Local data collection Currently piloting collection of HNA data using COSD (PHE) Developing national quality of life metric
Ensure all breast cancer patients have access to stratified follow up pathways of care and prepare to roll out for prostate and colorectal cancer patients	Ensure all breast, prostate and colorectal cancer patients have access to stratified follow up pathways of care	Local data collection Exploring how data may be collected nationally Developing national quality of life metric
Ensure all patients have access to a clinical nurse specialist or other key worker	Ensure all patients have access to a clinical nurse specialist or other key worker	CNS question in CPES (Q17 Cancer Patient Experience Survey, annual, NHS England Statistics)

Annex 8

Mental health transformation planning requirements

1 Mental health transformation

1.1 Overview

Local areas must plan to deliver in full the implementation plan for the Five Year Forward View for Mental Health, including commitments to improve access to and availability of mental health services across the age range, develop community services, taking pressure off inpatient settings, and provide people with holistic care, recognising their mental and physical health needs. As part of this, local areas must also ensure delivery of the mental health access standards for Improving Access to Psychological Therapies (IAPT), Early Intervention in Psychosis (EIP) and eating disorders.

Additional funding underpinning the delivery of the Five Year Forward View for Mental Health must not be used to supplant existing spend or balance reductions elsewhere. This new money builds on both the foundation of existing local investment in mental health services and the ongoing requirement to increase that baseline by at least the overall growth in allocations to deliver the Mental Health Investment Standard. Savings arising from new services (such as integrated Improving Access to Psychological Therapies/Long Term Conditions and Mental Health liaison in A&E) resulting from this new investment need to be reinvested to maintain services and ensure delivery of the commitment to treat an additional one million people with mental illness by 2020/21.

CCGs should commit to sharing and assuring financial plans with local Healthwatch, mental health providers and local authorities. Details of deliverables and actions are summarised below but areas should make reference to fuller guidance set out in Implementing the Five Year Forward View for Mental Health.

1.2 Transformation funding

Mental health transformation funding is available for the specific deliverables within the implementation plan. For 2017/18 and 2018/19 the new commitments which are supported by identified funding are:

- Commission additional psychological therapies from a baseline of 15% so that at least 25% of people with anxiety and depression access treatment by 2020/21, with the majority of the increase integrated with physical healthcare.
- Increase access to evidence-based specialist perinatal mental health care, in line with the requirement to meet 100% of need by 2020/21, and ensure that care is in line with NICE recommendations.
- Deliver 'core 24' standard liaison services for people in emergency departments and inpatient wards in at least 50% of acute hospitals by 2020/21.

Small amounts of transformation funding may be available locally, if not nationally delivered, in 2018/19 against the following sets of deliverables:

- Deliver community based alternatives to secure inpatient services such that people requiring services receive high quality care in the least restrictive setting.
- Deliver increased access to Individual Placement Support for people with severe mental illness in secondary care services by 2020/21; increase access to IPS by 25% on 2017/18 baseline in 2018/19.

Details of amounts of funding available both from the transformation fund and within CCG baselines are set out in Implementing the Five Year Forward View for Mental Health.

1.3 Summary table of key deliverables for mental health transformation

Deliverable	Key actions for commissioners and providers	How this will be measured
Increase access to high quality mental health services for an additional 70,000 children and young people per year.	• Implement local transformation plans to expand access to CYP services by 7% in real terms in each of 2017/18 and 2018/19 (to meet 32% of local need in 2018/19). • Ensure that all areas take full part in the CYP IAPT workforce capability programme and staff are released for training courses. • Commission 24/7 urgent and emergency mental health service for children and young people that can effectively meet the needs of diverse communities, and ensure submission of data for the baseline audit in 2017.	• Access to evidence based treatment for children and young people will be measured through the MHSDS (number of CYP who have started and completed treatment) and NHSE finance tracker to monitor additional funding. • Data will be provided from HEE and the CYP IAPT programme at CCG and provider level. • 24/7 urgent and emergency response times will be measured through a baseline audit and, subsequently through the MHSDS.
Community eating disorder teams for children and young people to meet access and waiting time standards.	• CCGs should commission dedicated eating disorder teams in line with the waiting time standard, service model and guidance. • Commissioners and providers should join the national quality improvement and accreditation network for community eating disorder services (QNCC ED) to monitor improvements and demonstrate quality of service delivery.	• Waiting times and access to evidence based care will be measured through UNIFY from 2016/17 and the MHSDS from 2017/18.

