Leeds CITY COUNCIL

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

Meeting to be held in Civic Hall, Leeds, LS1 1UR on
Tuesday, 25th 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 - 4 OCTOBER 2016 AND 11 OCTOBER 2016** To confirm as a correct record, the minutes of the meetings held on 4 October 2016 and 11 October 2016, respectively.	
7			**CHAIR'S UPDATE (OCTOBER)** To receive an update from the Chair on scrutiny activity, not specifically included on this agenda, since the previous Board meeting.	1 - 2
8			**BUDGET MONITORING** To consider a report from the Head of Governance Services introducing the most recent 2016/17 Financial Monitoring report presented to Executive Board at its meeting on 19 October 2016.	3 - 32

Item No	Ward/Equal Opportunities	Item Not Open		Page No
9			**THE DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT 2016** To consider a report from the Head of Governance Services introducing the Director of Public Health's Annual Report presented to Executive Board at its meeting on 19 October 2016.	33 - 54
10			**SUSTAINABILITY AND TRANSFORMATION PLAN - BRIEFING AND UPDATE** To consider a report from the Head of Governance Services introducing a briefing on the requirement of local NHS commissioning organisations to develop place-based local Sustainability and Transformation Plans.	55 - 56
11			**CARE QUALITY COMMISSION REPORT: THE STATE OF HEALTH CARE AND SOCIAL CARE IN ENGLAND 2015/16** To consider a report from the Head of Governance Services introducing the Care Quality Commission report: The State of Health Care and Social Care in England 2015/16.	57 - 78
12			**LEEDS COMMUNITY HEALTHCARE NHS TRUST - UPDATE** To consider a report from the Head of Governance Service introducing a general update on key issues and progress update from Leeds Community Healthcare NHS Trust.	79 - 92

Item No	Ward/Equal Opportunities	Item Not Open		Page No
13			**AUTISM ASSESSMENT WAITING TIMES - PROGRESS UPDATE** To consider a report from the Head of Governance Service introducing an update from Leeds Community Healthcare NHS Trust in relation to the waiting times for autism assessments in Leeds and progress against the associated recovery plan.	93 - 94
14			**CHILDREN'S EPILEPSY SURGERY SERVICES** To consider a report from the Head of Governance Services 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.	95 - 96
15			**WORK SCHEDULE** To consider and discuss the Scrutiny Board's work schedule for the 2016/17 municipal year.	
16			**DATE AND TIME OF NEXT MEETING** Tuesday, 22 November 2016 at 1.30pm (pre-meeting for all Board Members at 1.00pm)	

Item No	Ward/Equal Opportunities	Item Not Open		Page No
			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.	

Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: (0113) 247 4707

Report of Head of Governance Services

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

Date: 25 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 any areas of work and activity undertaken by 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]

4.1 None used

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

Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: (0113) 247 4707

Report of Head of Governance Services

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

Date: 25 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 5'* for consideration. This report was presented and considered by Executive Board at its meeting on 19 October 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.

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]

5. 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.

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Report author: Alan Gay/Doug Meeson
Tel: 74250

Report of the Deputy Chief Executive

Report to Executive Board

Date: 19th October 2016

Subject: Financial Health Monitoring 2016/17 – Month 5

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.

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 5 months 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 £5m.

5. A £5m potential overspend is 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 month 5, the Housing Revenue Account is projecting a balanced budget position to the year-end.

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 5.

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 5 months 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 As part of the normal process for reviewing the 2015/16 accounts, we have identified a post balance sheet adjustment to the collection fund account and specifically the level of provision for business rate appeals. This adjustment reflects the latest information from the Valuation Office. Whilst the impact of variations in business rates income are managed through the collection fund, and therefore impact in future years, there is a general fund impact in terms of a reduction of £0.3m to the levy payment to the business rates pool in 2015/16 which has been taken to the general reserve. The revised balance of the general reserve at the end of March 2016 was therefore £21.6m which when taking into account the budgeted use of £3.5m in 2016/17 will leave an anticipated balance at March 2017 of £18.1m.

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.

3. Main Issues

3.1 At month 5, an overspend £5m 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				Month 4 Position
		Staffing	Total Expenditure	Income	Total (under) /overspend	
		£000	£000	£000	£000	£000
Adult Social Care	Cath Roff	(2,552)	707	(707)	0	43
Children's Services	Steve Walker	(196)	8,878	(3,624)	5,254	5,253
City Development	Martin Farrington	(616)	1,254	(1,480)	(226)	(226)
Environment & Housing	Neil Evans	(263)	516	(601)	(85)	(89)
Strategy & Resources	Alan Gay	(844)	(897)	1,171	274	293
Citizens & Communities	James Rogers	99	3,245	(2,766)	479	(9)
Public Health	Dr Ian Cameron	(167)	(42)	0	(42)	(27)
Civic Enterprise Leeds	Julie Meakin	1,789	2,650	(2,445)	205	201
Strategic & Central	Alan Gay	600	959	(1,830)	(871)	(1,061)
Total Current Month		**(2,150)**	**17,270**	**(12,282)**	**4,988**	**4,378**

Previous month (under)/over spend	**(1,782)**	**2,890**	**1,488**	**4,378**

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

3.2.1 Adult Social Care – the directorate is currently projecting a balanced position by the financial year-end, a marginal improvement from month 4. Projected spend on community care packages and general running expenses has reduced, partly offset by a reduction in projected income. A review of all budget action plans has taken place and slippage totalling £3.1m is projected at the year-end, although substantial contingency savings have also been identified to 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 in the financial dashboard at appendix 1.

3.2.2 Children's Services - at month 5 the directorate is reporting a projected overspend of £5.25m which is unchanged from the previous month. There are a number of budget pressures, which if all materialised to the worst case level could increase for the forecast. The directorate has committed to a number of actions to mitigate against these budget pressures including additional controls on recruitment and a targeted early leaver initiative scheme, reviewing contracts and 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 bid.

Children in Care - at month 5, there are an additional 54 looked after children in externally provided residential and fostering placements compared to that assumed in the budget. This will potentially result in a £4.9m pressure on the demand-led budgets - £3.5m for external residential placements and £1.4m in respect of fostering placements. In the last quarter of 2015/16, the numbers of placements

increased through to April, although there has been a steady reduction in children looked after numbers since May. There are currently 1,226 children in care which is a reduction of 9 from month 4. There is also a £0.9m pressure on in-house fostering but this is partly off-set by additional income on adoption.

The year-end projection also recognises the significant demand pressure against the home to school and home to college transport budgets due to an increase 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 forecast at £2.7m.

Dedicated Schools Grant - pressures have emerged over the past term mainly in relation to the social emotional and mental health provision, funding for inclusion numbers and central early years expenditure which total £4.6m.

3.2.3 City Development – at month 5 the directorate is projecting an underspend of £0.23m against its £43m net managed budget. However it should be noted that the underlying position in City Development is an overspend of £1.26m against the base budget, however this is being offset this year by the use of Bridgewater Place money estimated at £0.9m and Arena Debt savings and asset income of £0.6m . The projection is based on a number of assumptions and recognises some high level risks within the budget which are explained further in the directorate's financial dashboard. These pressures continue to be managed with the expectation that they will not cross over into the 2017/18 budget.

3.2.4 Environment & Housing – at month 5 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 £0.3m 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.

3.2.5 Citizens & Communities - budget action plans have been reviewed with each Chief Officer and at present it is anticipated that most plans will be achieved, though there is a pressure of £0.25m on the Customer Access budget and a net overspend of £0.3m against the Benefits, Welfare and Poverty budget resulting in an overall overspend of £0.48m for the Directorate as a whole.

In Customer Access, the budget for 2015/16 had a saving of £0.1m built in for Community Hubs with a further £0.1m saving built into the 2016/17 budget. Demands on staffing are significant and development of the Hub approach as well as integration of the Branch Library Service has resulted in some additional cost. It is unlikely that the saving will be delivered in-year resulting in a potential overspend of approx £0.25m against the staffing budget. The Transactional Web savings of £0.2m relate to staffing costs in the Contact Centre and these are currently on line to be delivered.

In Benefits, Welfare and Poverty, the main issue is around housing benefit where the projected spend for 2016/17 is £276.3m, some £11.5m lower than the outturn in 2015/16 of £287.8m. Arising Housing Benefit overpayments are projecting net income of £7.9m against a budget of £9m meaning a £1.1m shortfall. The reasons

for the reduction in payments are: an ongoing decrease in benefit caseload, single persons now claiming Universal Credit where previous they would have claimed housing benefit and the government imposed 1% rent reduction on the social sector affecting some 35k council tenants & 11k housing associations tenants. Overpayments have reduced as payments have reduced and so too has the average value of each overpayment. In addition the number and value of overpayments generated through data matching with DWP and HMRC have reduced significantly despite the number of referrals being received by the council remaining at a similar level to previous years. Further work is being considered that may generate additional overpayment income to the council and therefore bring the reported overspend down. This year's initiative to identify further cases where Council Tax Single Person Discount has been incorrectly claimed is proving successful and the projected additional income by year end is £0.5m against the £0.2m reflected in the budget. This income is accounted for within the Collection Fund, so doesn't show within the Citizens and Communities revenue position. In addition, the local welfare support scheme is anticipated to deliver budget savings of £0.3m and there is a potential the underspend could increase.

3.2.6 Strategy & Resources – overall, the directorate is highlighting a potential overspend of £0.3m which is due to 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 expected to deliver on its budget action plans.

3.2.7 Civic Enterprise Leeds – the overall projected position at month 5 is an overspend of £0.2k explained by a potential overspend against the catering net budget which is mainly as a result of the marginal impact of the loss of 7 school contracts together with the marginal impact of a shortfall against the adjusted meal numbers.

3.2.8 Strategic & Central budgets – at month 5, the strategic and central budgets are anticipated to underspend by £0.9m. 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. PFI – a £0.9m variation which recognises that these savings will show in directorate/service budgets.
v. Early Leaver Initiative - a potential £0.6m additional spend over the £2m earmarked reserve.
vi. Savings of £2m from the additional capitalisation of eligible spend in general fund and school budgets.
vii. Appropriation of £2.7m of earmarked reserves.
viii. A pressure of £0.4m relating to court cost income.
ix. Savings of £2m on the levy contribution to the business rates pool.

3.3 Other Financial Performance

3.3.1 Council Tax

The Council Tax in-year collection rate at the end of August was 46.01% which is in line with the performance in 2015/16. At this stage of the year, the forecast is to achieve a 2016/17 in-year collection target of 95.9% collecting some £300m of council tax income.

3.3.2 Business Rates

The business rates collection rate at the end of August was 47.8% which is 0.16% 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 5 the HRA is projecting a balanced budget position at the year-end. Projected income from rents and service charges are forecast to be in line with the budget with a marginal £42k 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 £70k. 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 5 (April to August)

Overall narrative

The directorate is currently projecting a balanced position by the financial year-end, as also reported at P4. Projected spend on community care packages and general running expenses has reduced, partly offset by a redcution in projected income.

A review of all budget action plans has taken place and slippage totalling £3.1m is projected at the year-end, although substantial contingency savings have also been identified to 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 5 across the key expenditure types are as follows:

Staffing (-£2.6m – 2.7%)
Savings within Access and Care Delivery total £1.5m. 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 (+£2.6m – 1.4%)
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 (+£0.7m – 18.4%)
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 (-£0.7m – 1.1%)
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 £'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
Health Partnerships	365	(112)	252	(87)	0	76	0	4	141	0	0	0	134	(225)	**(91)**
Access & Care Delivery	245,834	(39,420)	206,413	(1,485)	50	(220)	(113)	680	1,739	931	0	0	1,582	(236)	**1,346**
Commissioning Services	12,828	(24,298)	(11,470)	(519)	0	(177)	(3)	109	537	0	0	0	(53)	(615)	**(669)**
Resources and Strategy	7,067	(1,008)	6,059	(461)	(1)	(137)	(3)	(353)	0	0	0	0	(955)	368	**(586)**
Total	**266,093**	**(64,838)**	**201,254**	**(2,552)**	**49**	**(458)**	**(119)**	**439**	**2,417**	**931**	**0**	**0**	**708**	**(707)**	**0**

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.	Older people's residential and day care	D Ramskill	Full-year effects and ongoing Better Lives programme	A	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	A	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	A	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	G	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	A	3.0	1.0
6.	Assessment and care management efficiencies	S McFarlane	Review of skills mix and business processes	G	0.5	0.0
7.	Grants and contracts	M Ward	Review of contracts and grants across client groups	A	1.4	0.9
8.	Vacancy management	Various	Mainly non-frontline services	G	0.8	0.0
9.	Fees and charges	A Hill	Implementation of February 2016 Executive Board decisions	G	1.0	0.0
10.	Health funding	S Hume	Mainly funding received in 2015/16 on a non-recurring basis	G	3.9	0.0
11.	Better Care Fund	S Hume	Exploring opportunities to realign spend between capital and revenue	G	1.8	0.0
B. Other Significant Variations						
1.	Staffing	Various	Ongoing tight vacancy management and reducing staff numbers in the Community Support Service			(2.6)
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			0.7
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			(0.7)
5	Income	Various	Mainly funding for staffing costs through the learning disability pooled budget and service user contributions			(0.7)
				Adult Social Care Directorate - Forecast Variation		**0.0**

CHILDREN'S SERVICES 2016/17 BUDGET

FINANCIAL DASHBOARD - 2016/17 FINANCIAL YEAR

MONTH 5 (AUGUST 2016)

Overall - At period 5 the directorate is reporting a projected overspend of £5.25m. The Period 5 position is unchanged from P4. 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 although this will be subject to the approval of a bid.

CLA Obsession - At period 5, the directorate is looking after an additional 54 looked after children in External Residential (ER) placements and with Independent Fostering Agencies (IFA) than the 2016/17 budget provides for and this has resulted in a projected £4.9m pressure around CLA demand budgets (£3.5m ER & £1.4m IFA). In the last quarter of 2015/16 numbers had increased and continued to increase in April but there has been a steady reduction in children looked after numbers since May. There are currently 1,226 CLA children (reduction of 9 from P4); this includes 54 with ER and 215 with IFA's. 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 181 IFA placements. The current projection assumes that the looked after children numbers will continue to gradually reduce during the remainder of the financial year to 45 ER & 200 IFA.

Staffing - Current assumption is for pay to underspend by £0.2m. There are some risks around this forecast although the directorate has committed to take action to reduce staffing numbers. Staffing levels continue to reduce and have fallen month on month during 2016/17 and the overall monthly spend on pay is gradually reducing. Offsetting the savings in basic pay are increased spend on overtime and agency staff, mitigating some of the savings being delivered from reducing headcount but this is being reviewed with the aim of reducing where possible.

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.

Other Income - Additional income from the DfE Innovations & Partners in Practise grant is anticipated (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 although a report requesting this funding is included on the October Schools Forum agenda. 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	623		(493)	2,700	41					2,871	(172)	**2,699**
Learning, Skills & Universal Services	128,993	(116,738)	12,255	(807)		(658)	(2)	(179)	(1,100)			153	(2,593)	2,154	**(439)**
Safeguarding, Targeted & Specialist Services	121,679	(29,547)	92,132	(12)	1	31	183	(66)	7,543	45		875	8,600	(5,606)	**2,994**
Central Overheads	8,933	(11,878)	(2,945)										0		**0**
Total	**279,072**	**(159,300)**	**119,772**	**(196)**	**1**	**(1,120)**	**2,881**	**(204)**	**6,443**	**45**	**0**	**1,028**	**8,878**	**(3,624)**	**5,254**

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 - Innovations Funding BID 2	Steve Walker	New BID submitted in 2016/17.		**-2.00**
	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.		**-1.00**
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	Additional Funding For Children's Centres	CSLT	Funding options 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	**0.40**
A3	Improvement partners	Steve Walker	Maximise income from supporting other LA's. Work underway with a number of LAs. Other expressions of interest from other LA's. Innovations bid 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	**(0.10)**
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, additional DfE funding for adoption services; principally inter-agency fee, reviewing non Statutory costs etc.	2.29	**(0.95)**
C. OTHER VARIATIONS					
			Children's Services Directorate - Forecast Variation		**5.25**

CITY DEVELOPMENT 16/17 BUDGET

FINANCIAL DASHBOARD - MONTH 5 (April to August)

Overall -

At Period 5 the reported position in a projected underspend of **£226k.** However it should be noted that the underlying position in City Development is a projected overspend of **£1.26m** 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 . 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 mostly offset by increased Building Control income and underspends on staffing due to va number of vacant posts.

In Economic Development the large variations on Supplies and Services and Income is the Flood Alleviation spend and grant being reflected this month . 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 £466k against the income budget.

In Asset Management the advertising Income pressure has stayed at £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 the 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).

Highways and Transportation have contracted further work with their strategic partners Mouchel increasing supplies and services spend offset by additional income.

In Libraries, Arts and Heritage 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	(86)	0	197	0	17	0	0	0	0	128	(100)	**28**
Economic Development	4,886	(4,011)	875	72	76	1,247	0	22	0	0	0	0	1,417	(935)	**482**
Asset Management and Regeneration	11,170	(10,405)	765	(123)	(4)	(26)	(1)	(134)	0	0	0	0	(288)	(4)	**(292)**
Highways and Transportation	55,870	(39,687)	16,183	(358)	5	96	27	(12)	0	0	0	0	(242)	(205)	**(447)**
Libraries, Arts and Heritage	22,490	(7,644)	14,846	(98)	(120)	402	3	8	22	0	0	0	217	(254)	**(37)**
Sport and Active Recreation	24,560	(18,895)	5,665	(7)	15	25	3	13	(10)	0	0	0	39	18	**57**
Resources and Strategy	1,720	(95)	1,625	(16)	0	0	0	0	0	0	0	0	(16)	0	**(16)**
Total	**129,267**	**(86,490)**	**42,777**	**(616)**	**(28)**	**1,941**	**32**	**(86)**	**12**	**0**	**0**	**0**	**1,254**	**(1,480)**	**(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	G	550	(172)
2.	Economic Development	Tom Bridges	Reduction in the net cost of service through staffing savings and increased income generation	G	280	16
3.	Asset Management & Regeneration	Tom Bridges	Reduction in the net cost of service through staffing savings and increased income generation	G	410	(165)
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	G	440	9
5.	Libraries, Arts and Heritage	Cluny MacPherson	Reduction in the net cost of service via efficiency savings, staffing savings and increased income generation	G	570	(37)
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	G	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	A	440	57
8	Resources and Strategy	Ed Mylan	Reduction in the net cost of service via efficiency and staffing savings	G	30	(16)
9.	Directorate	All Chief Officers	Directorate-wide additional income target	G	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.			466
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 - 2016/17 FINANCIAL YEAR
FINANCIAL DASHBOARD - MONTH 5 (APRIL TO AUGUST)

Overall Position (£85k under budget)

Community Safety (£138k under budget)
The service is projecting an underspend on staffing of £196k (offset by reduced charges to HRA of £57k). 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 total +£98k.