Deliverable	Key actions for commissioners and providers	How this will be measured
Increase access to evidence-based specialist perinatal mental health care.	• Commission additional or expanded specialist perinatal mental health community services to deliver care to more women within the locality. • Ensure staff are released to attend training or development as required.	• Provision of specialist community services will be monitored through MHSDS and NHSE finance tracker. • Baseline provision against treatment pathway and outcomes will be measured through CCQI self-assessment and subsequent validation.
Commission additional psychological therapies for people with anxiety and depression, with the majority of the increase integrated with physical healthcare.	• CCGs should commission additional IAPT services, in line with the trajectory to meet 25% of local prevalence in 2020/21. Ensure local workforce planning includes the number of therapists needed and mechanisms are in place to fund trainees. • From 2018/19, commission IAPT services integrated with physical healthcare and supporting people with physical and mental health problems. This should include increasing the numbers of therapists co-located in general practice by 3000 by 2020/21.	• Increased access rates: through quarterly publications and other reports within the IAPT data set. • Therapists working in general practice: through the annual IAPT workforce census.

Deliverable	Key actions for commissioners and providers	How this will be measured
Expand capacity so that more than 50% of people experiencing a first episode of psychosis start treatment within two weeks of referral with a NICE-recommended package of care.	• Commission/provide an early intervention service that provides NICE-concordant care to people aged 14-65 years, meeting the relevant access and waiting time standards in each year. • At least 25% of EIP teams should meet the rating for 'good' services in the CCQI self-assessment by 2018/19.	• The RTT component of the standard will be measured through the UNIFY collection in 2017/18, moving to MHSDS as soon as possible. • The NICE-concordant component of the standard will be measured in the CCQI provider self-assessment.
Reduce suicides by 10%, with local government and other partners.	• CCGs and providers should contribute fully to local multi-agency suicide prevention plans, following the latest evidence and PHE guidance.	• Suicide rates will be published by CCG in the MH dashboard, using ONS statistics.
Commission effective 24/7 Crisis Response and Home Treatment Teams as an alternative to acute admissions.	• Commissioners must have conducted a baseline audit of CRHTTs against recommended best practice and have begun to implement a funded plan to address any gaps identified. • Providers must routinely collect and monitor clinician and patient reported outcomes and feedback from people who use services.	• Plans for CRHTTs to be monitored through the CCG Improvement and Assessment Framework. • Delivery of effective CRHTTs in line with standards to be assessed and validated by CCQI. • CCG funding for crisis services to be monitored through NHSE finance tracker

Deliverable	Key actions for commissioners and providers	How this will be measured
Eliminate of out of area placements for non-specialist acute care.	• Commissioners and providers must deliver reductions in non-specialist acute mental health out of area placements, in line with local plans, with the aim of elimination by 2020/21 • Commissioners must ensure routine data collection and monitoring of adult mental health out of area placements, including bed type, placement provider, placement reason, duration and cost.	• Plans for reducing OAPs to be monitored through milestone indicator in the CCG IAF. • Out of area placements to be measured through an interim CAP collection (from autumn 2016), moving to the MHSDS (from April 2017).
Deliver integrated physical and mental health provision to people with severe mental illness.	• CCGs should commission NICE-recommended screening and physical health interventions to cover 30% of the population on GP register with severe mental illness (SMI), and 60% in 2018/19. • Providers to meet the physical health SMI CQUIN requirement.	• NHS England to measure physical health checks in primary and secondary care through a clinical audit of people with SMI to have received a cardio-metabolic assessment and treatment within inpatient settings, EIP services and community-based teams.

Deliverable	Key actions for commissioners and providers	How this will be measured
Ensure that 50% of acute hospitals meet the 'core 24' standard for mental health liaison as a minimum, with the remainder aiming for this level	• Commissioners and providers must implement funded service development plans to ensure that adult liaison mental health services in local acute hospitals are staffed to deliver, as a minimum, the 'Core 24' service specification. • Funding will be made available for mental health liaison via a two-phase bidding process. The first phase of bidding will be run in autumn 2016 for funding in 2017/18 (wave 1) and 2018/19 (wave 2). The second phase of bidding will be run in autumn 2018 for funding in 2019/20 (wave 3) and 2020/21 (wave 4). A&E Delivery Boards (formerly known as System Resilience Groups) will be invited to bid in late October.	• Health Education England will commission an annual workforce survey of liaison mental health services to monitor compliance with workforce elements of the 'core 24' standard. • Access and waiting times for liaison services will be assessed and monitored through CCQI, and in due course the MHSDS. • Outcome measures in line with RCPsych standards will also be collected and monitored through CCQI assessment against standards and the MHSDS.
Increase access to Individual Placement Support for people with severe mental illness	• Using local findings from the national IPS baseline audit, CCGs should plan for improving access to IPS employment support for people with SMI across their STP area from 2018/19. • STP footprints will be invited to bid for transformation funding in autumn 2017, with bids submitted by December 2017.	• NHS England will commission a national baseline audit for IPS services in Q3/4 2016, supported by regional assurance of CCG plans.