Parks & Countryside (£0k Nil variance)
Even though there was no Easter in 16/17, turnover at attractions (including cafe/retail) was lower than anticipated during August, giving an overall minor variance of +£13k. A projected reduction in Golf income of £91k is offset by projected workshop savings (£67k) and fuel (29k). Other net savings across the service total £8k.

Environmental Action & Health (£167k under budget)
Env Action - Projected staffing savings of (£330k) 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 total +£54k.
Env Health - projected staffing savings of (£57k) + other minor costs (+£18k).

Car Parking (£308k under budget)
Ongoing vacant attendant posts (£144k) 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 (£207k). This includes: Woodhouse Lane (£121k) of which (£90k) is for the 50p increase (in June); other variations being off street parking (£109k), On street £145k, PCN/BLE (£97k) and other income (£25k).

Housing Support/Partnerships/SECC/SP Contracts (£24k under budget)
Housing staffing underspends (£450k) due to vacant posts are partially offset by a reduction of £231k corresponding income, mainly charged to HRA. Variations in SP are £53k. Other variations across all areas are projected to be £142k.

General Fund SS (+£485k over budget)
Of the £970k Directorate wide staffing efficiency target, **£709k** savings have been included within the projected position of individual services and therefore remains a pressure within GFSS. (It is assumed that the remaining £261k will be found across the directorate in year). Offsetting the £709k are staffing savings in Intelligence & Improvements (£120k) and assumed directorate line by line savings of (£104k).

Leeds Building Services (£0k Nil variance)
The service is currently projecting an overspend on staffing of +£230k which is offset by a corresponding reduction in Sub Contractor costs. The service has a WIP of £14.6m.

Waste Management +£67k 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 (£1k over budget)
Additional staffing costs of £105k are forecast, reflecting additional operatives at HWSS required to deal with higher than anticipated waste volumes and increased sickness levels. Additional weighbridge and collection contract income is projected to offset these costs.

Waste Strategy & Disposal (+£66k 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 £271k. Higher than anticipated volumes of residual tonnages at HWSS are projected to cost an additional £317k. There is also a projected pressure of £211k 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 £43k for disposal of collection contracts waste, which is offset by income in HWSS & Infrastructure. The continuing reduction in gate fees experienced in recent months has resulted in a projected underspend of £96k in respect of SORT disposal costs. All other variations and assumed actions to address the pressures are anticipated to reduce the overall overspend by £138k.

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	(196)		11	(8)	(154)					(347)	209	(138)
Strategic Housing, SECC, Contracts	18,610	(9,429)	9,181	(456)	(9)	97	1	0	143				(224)	200	(24)
General Fund Support	(429)	(408)	(837)	589		(87)	1						503	(18)	485
Leeds Building Services	45,305	(51,376)	(6,071)	230	0	(230)	0						0	0	0
Parks & Countryside	29,328	(21,309)	8,019	28	(25)	630	(67)	108					674	(674)	0
Waste Strategy and Disposal	20,429	(5,749)	14,680	(29)		94							65		65
Household Waste Sites & Infrastructure	4,502	(480)	4,022	105	10	13	22						150	(149)	1
Refuse Collection	16,747	(375)	16,372	(3)				3					0		0
Environmental Action	15,346	(4,343)	11,003	(330)	19	34	112	(3)					(168)	41	(127)
Environmental Health	3,164	(765)	2,399	(57)		(9)	1	29					(36)	(3)	(39)
Car Parking	5,003	(12,614)	(7,611)	(144)	2	41							(101)	(207)	(308)
Total	166,728	(113,378)	53,350	(263)	(3)	594	62	(17)	143	0	0	0	516	(601)	(85)

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.	Dealing Effectively with the City's waste	Andrew Lingham	FYE of Waste Strategy and assumes PFI at £53.3 for B1 tonnes; £0.3m for additional recycling performance	G	(4.5)	0.0
2.	HWSS Strategic Review	Andrew Lingham	Service still reviewing options but likely to be 2017/18. Other savings to be identified.	G	(0.1)	0.0
3.	Parks and Countryside additional income	Sean Flesher	Implement price rises, plus additional income at various attractions	G	(0.6)	0.0
4.	Leeds Building Services	Simon Costigan	Identification of savings to fund PPPU costs	A	(0.2)	0.0
5.	Car Parking	Helen Freeman	Review of Price tariffs and additional income target. Delay in implementation (DDN being drafted)	G	(0.2)	0.0
6.	WYP &CC grant use	Sam Millar	£713k funding budgeted but not confirmed therefore remains a risk	A	(0.7)	0.0
7.	Savings in Housing related support programme	Neil Evans	FYE of 15/16 pus recommissioning of more SP contracts	G	(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	G	(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)	A	(0.3)	0.0
10.	All Other action plan items			G	(0.1)	0.0
				Sub Total	(8.4)	
B. Other Significant Variations						
1.	Waste Disposal Costs	Andrew Lingham	Net budget £15.7m for 329.2k tonnes of waste; £95k variation at P5			0.1
2.	Refuse Collection staffing costs	Tom Smith	£12.2m pay budget in service; £0k variation anticipated at P5			0.0
3.	Refuse Collection vehicle costs	Tom Smith	Repairs £0.7m; Fuel £1.2m. Nil variance at P5 (Service pursuing Transport recharges)			0.0
4.	Car Parking BLE / PCN income	Helen Freeman	BLE £1.4m ; PCN's £2.3m - (£97k) variance projected at P5			(0.1)
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			(0.3)
7	Property Maintenance	Simon Costigan	Budgeted surplus of £5.2m required to be delivered. Service currently operating with £14.6m WIP			0.0
8	Parks and Countryside - Attractions	Sean Flesher	£1.7m Income budget (incl: TWorld £1.3 m budget)			0.0
9	Parks and Countryside - Bereavement Services	Sean Flesher	£6.3 m budget			(0.1)
10	All other variations					0.3
				Environment & Housing - Forecast Variation		**(0.1)**

CITIZENS AND COMMUNITIES - 2016/17 FINANCIAL YEAR

FINANCIAL DASHBOARD - MONTH 5 (APRIL TO AUGUST)

Overall

Budget action plans have been reviewed with each Chief Officer in April and at present it is anticipated that most plans will be achieved, though there is a pressure of £250k on Customer Access staffing costs and a net overspend of £479k in Benefits , Welfare and Poverty resulting in an overall overspend of £479k for the Directorate as a whole.

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 generated £30k per year. Savings on Well Being, Youth Activities, and the 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. Demands on staffing are significant and development of the Hub approach as well as integration of the Branch Library Service has resulted in some additional cost. It is unlikely that the saving will be delivered in year are we are currently forecasting the staffing pressure could result in an overspend of approx £250k. Some of the additional staffing costs relates to project resource required to deliver the outcomes of an Executive Board Report approving £4.6m of capital spend to develop the retained assets that are becoming the hub sites to allow both service integration and release of surplus assets. 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

Staffing costs at Period 5 are projected to be £34k over budget. This arises due to additional staffing requirements in Taxi and Private Hire Licensing totalling £54k. It is anticipated these costs will be covered by additional income. Staffing savings of £20k have been identified in Registrars and Entertainment Licensing due to vacant posts and staff reducing hours. The collection of income continues to do well with income looking on target and a likelihood budgets will be exceeded. Local Land Charges have identified increased income, partly offset by an increase in internal charges from other areas of the council, leading to an underspend of £53k. The large variances on supplies and services and internal charges are funded by additional income. A budget adjustment has now been processed to reflect this.

Benefits, Welfare and Poverty

Staff - of the vacancies held in Benefits some recruitment will take place later on 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 (£206k). However, overall staffing and overtime costs are below the staffing budget. There have been a number of windfall grants notified to us all of which have been reflected in the projection, ie Pension Assessed Income, Temporary Absence, Family Premium which relate to the DWP New Burdens. In addition the FERIS and Single Fraud grants have been used to fund the increased cost of additional off-site processing work. The LWSS scheme is projecting to save the key budget action plan of £300k - with some aspects of the spend on a 5 month delay, the underspend could be even higher. Housing benefit projected spend for 16/17 is at £276.3M, lower than the outturn in 2015/16 which was £287.8M. Arising Housing Benefit overpayments are projecting net income of £7.9m against a budget of £9m, a £1.1m shortfall. The reasons for the reduction in payments are: Ongoing decrease in Benefit caseload due to economic upturn, single persons now claiming Universal Credit where previous they would have claimed Housing Benefit and the Government imposed 1% rent reduction on the social sector affecting 35k Council Tenants & 11k Housing Associations. Overpayments have reduced as payments have reduced, so too has the average value of each overpayment. In addition the number and value of overpayments generated through data matching with DWP and HMRC have reduced significantly despite the number of referrals being received by the LA remaining at a similar level to previous years. Further work is being considered that may generate additional overpayment income to the LA and therefore br
ing the reported overspend down. This year's initiative to identify further cases where Single Person Discount has been incorrectly claimed is proving successful and the projected additional income by year end is £500k against the £200k reflected in the budget. This income is accounted for within the Collection Fund, so doesn't show within the Citizens and Communities revenue position.

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	(58)	0	102	0	(13)	0	0	0	73	104	(104)	**0**
Customer Access	16,930	(1,568)	15,362	250	0	0	0	0	0	0	0	0	250	0	**250**
Elections, Licensing & Registration	6,751	(6,024)	727	34	98	432	7	307	0	0	0	0	878	(949)	**(71)**
Benefits, Welfare and Poverty	287,302	(284,390)	2,912	(127)	8	150	(10)	100	0	1,892	0	0	2,013	(1,713)	**300**
Total	**323,435**	**(298,882)**	**24,553**	**99**	**106**	**684**	**(3)**	**394**	**0**	**1,892**	**0**	**73**	**3,245**	**(2,766)**	**479**

Key Budget Action Plans and Budget Variations:

A. Key Budget Action Plans		Lead Officer	Additional Comments	RAG	Action Plan Value £m	Forecast Variation against Plan/Budget £m
Efficiencies						
	Community hubs	Shaid Mahmood	Efficiencies from bringing services together, linked to Phase 1 and 2 of the capital investment in the service	R	0.10	0.25
	Running costs	Shaid Mahmood	Main savings in Communities	G	0.29	0.00
	Transactional web	Lee Hemsworth	Further savings from the implementation of transactional web, mainly staffing	G	0.20	0.00
	Registrars	John Mulcahy	Review of costs and income	G	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	G	0.12	0.00
	Other	All CO's	£64k from PPE, printing and mail	G	0.10	0.00
Changes to service						
	Third sector infrastructure grant	Shaid Mahmood	Grant reduction	G	0.07	0.00
	Reduction in wellbeing and youth activities	Shaid Mahmood	Reduction in budget	G	0.20	0.00
	Innovation Fund	Shaid Mahmood	Budget reduction	G	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.	R	0.35	0.30
	Council Tax Single Person Discount	Steve Carey	£500k now projected - incidence in the Collection Fund	G	0.00	0.00
	Advice consortium and welfare rights	Steve Carey	HRA contribution relating to under occupancy and rent arrears	G	0.20	0.00
	Local Welfare Support Scheme	Steve Carey	HRA contribution in respect of support of Council tenants	G	0.10	0.00
				SUB-TOTAL	1.85	
B. Other Significant Budgets						
	Net effect of all other variations					**-0.07**
				Citizens and Communities Directorate - Forecast Variation		**0.48**

PUBLIC HEALTH - 2016/17 FINANCIAL YEAR
FINANCIAL DASHBOARD - MONTH 5 (APRIL TO AUGUST)

Overall

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 £125k 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. Recent activity data is showing a reduced level of activity and as a result, an underspend of £138k is projected on commissioning budgets.

Overall, this means that the grant funded budgets are projected to be £256k underspent. This underspend will be used to reduce the amount required from reserves to fund the budget shortfall meaning that the funding required from reserves is now projected to be £1,069k.

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
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	(125)	0	7	0	0	0	0	0	0	(118)	0	**(118)**
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	(3)	0	0	(123)	0	0	0	(126)	0	**(126)**
- 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	(241)	0	0	0	(241)	0	**(241)**
- Health Protection	806		806	0	0	0	0	0	233	0	0	0	233	0	**233**
Transfer From Reserves		(500)	(500)									256	256		**256**
Supporting People	964	(637)	327	(42)	1	(1)	0	0	0	0	0	0	(42)	0	**(42)**
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)**	**1**	**27**	**0**	**(4)**	**(155)**	**0**	**0**	**256**	**(42)**	**0**	**(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**
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	G	0.80	0.00
- Staff savings	Ian Cameron	Reduction in staffing pay budget through vacant posts on hold and vacancy management throughout 2016/17	G	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.	G	0.16	0.00
- Drugs and alcohol services	Ian Cameron	Initial consultation with provider has taken palce, further discussions are planned.	G	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.	G	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.	G	0.29	0.00
- Transfer of TB service to NHS provider	Ian Cameron	Following consultation with NHS Partners this saving will not be realised	R	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.	G	1.75	0.00
Programme 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.	G	0.60	0.00
B. Other Variations					
Projected underspend on staffing costs					(0.17)
Net effect of all other variations					(0.10)
		Public Health - Forecast Variation			**(0.04)**

CIVIC ENTERPRISE LEEDS - 2016/17 FINANCIAL YEAR
FINANCIAL DASHBOARD - MONTH 5 (APRIL TO AUGUST)

Overall

The overall projected position at month 5 is an overspend of £205k 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 £205k 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 5 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 5 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	(10)	8	(64)	0	0	0	0	0	0	(66)	66	**0**
Commercial Services	59,493	(56,858)	2,635	1,870	75	833	(34)	(12)	0	0	0	0	2,732	(2,527)	**205**
Facilities Management	10,062	(4,098)	5,964	(104)	80	8	0	0	0	0	0	0	(16)	16	**0**
Corporate Property Management	5,959	(587)	5,372	33	(40)	0	0	7	0	0	0	0	0	0	**0**
Total	**90,604**	**(66,953)**	**23,651**	**1,789**	**123**	**777**	**(34)**	**(5)**	**0**	**0**	**0**	**0**	**2,650**	**(2,445)**	**205**

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	Asset rationalisation	Sarah Martin	Savings from: 1&3 Reginald Terr £29k, Belgrave Hse £60k, Deacon Hse £30k, South Pudsey Centre £25k, Tribecca £110k	G	0.29	0.0
2	Maintenance of council buildings	Sarah Martin	Reduce responsive maintenance	G	0.60	0.0
3	Catering Savings	Mandy Snaith	Agency staff	G	0.05	0.0
4	Energy	Sarah Martin	Impact of energy efficiency measures	G	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.	G	0.37	0.0
6	Vehicle Fleet	Terry Pycroft	Extend life of light commercial vehicles	G	0.20	0.0
7	Recover cost of living wage	Richard Jackson	Recover from Property Cleaning.	G	0.20	0.0
8	Catering additional income.	Mandy Snaith	Increased income/efficiencies.	G	0.05	0.0
9	Additional MOT income.	Terry Pycroft	Increase number of MOTs undertaken.	G	0.03	0.0
10	Recovery of cleaning charges.	Les Reed	Recovery of charges from clients.	G	0.07	0.0
B. Other Significant Variations						
1	Net effect of all other variations			R		0.2
			Civic Enterprise Leeds - Forecast Variation			**0.2**

STRATEGY AND RESOURCES 2016/17 FINANCIAL YEAR

FINANCIAL DASHBOARD - MONTH 5 (APRIL TO AUGUST)

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 £274k.

Strategy & Improvement - Total staffing savings amount to £44k - this arises from staff leaving via ELI and vacant posts not yet filled or not being filled. Overall the service is projected to be on line as there is a shortfall in income.

Finance - The current pay projection shows the Finance budget approx £100k overspent at year end. Further leavers are expected though and it is anticipated that a balanced position for the Finance service will be achieved by year end.

Human Resources - Staffing is now projected to be underspent due to the freezing of posts. These savings offset some pressure on supplied and services and a shortfall in income from schools. 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 £691k 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 £391k of income can be realised by year end.

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 reductions in the Legal establishment. However an action plan is in place and the position is being closely monitored.

DemocRatic Services - The Governance, Scrutiny, Civic and Ceremonial and Members' Allowances budgets are on target to deliver a balanced budget for 2016/17. However on-going, year on year pressures remain within Members' Support which has necessitated other opportunities to be explored to achieve a balanced budget across the Democratic Services division. These include the on-going secondment of a member of staff to WYCA, redesigning work packages, working arrangements and leadership responsibilities to enable vacated posts to be not filled and other in-year one off savings to be accrued.

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	(44)	0	(9)	0	0	0	0	0	0	(53)	54	1
Finance	15,843	(7,004)	8,839	10	0	6	0	0	0	0	0	0	16	(16)	0
Human Resources	8,294	(1,903)	6,391	(55)	0	(16)	4	(40)	0	0	0	0	(107)	107	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	(699)	0	1	(1)	0	0	0	0	0	(699)	999	300
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	(27)	0	0	0	0	0	0	0	0	(27)	0	(27)
Total	**65,666**	**(28,419)**	**37,247**	**(844)**	**0**	**(18)**	**3**	**(38)**	**0**	**0**	**0**	**0**	**(897)**	**1,171**	**274**

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					
1	Financial services	Doug Meeson	Further changes to way services provided, self service, less internal audit, centralisation.	G	0.76	0.00
2	HR	Lorraine Hallam	On-line advice, less HR input into low level cases, ELI and vacancy management	G	0.37	0.00
3	ICT staffing	Dylan Roberts		G	0.12	0.00
4	ICT Print Smart	Dylan Roberts	Further efficiencies on top of those delivered in 2015/16	G	0.10	0.00
5	Legal Services	Catherine Witham		G	0.05	0.00
6	Corporate Communications and intelligence	Mariana Pexton	Staffing and efficiency savings, mainly within the Communications Team	G	0.38	0.00
7	Democratic services	Catherine Witham	Staffing and efficiency savings. Member pension saving	G	0.12	0.00
8	ICT procurement savings	Dylan Roberts	Modernisation of telephony	G	0.33	0.00
9	PPPU	David Outram	Significant reduction in Procurement particularly low value procurements. Additional external income	R	0.66	0.30
	Additional income - traded services, partner and other income					
10	ICT	Dylan Roberts	Provision of managed service to WY Joint Services	G	0.15	0.00
B. Other Significant Variations						
	Net effect of all other variations					-0.03
			Strategy and Resources Directorate - Forecast Variation			**0.27**

STRATEGIC & CENTRAL ACCOUNTS 2016/17 BUDGET
Period 5

Overall :

At month 5 , the strategic & central budgets are anticipated to underspend by £0.9m.