Deliverable	Key actions for commissioners and providers	How this will be measured
CCGs will continue to meet a dementia diagnosis rate of at least two-thirds of the estimated number of people with dementia.	• Achieve and maintain a diagnosis rate of at least two-thirds, making sustained gains towards the national ambition with a view to halving the number of CCGs not meeting the ambition by March 2019. • Increase the number of people being diagnosed with dementia, and starting treatment, within six weeks from referral; with a suggested improvement of at least 5% compared to 2015/16 (subject to local agreement).	• Monthly monitoring and reporting of CCG diagnosis rates using QOF data. • Regular monitoring and reporting of referral to treatment times using MHMDS data and self-report data from the new CCQI tool. • Annual monitoring of care plan reviews using QOF data.
Ensure data quality and transparency.	• Commissioners must assure that providers are submitting a complete, accurate data return for all routine collections in the MHSDS, IAPT MDS and to any ancillary UNIFY collections. • Providers must engage with CCQI to complete and submit self-assessment tools and subsequent validation in relation to all evidence-based treatment pathways. • Ensure a locally agreed suite of quality/outcome measures is in place which reflects mental, physical and social outcomes, in line with national guidance.	

Deliverable	Key actions for commissioners and providers	How this will be measured
Increase digital maturity in mental health.	• Commissioners should support full interoperability of healthcare records ensuring mental health services are included in local digital roadmaps, plans and sufficient investment is made in functionalities and capabilities • Commissioners should support further expansion of e-prescribing across secondary care mental health services.	• Next and subsequent iterations of the digital maturity index. • Next and subsequent iterations of the digital maturity index.

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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: 4 October 2016

Subject: Primary Care – summary of themes and proposed next steps

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

1 Purpose of this report

1.1 The purpose of this report is to provide a summary of the themes relating to the scrutiny inquiry around primary care, and to set out the proposed next steps for consideration and approval.

2 Main issues

2.1 During the previous municipal year (2015/16), the Scrutiny Board received and considered a range of evidence associated with the planning and provision of Primary Care across the City. The purpose of this report is to provide a summary of the themes identified during the inquiry and to set out the proposed next steps for consideration and approval.

2.2 Some of the specific issues considered and identified during the course of the inquiry included:

- Planning for the future demand for primary care services.
- Transfer of commissioning responsibility and development of primary care strategies.
- GP closures and transfers of patients.
- Development and operation of Primary Care Committees.
- Access to services and provision of extended hours.
- The role of pharmacy services in the provision of primary care.
- The impact of proposed budget reductions for pharmacy services.
- The development and operation of integrated health and social care teams.

2.3 A more detailed summary of the key themes and the associated proposed next steps is provided at Appendix 1 (to follow).

3. Recommendations

3.1 Members are asked to consider the information provided in relation to the scrutiny inquiry around primary care, and to agree or amend the proposed next steps.

4. Background papers[1]

None used

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

Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: 247 4707

Report of Head of Scrutiny

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

Date: 4 October 2016

Subject: Work Schedule (October 2016)

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

1 Purpose of this report

1.1 The purpose of this report is to consider the progress and development of the Scrutiny Board's work schedule for the current municipal year (2016/17).

2 Summary of main issues

2.1 At the Scrutiny Boards first meeting of the municipal year (2016/17) in June 2016, the Board identified a number of matters for consideration during the course of the year, including:

- Length of hospital stay / delayed discharges, including the role intermediate care services.
- Men's health – following publication of the State of Men's Health in Leeds report.
- CCG updates, particularly in relation to the new role as commissioners of primary care services.
- Specific activity around Adult Safeguarding
- CQC inspection outcomes – including the outcomes from inspections at Leeds Teaching Hospitals NHS Trust (LTHT) and Leeds and York Partnership NHS Foundation Trust (LYPFT).
- Budget monitoring for Adult Social Services and Public Health.
- Focussed work on budgets, e.g. budget pressure likely to impact on the delivery of Child and Adolescent Mental Health Services (CAMHS) and Targeted Mental Health Services (TaMHS) services through the single point of access, including an analysis of referrals into Child and Adolescent Mental Health Services across Leeds.

- The use of Pre-Exposure Prophylaxis (PrEP) in preventing the spread of HIV infection.
- Development of integrated care through joint health and social care teams.

2.2 Following discussions with Leeds Community Healthcare NHS Trust in response to the Board's statement on changes to service locations, the Board also agreed to consider the emerging overview of the use of the built estate across the health and social care sector in Leeds.

2.3 Other specific matters discussed included:

- Scrutiny Board (Environment and Housing) progressing an inquiry regarding Air Quality, with representatives from other relevant Scrutiny Board's invited to take part.
- The West Yorkshire Joint Health Overview and Scrutiny Committee focusing on the West Yorkshire Sustainability and Transformation Plan and the associated implications, specifically around patient flows to acute hospitals.

2.4 The Board's month-by-month work schedule continues to be developed and will be presented at the meeting.

2.5 Nonetheless, it is important to retain sufficient flexibility within the Board's work schedule in order to react to any specific matters that may arise during the course of the year. As such, any work schedule presented may be subject to change and should be considered to be indicative rather than definitive.

2.6 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 – such as working groups, where this is deemed appropriate. 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 consider and comment on the work areas identified for 2016/17, agreeing any specific priorities as deemed appropriate.

4. Background papers[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.