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 -and PFI a £1.9m variation which reflects that the procurement savings will be managed through directorate budgets.
- Early Leaver Initiative - a potential £0.6m 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 £2m 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)	600		1,860					(2,735)	(2,000)	(2,275)	1,930	**(345)**
Debt	24,380	(1,103)	23,277								1,364		1,364	0	**1,364**
Govt Grants	3,015	(26,434)	(23,419)										0	(1,890)	**(1,890)**
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		37				(1,025)	1,870	(1,870)	**0**
Total	**65,607**	**(71,167)**	**(6,014)**	**600**	**0**	**4,718**	**0**	**37**	**0**	**0**	**(1,371)**	**(3,025)**	**959**	**(1,830)**	**(871)**

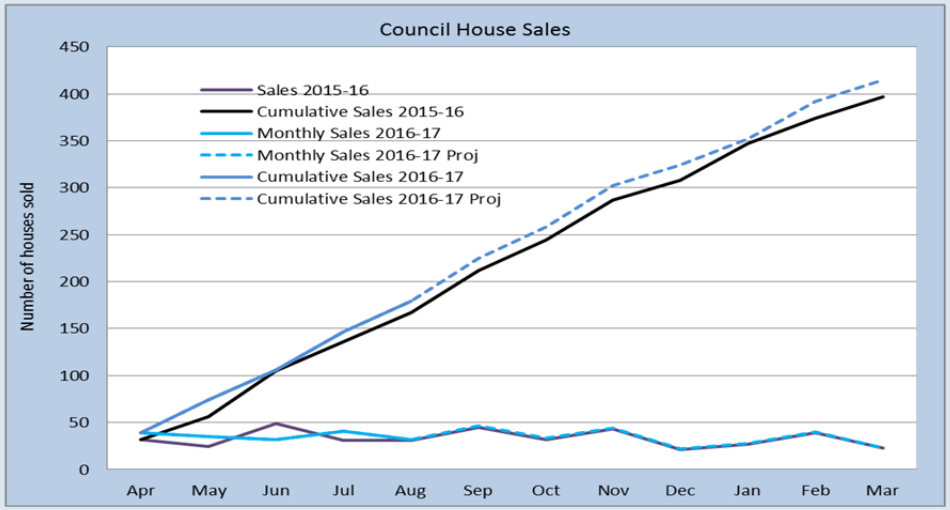
Key Budget Action Plans and Budget Variations:

		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 £4m, therefore potential risk of £1.2m 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)	0.9
10.	Early Leaver Initiative	Doug Meeson	£2m earmarked reserve established to fund the severance costs in 2016/17.	A	0.0	0.6
B. Other Significant Budgets						
1.	Insurance	Doug Meeson	Potential additional costs in-year which will be managed through the Insurance Reserve	A	0.0	(1.0)
2.	Business Rates Levy	Doug Meeson	Savings from Levy	G	3.0	(2.0)
3.	Prudential Borrowing Recharges	Doug Meeson	Contra budgets in directorate/service accounts. No material variation at this stage.	G	(11.9)	0.0
4	Earmarked Reserves	Doug Meeson	Capital Reserves.	G	0.0	(1.7)
5	Bridgwater Place	Doug Meeson	Compensation to be received from the developer.	G	0.0	0.0
6	Other Variations	Doug Meeson	Court Cost income	G	0.0	0.4
			Strategic & Central Accounts - Forecast Variation			**(0.9)**

Housing Revenue Account - Month 5 (August 2016)
Financial Dashboard - 2016/17 Financial Year

Summary of projected over / under spends (Housing Revenue Account)

Directorate	Current Budget	Projected Year End Spend	Variance to budget	Comments	Previous period variance
	£000	£000	**£000**		£000
Income					
Rents	(218,375)	(218,324)	**51**	Projected rent lower than budget due to stock numbers being less than anticipated during budget setting.	48
Service Charges	(6,443)	(6,434)	**9**	Reduction in income from sheltered accommodation.	(31)
Other Income	(29,182)	(29,200)	**(18)**	PFI PTC (£100k), increase in RTB sales fee income (£46k) offsetting reduction in capitalised salaries due to vacant posts £204k and other small variances (£76k).	32
Total Income	**(254,000)**	**(253,958)**	**42**		**49**
Expenditure					
Disrepair Provision	1,000	1,200	**200**	Projection due to increase in new cases which is anticipated to continue.	200
Repairs to Dwellings	43,548	43,548	-		-
Council Tax on Voids	663	725	**62**	Current charges indicate overspend.	62
Employees	27,706	27,208	**(498)**	Vacant posts (£683k) and training saving (£59k) offsetting agency staff (includes disrepair) £204k and severance costs £36k.	(221)
Premises	6,983	7,063	**80**	Increase in cleaning charges.	78
Supplies & Services	5,251	5,438	**187**	Large insurance claims £249k, LLBH PFI Japanese Knotweed consultants £15k. Offset by Tenant Mobility saving	264
Internal Services	38,473	38,533	**60**	Increase in surveyor RTB valuation work £160k, PPPU recharges for PFI £92k and Governance recharge £40k. Offset by reduction in the GF recharges to the HRA (£228k). Other small variance (£4k).	(148)
Capital Programme	73,041	73,041	-		-
Appropriations	(7,115)	(7,457)	**(342)**	Large insurance claims (£249k), PFI appropriation adjustment (£93k).	(342)
Unitary Charge PFI	8,101	8,191	**90**	PFI scheme adjustments: UC £38k; PTC £106k; RTB (£54k).	90
Capital Charges	49,159	49,356	**197**	Interest receivable lower than budgeted, consistant with P4 FPG pack	-
Other Expenditure	7,190	7,084	**(106)**	Leeds Tenant Federation - in line with 2016/17 negotiations (£50k). Transport cost reforecast (£56k).	(109)
Total Expenditure	**254,000**	**253,930**	**(70)**		(126)
Total Current Month	**-**	**(28)**	**(28)**		**(77)**

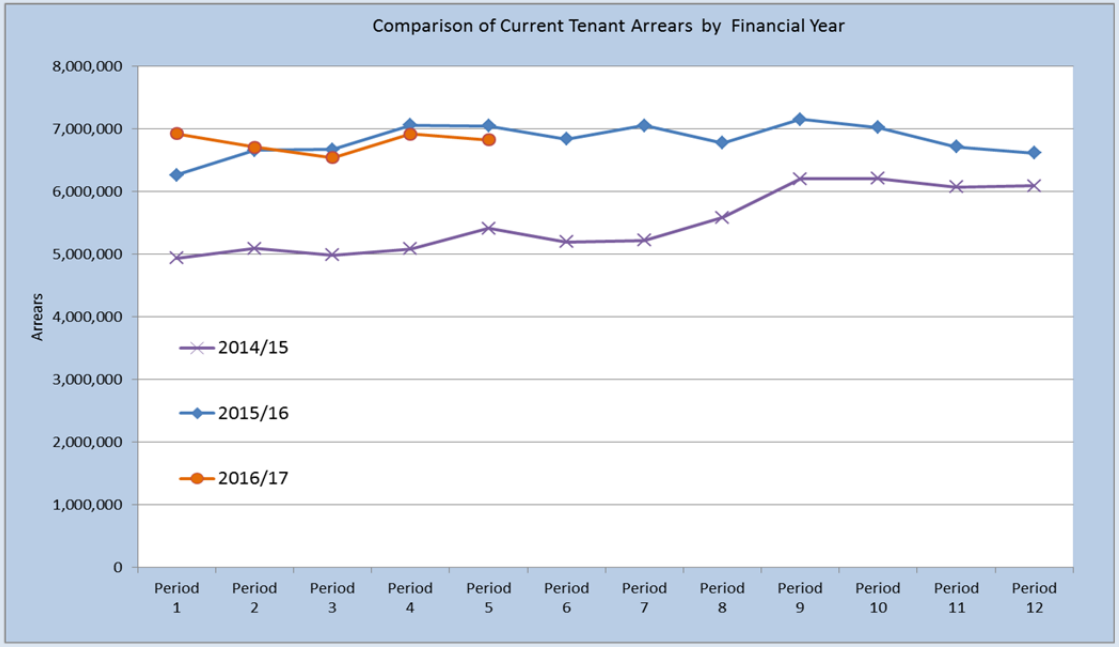


Change in Stock	Budget	Projection
Right to Buy sales*	380	415
New Build (PFI)	(93)	(93)
New Build (Council House Growth)	(142)	(142)
Total	**145**	**180**

* actual sales as at the end of Period 5 - 179

Right to Buy Receipts	2015/16 Actual	2016/17 Projection
Total Value of sales (£000s)	18,057	20,707
Average Selling Price per unit (£000s)	45	50
Number of Sales*	397	415
Number of Live Applications	892	1,029

	2015/16	2016/17	Variance
	£000	£000	£000
Arrears (Dwelling rents & charges) - Week 22			
Current Tenants	7,047	6,826	(221)
Former Tenants	3,216	3,709	493
	10,263	10,535	272
Under occupation - Week 18			
Volume of Accounts	5,078	4,835	(243)
Volume in Arrears	2,628	2,416	(212)
% in Arrears	52%	50%	-2%
Value of Arrears	825	667	(158)
Collection Rates - Week 18			
Dwelling rents	97.24%	96.73%	-0.51%
Target	98.06%	97.50%	
Variance to Target	-0.82%	-0.77%	-0.51%



Report author: Steven Courtney
Tel: (0113) 247 4707

Report of Head of Governance Services

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

Date: 25 October 2016

Subject: The Director of Public Health Annual Report 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

Summary of main issues

1. The purpose of this report is introduce the Director of Public Health Annual Report 2016, presented and considered by Executive Board at its meeting on 19 October 2016.

2. Appropriate representatives have been invited to the meeting to discuss the details of the report and address questions from members of the Scrutiny Board.

Recommendations

3. That the Scrutiny Board considers the details presented and agrees any specific scrutiny actions or activity that may be appropriate.

Background documents[1]

4. 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.

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Report author: Dr Ian Cameron
Tel: 0113 247 4414

Report of the Director of Public Health

Report to Executive Board

Date: 19 October 2016

Subject: The Director of Public Health Annual Report 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

Summary of main issues

This year, 2016, both marks the 150th anniversary of the first Medical Officer of Health in Leeds, and the launch of the five year Leeds Health & Wellbeing Strategy 2016 – 2021. This year's digital Annual Report is entitled "1866-2016: 150 years of Public Health in Leeds – a story of continuing challenges". The report includes a film presentation and slide pack covering the first 150 years of Public Health in Leeds; the current health status of Leeds ahead of the next five year implementation of the Leeds Health and Wellbeing strategy; and a progress report on the recommendations from last year's Annual Report.

Recommendations

The Executive Board is asked to:

- Note the availability of:
  - This year's digital Annual Report at www.leeds.gov.uk/dphreport
  - the digital materials on 150 years of Public Health in Leeds
  - Indicators on the current health status for the Leeds population
- Support the inclusion of improving health status as a specific objective within the new Council approach to locality working, regeneration and the Breakthrough projects as a contribution to the delivery of the Health & Wellbeing Strategy and the Best Council plan.

- Recommend that the Health & Wellbeing Board ensures that improving health status is a specific objective within the development of New Models of Care being led by the NHS as a contribution to the delivery of the Health & Wellbeing Strategy.

- Note the progress made on the recommendations of the Director of Public Health Annual Report 2014/15.

1 Purpose of this report

1.1 To summarise the background and content of the Director of Public Health's Annual Report 2016 entitled "1866-2016: 150 years of Public Health in Leeds – a story of continuing challenges", which this year is in a digital format.

2 Background information

2.1 Under the Health and Social Care Act 2012 (Section 31) the Director of Public Health has a duty to write an annual report on the health of the population. Within the same section of the Act, the Council has a duty to publish the report.

2.2 This year's digital Annual Report looks to the past, the present and the future and is different to the usual format of a single hard copy report.

2.3 In terms of the past, this year, 2016, marks the 150th anniversary of the first Medical Officer of Health in Leeds. This appointment was made in 1866, ahead of this being made a statutory requirement for urban areas under the 1872 Public Health Act. Directors of Public Health are the direct descendent from those days.

2.4 The Annual Reports of the Medical Officer of Health became a statutory requirement under the 1875 Public Health Act but the Leeds Medical Officers of Health had produced such reports for earlier years.

2.5 The Annual Reports of the Leeds Medical Officers of Health and Directors of Public Health are held at Leeds Central Library and over 150 years provide an insight and a story into the different public health challenges faced by different postholders.

2.6 This year's Annual report includes a film and slide pack of a presentation given by the Director of Public Health on October 1st at the Thackray Medical Museum covering the first 150 years of Public Health in Leeds. In addition there is an accompanying trail through the Thackray Medical museum with a focus on the role of immunisation to the present day.

2.7 In April 2016, the Leeds Health & Wellbeing Board launched the Leeds Health & Wellbeing Strategy 2016-2021 looking ahead to implementation over the next five years. This year's Annual report includes the present position for Leeds on the health status indicators set out in the Leeds Health & Wellbeing Strategy. A comparison with the position for England as a whole sets outs the future challenge for Leeds if we are to realise the Strategy's ambition "to be the best city

for health & wellbeing and wider Best Council Plan outcomes, notably for everyone in Leeds to enjoy happy, healthy, active lives".

2.8 This year's Report also includes an update on progress on the recommendations from last year's report.

3 Main issues

3.1 1866 – 2016: 150 years of Public Health in Leeds – a story of continuing challenges

The following sections cover the three elements of this year's annual report.

3.2 1866-2016: 150 years of Public Health in Leeds.

3.2.1 The first Medical Officer of Health for Leeds was appointed in 1866.On October 1st the Director of Public Health gave a presentation at the Thackray Medical Museum on the first 150 years of Public Health in Leeds. Using their previous Annual Reports, the presentation covered the different roles, priorities, personalities and experiences of the Medical Officers of Health/Directors of Public Health for the years 1866-1913, the First World War, the inter-war years, from the creation of the NHS to 1973, 1974-2002 and to the present. During that time their base has been in the Council for 111 years and in the NHS for 39 years.

3.2.2 The presentation is available as a film link and as a slide presentation.

3.2.3 That journey begins when more than one in five babies died before the age of one year old and arrives 150 years later when Leeds has currently its lowest ever infant mortality rate.

3.2.4 The presentation covers the Victoria and Edwardian era when the Leeds Medical Officers of Health were dealing with a continuing cycle of epidemics against a background of appalling insanitary conditions. The presentation also covers what they believed caused these infections both before, and after, definitive evidence that "germs" were the cause.

3.2.5 The First World War saw the only time that infant mortality got worse in Leeds. This was due to the "Spanish flu" pandemic plus a measles outbreak. The presentation covers the devastating impact that the pandemic had on the lives of the people of Leeds.

3.2.6 The presentation also covers the period from 1919 to 1986 which saw considerable national criticism of public health by academics and considers whether those criticisms were justified for Leeds. The presentation also shows how the stereotypes for Medical Officers of Health/Directors of Public Health have changed over the 150 years.

3.2.7 The interwar years saw a significant rise in the influence of the Medical Officer of Health and the creation, through the Council, of a state medical service for Leeds that included taking over the Poor Law hospitals. The expectation that the Council

through the Medical Officer of Health would take on the lead for the new National Health Service were not realised and were a major disappointment.

3.2.8 The Medical Officers of the 1950's and 1960's focused on the development of a wide range of personal health services for mothers, children, the elderly, those with mental health problems, learning disabilities. Leeds Medical Officers of Health of the past had despaired about the rise in deaths caused by cancer. The action taken in Leeds, when the link between smoking and cancer was finally understood, is re-assessed.

3.2.9 In the years up to the 1974 NHS re-organisation, the Medical Officer of Health in Leeds lost responsibility for a number of services and ultimately transferred to the NHS in a different, confusing role which led to a focus on the NHS and NHS financial pressures – plus the end of Annual Reports by Medical Officers of Health.

3.2.10 The subsequent reduction in the role of Public Health and the loss of expertise became highlighted as a national problem through the disastrous handling of a salmonella outbreak at Stanley Royd Hospital, the emergence of Legionnaire's disease and HIV/AIDS.

3.2.11 The presentation covers the subsequent creation of Directors of Public Health, the re-instatement of annual reports, the swine flu pandemic and the subsequent move to the Council under the latest NHS re-organisation.

3.2.12 To supplement this presentation the Thackray Medical Museum with Public Health has developed a trail in the museum that links the timeline of Public Health in Leeds with a focus on immunisation going up to the present day.

3.3 Improving the Health status of Leeds beyond 2016

3.3.1 The Leeds Health & Wellbeing Strategy 2016 – 2021 was launched in April 2016. The strategy is described as a blueprint how the best conditions are to be put in place in Leeds for people to live fulfilling lives. The vision being that Leeds is a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest.

3.3.2 The strategy has a wide remit with five outcomes twelve priority areas and twenty one indicators. Seven of these indicators are directly related to health status.

3.3.3 The Leeds Health & Wellbeing Strategy has as its ambition to be the best city for health & wellbeing – but how will we know we have achieved this? There are 69 cities in the United Kingdom. Leeds has the second largest city population with the range down to the 1,841 people living in St David's in Wales. A comparison across 69 cities is probably not appropriate.

3.3.4 So 2016 marks the beginning of our five year journey with the new Leeds Health and Wellbeing Strategy. Let's imagine that the first Medical Officer of Health for Leeds was now arriving. He or she would want to hear our latest position against the seven health status indicators set out in the strategy alongside key indicators

that relate to those Public Health issues described as priorities within the same strategy. (Appendix 1)

3.3.5 Even a cursory glance at Appendix 1 highlights the scale of the challenge for Leeds. We might take a defensive position with the new first Medical Officer of Health and describe how many of the trends for health are going in the right direction (true) and that we can demonstrate examples of where we are narrowing the health inequalities within the city (again, true). We can demonstrate progress with our first Leeds Health and Wellbeing Strategy (2013-2015) and we can point to a wealth of health data that is now available at local level http://observatory.leeds.gov.uk

3.3.6 However, on behalf of the new first Medical Officer of Health, let's take a cold eyed look at where we are now in relation to the health and wellbeing for children and young people, the health and wellbeing of adults and preventing early death, the protection of health and wellbeing. This is our new starting position.

3.4 Improving the health and wellbeing of children & young people

3.4.1 Infant mortality (deaths aged under one) continues to be a significant marker of the overall health of the population – and is one of the seven health status indicators in the Health & Wellbeing Strategy. The concerted focus over the last few years has seen a reduction to the lowest level ever seen in Leeds – remarkably below the rate for England as a whole. There is evidence of the benefit of sustained partnership action.

3.4.2 The focus is now on the broadened Best Start programme (from conception to two years). The proportion born with a low birth weight is significantly higher than across England, although the proportion of women smoking at the time of delivery is around the national figure. While the levels of breastfeeding at 6 – 8 weeks is high, the actual numbers of mothers starting to breast feed is lower than in England.

3.4.3 The teenage pregnancy rate is significantly higher than for England.

3.4.4 Nearly one in three children at the age of five years old have some tooth decay. This worrying position is worse than for England as a whole and has been subject of a report to the Scrutiny Board (Health & Well-being and Adult Social Care).

3.4.5 The recently launched national Childhood Obesity action plan reflects concerns over the weight of children. While the percentage of children with excess weight is lower than for England, it is clearly of concern that one in three children at the age of 10-11years are either overweight or obese. Children above a healthy weight is one of the seven health status indicators in the Health & Wellbeing Strategy.

3.4.6 The Leeds My Health My School survey supported by the Healthy Schools programme demonstrates a significant reducing trend in the use of illegal drugs and in under-age use of alcohol.

3.4.7 Children's positive view of their wellbeing is a specific indicator in the Health & Wellbeing Strategy. The Leeds My Health, My School survey shows that around one in five children feel stressed or anxious everyday or most days and that around one – third feel they have been bullied at school. The trends since 2009/10 appear to be getting worse for stress/anxiety and the same for bullying.

3.5 Improving the health & wellbeing of adults & preventing early death.

3.5.1 Life expectancy and healthy life expectancy for males and females is below that of England. The years of life lost from avoidable causes of death is an indicator in the Health & Wellbeing Strategy – and is significantly higher than for England. The biggest gains for the Health & Wellbeing Board lie in reducing deaths from cardiovascular disease, cancer, respiratory disease for men and women plus reducing liver disease deaths for men. The suicide rate for men and women is not significantly different from that of England as a whole. Deaths from drug misuse are above the England rate.

3.5.2 Early death for people with a mental illness is an indicator in the Health & Wellbeing Strategy, recognising that there continue to be excess deaths in this population. The Leeds position is worse than that for England as a whole. More work needs to be done to determine whether this is a significant difference, but regardless, there is a specific challenge here for the city.

3.5.3 There is a concern nationally over the future health service burden due to the rising numbers of diabetics. The consistently low numbers reported for Leeds has always looked a complete anomaly to the Director of Public Health. Recent national modelling suggests an additional 9,000 cases to be identified across the city resulting in an estimated 50,000 people with diabetes.

3.5.4 There are 45,000 people who are currently known to be at high risk of diabetes. Leeds is a pilot for the National Diabetes Prevention Programme aiming to reduce those becoming diabetic by two thirds. National modelling suggests there could be an additional 19,000 people at high risk of developing diabetes in Leeds.

3.5.5 The smoking level for adults is 18.5%, of adults, above the England figures.

3.5.6 Physical activity is a priority area and an indicator of progress within the Health & Wellbeing Strategy. The picture of Leeds mirrors that for England with just over half the population taking more than 150 minutes of physical activity per week. Of greater concern is that, similar to England, over a quarter of adults in Leeds achieve less than thirty minutes of physical activity per week.

3.5.7 Around two-thirds of adults in Leeds are either overweight or obese

3.5.8 Life expectancy at the age of 65 years is significantly below that for England both for males and females. The number of injuries due to falls in those aged over 65 years is significantly higher in Leeds, with the number of hip fractures in females also higher.

3.6 Protecting the health & wellbeing of all

3.6.1 Although having a lower profile than in days gone by, infections continue to cause significant ill health with personal and organisational costs. Prevention; reducing transmission and effective treatment is still required.

3.6.2 The overall mortality rate for communicable diseases (including influenza) is below that of England as a whole. Vaccination rates are at or above national levels.

3.6.3 In terms of sexual transmitted infections, there are higher levels of gonorrhoea diagnosed in Leeds and the same is for HIV. The detection rate for chlamydia in Leeds is higher than for England which is positive but this also reflects the high levels of chlamydia in the 15-24 year old population.

3.6.4 The number of new cases of tuberculosis has currently fallen to below the rate for England.

3.6.5 Excess winter deaths relate in particular to respiratory infections and also cardio-vascular events due to the cold and Leeds mirrors the England rates.

3.6.6 Air pollution affects mortality from cardiovascular and respiratory conditions, including lung cancer. Poor air quality in Leeds has been estimated to be attributable to the equivalent of 350 deaths per year in those aged over 25 years.

3.7 Progressing health status improvement 2016 and beyond

3.7.1 For the Health and Wellbeing Board to demonstrate meaningful progress with the new Health & Wellbeing Strategy, this will require an improvement in the health status of the Leeds population as a whole against the health of England.

3.7.2 The Council's intention to enhance locality working to reduce inequalities within the city should include specific objectives to improve health of those populations. In a similar way the Breakthrough projects should have a greater focus on those health challenges already highlighted.

3.7.3 The NHS is going through significant changes in response to the current financial problems. This includes developing New Models of Care involving primary care and community health services. This should be seen as an opportunity to narrow the health gap and not end up solely focusing on the financial gap.

3.8 Progress update on the recommendations from the 2014/15 Annual Report of the Director of Public Health.

3.8.1 The Annual Report of the Director of the Public Health 2014/15 – won the Association of Director of Public Health Annual report competition beating just under 100 submissions. This success has followed the previous year's report which was awarded second prize in that year's competition.

3.8.2 Progress on the recommendations are summarised in appendix 2.

4 Corporate considerations

4.1 Consultation and engagement

4.1.1 Various initiatives described in previous recent Annual reports have been developed with the public.

4.1.2 Members of the public have helped write previous annual reports through personal stories and experience.

4.1.3 The public have the opportunity to use the trail developed by the Thackray Medical Museum.

4.2 Equality and diversity / cohesion and integration

4.2.1 There are no direct implications on equality and diversity, from this report. However, it is worth noting that there equality and diversity implications with the Leeds Health & Wellbeing Strategy (2016 – 2021).

4.3 Council policies and best council plan

The Annual Report of the Director of Public Health supports the Council's role in improving health and reducing health inequalities as set out in the Leeds Joint Health & Wellbeing Strategy and the Best Council Plan.

4.4 Resources and value for money

4.4.1 The costs of producing the Annual Report of the Director of Public Health are contained within the ring fenced Public Health Grant.

4.5 Legal implications, access to information and Call In

4.5.1 Publication of the Annual Report of the Director of Public Health will enable the Council to meet its statutory requirements under the Health and Social Care Act 2012.

4.6 Risk management

4.6.1 There are no risks identified with the publication of the Annual Report of the Director of Public Health.

5 Conclusions

5.1 This year's digital Annual Report has, through the Annual Reports of Medical Officers of Health & Directors of Public Health, set out the 150 year story of Public Health in Leeds, from 1866 to the present day. A review of the current health status baseline for the new Health & Wellbeing Strategy highlights where there

needs to be focus and significant improvement over the next five years if Leeds is to be the “best city for health & wellbeing”.

6 Recommendations

6.1 The Executive Board is asked to:

- Note the availability of:
    - This year’s digital Annual Report at www.leeds.gov.uk/dphreport
    - the digital materials on 150 years of Public Health in Leeds
    - Indicators on the current health status for the Leeds population
- Support the inclusion of improving health status as a specific objective within the new Council approach to locality working, regeneration and the Breakthrough projects as a contribution to the delivery of the Health & Wellbeing Strategy and the Best Council plan.
- Recommend that the Health & Wellbeing Board ensures that improving health status is a specific objective within the development of New Models of Care being led by the NHS as a contribution to the delivery of the Health & Wellbeing Strategy.
- Note the progress made on the recommendations of the Director of Public Health Annual Report 2014/15.

7 Background documents[1]

7.1 None.

8 Appendices

8.1 Appendix 1: Health status indicators

8.2 Appendix 2: Progress report on the recommendations from the Director of Public Health Annual Report 2014/15

8.3 Appendix 3: Equality, Diversity, Cohesion & Integration Screening (EDCI)

[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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Director of Public Health Annual Report 2016

Improving the Health Status for Leeds beyond 2016

Improving the health and wellbeing of children and young people

Indicator No.	Indicator	England	Leeds	Direction of Travel
1.a	Infant Mortality	4.0	3.6	Improving
1.b	Low birth-weight of term babies	2.9%	3.4%	Worsening
1.c	Smoking Status at time of delivery	11.4%	11.9%	Improving
1.d	Breast feeding initiation	74.3%	68.0%	Worsening
1.e	Breast feeding continuation	43.8%	48.7%	No change
1.f	Teenage Pregnancy	22.8	29.4	Improving
1.g	5 year-olds free from tooth decay	75.2%	68.6%	Improving
1.h	Excess weight in children in Reception Year	21.9%	21.5%	No change
1.i	Excess weight in children in Year 6	33.2%	33.0%	No change
1.j	Never taken alcohol (secondary school students)	n/a	50.2%	Improving
1.k	Never taken illegal drugs (secondary school students)	n/a	92.6%	Improving
1.l	Feeling stressed or anxious (primary and secondary students)	n/a	20.0%	Worsening
1.m	Being bullied at school (primary and secondary students)	n/a	31.9%	Improving

1.a Deaths per 1000 live births 2012-2014; 1.b Percentage of term babies with weight measured who were under 2.5Kg, 2014; 1.c Percentage of mothers who were smokers at the time of delivery 2014/15; 1.d Percentage of mothers who partially or entirely breast fed their baby at delivery 2014/15; 1.e Percentage of mothers who partially or entirely breast fed their baby at 6 to 8 weeks, 2014/15; 1.f Conceptions in women aged under 18 per 1,000 females aged 15-17, 2014; 1.g Percentage of 5 year olds who are free from obvious dental decay 2014/15 (PHE dental survey); 1.h Proportion of children aged 4-5 years classified as overweight or obese, 2014/15; 1.i Proportion of children aged 10-11 classified as overweight or obese, 2014/15; 1.j My Health My School Survey Alcohol use (Q.24), 2014/15; 1.k My Health My School Survey Illegal Drugs (Q.28), 2014/15; 1.l My Health My School Survey Stress (Q.41), 2014/15; 1.m My Health My School Survey Bullying (Q.48), 2014/15

Improving health and wellbeing of adults and preventing early death

Indicator No.	Indicator	England	Leeds	Direction of Travel
2.a	Life Expectancy at birth (Males)	79.5	78.4	Improving
2.b	Life Expectancy at birth (Females)	83.2	82.4	Improving
2.c	Healthy Life Expectancy at birth (Males)	63.4	60.6	No change
2.d	Healthy Life Expectancy at birth (Females)	64.0	62.1	No change
2.e	Preventable Mortality (Persons All Ages)	182.7	209.1	Improving
2.f	Cardiovascular disease mortality (Males under 75)	106.2	127.0	No change
2.g	Cardiovascular disease mortality (Females under 75)	46.9	53.8	Improving
2.h	Cancer Mortality (Males under 75)	157.7	181.5	Improving
2.i	Cancer Mortality (Females under 75)	126.6	140.9	Improving
2.j	Respiratory Disease Mortality (Males under 75)	38.3	47.6	No change
2.k	Respiratory Disease Mortality (Females under 75)	27.4	37.6	Worsening
2.l	Liver Disease Mortality (Males under 75)	23.4	26.5	No change
2.m	Liver Disease Mortality (Females under 75)	12.4	11.8	Improving
2.n	Suicide Rate (Males)	15.8	17.4	No change
2.o	Suicide Rate (Females)	4.5	3.3	Improving
2.p	Deaths from drug misuse (Persons All Ages)	3.4	3.7	No change
2.q	Excess under 75 mortality in adults with serious mental illness	351.8%	395.1%	Improving
2.r	Smoking Rate (adults)	16.9%	18.5%	Improving
2.s	Physically Active Adults	57.0%	56.3%	No change
2.t	Physically Inactive Adults	28.7%	28.9%	No change
2.u	Excess weight in adults	64.6%	62.3%	Not known
2.v	Life Expectancy at 65 (Males)	18.8	17.9	Improving
2.w	Life Expectancy at 65 (Females)	21.2	20.2	No change
2.x	Falls (Persons over 65)	2125	2382	No change
2.y	Hip fractures (Females over 65)	1895	2031	No change

2.a Life Expectancy at birth (Males 2012-2014); 2.b Life Expectancy at birth (Females 2012-2014); 2.c Healthy Life Expectancy at birth (Males 2012-2014); 2.d Healthy Life Expectancy at birth (Females 2012-2014); 2.e Age-standardised mortality rate (All Ages) from causes considered preventable per 100,000 population, 2012-2014 ; 2.f Cardiovascular disease mortality (Males under 75), per 100 000 (DSR), 2012-2014; 2.g Cardiovascular disease mortality (Females under 75), per 100 000 (DSR), 2012-2014; 2.h Cancer Mortality (Males under 75), per 100 000 (DSR), 2012-2014; 2.i Cancer Mortality (Females under 75), per 100 000 (DSR), 2012-2014; 2.j Respiratory Disease Mortality (Males under 75), per 100 000 (DSR), 2012-2014; 2.k Respiratory Disease Mortality (Females under 75), per 100 000 (DSR), 2012-2014; 2.l Liver Disease Mortality (Males under 75), per 100 000 (DSR), 2012-2014; 2.m Liver Disease Mortality (Females under 75), per 100 000 (DSR), 2012-2014; 2.n Suicide rate (males) per 100 000 (DSR), 2012-2014; 2.o Suicide rate (females) per 100 000 (DSR), 2012-2014; 2.p Drug misuse mortality (Persons All Ages), per 100 000 (DSR), 2012-2014; 2.q Ratio of rate of mortality for people with severe mental illness compared to the general population, 2013/14; 2.r Smoking prevalence in adults (Annual Population Survey), 2015; 2.s Physical activity > 150 minutes per week; 2.t Physical activity < 30 minutes per week; 2.u Percentage of persons aged 16+ who were overweight or obese, 2014-2014; 2.v Life expectancy for males aged 65, 2012-2014; 2.w Life expectancy for females aged 65, 2012-2014; 2.x Injuries due to falls in people 65 and over (persons), 2014/15; 2.y Hip fractures in women aged 65+ per 100 000, 2014/15

Protecting the health and wellbeing of all

Indicator No.	Indicator	England	Leeds	Direction of Travel
3.a	Mortality from Communicable Diseases (including influenza)	10.2	8.8	Improving
3.b	Gonorrhoea - Diagnosis Rate	70.7	78.5	Worsening
3.c	HIV - New Diagnosis Rate	12.3	15.1	Worsening
3.d	Chlamydia - Detection Rate	1887	2433	No change
3.e	Tuberculosis incidence	12.0	13.0	No change
3.f	Excess Winter deaths	15.6	18.1	No change
3.g	Fraction of Mortality attributable to particulate air pollution	5.3%	5.0%	No change

3.a Mortality from communicable diseases (including influenza) per 100 000 person, DSR, 2012-2014; 3.b Gonorrhoea diagnosis crude rate per 100 000 persons, 2015 (PHE Sexual Health Profile dataset); 3.c Rate of new diagnosed cases of HIV per 100 000 persons aged over 15 years, 2014 (PHE Sexual Health Profile dataset); 3.d Rate of Chlamydia detection per 100 000 persons aged between 15 and 24, 2015 (PHE Sexual Health Profile dataset); 3.e Rate of TB incidence, crude rate per 100 000 persons, 2013-2015; 3.f Excess winter deaths index, persons all ages, 2011-2014; 3.g Percentage of deaths attributable to PM2.5 particulate air pollution, 2013

Notes:

Unless otherwise stated, all variables presented in the 3 tables above were sourced from the Public Health Outcomes Framework dataset produced by Public Health England.

DSR means Directly Standardised Rates, which are used to remove the effect of differing population age structures on the rates produced; this allows Leeds to be compared with England in an accurate way, despite the impact of the university student and other population differences on the age structure.

Director of Public Health Annual Report 2015

1. Leeds City Council Public Health Directorate should be involved in early discussions relating to all new major housing developments, ideally at the pre-application stage, to ensure that health impacts are considered.

   😐 *There have been examples of public health involvement in housing developments in Aire Valley, Skelton and proposed Climate Innovation District in Hunslet. Little London and Holbeck Moor are further illustrations of developments with a strong focus on health and community.*

   A more systematic and targeted approach to public health involvement still has to be developed. When Planning Briefs for new housing developments are prepared, this would be a good opportunity to require potential developers/architects to involve Public Health at an early stage. This would only apply to LCC Regeneration Schemes and could be limited by commercial sensitivities. There is a national proposal that Health Impact Assessment will be included as part of the Environmental Impact Assessment process which would be a positive step if implemented.

2. Developers should follow the principles set out in the *Neighbourhood for Living* document and use this Annual Report of the Director of Public Health as a complementary guide that draws out the public health benefits of good design.

   ☺ *Neighbourhood for Living is a source of reference for developers as it is an adopted Supplementary Planning Document. It has recently been updated with reference to the Leeds Standard for Housing. While The Annual Report of the Director of Public Health has no weight in making planning decisions it can be used as a point of reference by Planning Officers. It was circulated to officers and publicised to increase awareness and usage of the document. In addition the Annual Report should be used to guide strategic (Forward) planning by influencing high level policy. An example of this is evidenced in the 21st September 2016 Executive Board report on the adoption of "Integrating Diversity and Inclusion into the Built Environment" which references the Annual Report.*

3. The three Leeds Clinical Commissioning Groups (CCGs) should actively engage with the planning process in their areas as they take on responsibility for the commissioning of primary health care services.

   ☺ *Each CCG has identified a lead and prepared a report looking at the potential impact of housing growth on primary care.*

4. Leeds City Council Public Health Directorate should promote the NICE recommendations on physical activity and the environment.

   ☺ *Physical activity is being considered as a priority under the Early intervention and reducing inequalities breakthrough project. The importance of the influence of the environment was promoted at a large Outcome Based Accountability workshop in July 2016 involving partners from across the city. Public Health are involved in supporting the active travel agenda to promote walking and cycling. The principles in the NICE guidance have informed a number of projects and funding bids including City Connect. The Sport Leeds Board is the strategic body in Leeds for sport and physical activity and now has a transport representative among its membership.*

5. Developers should consider design principles around food and climate change that are not covered specifically in *Neighbourhood for Living*:

    a. Avoid the local food supply being monopolised by a single provider, enabling choice.
    b. Wherever possible, safeguard allotments, good agricultural land, gardens or other growing land.
    c. Wherever possible, build cooking facilities into community facilities and schools.
    d. Consider measures to prevent overheating of homes including passive ventilation, providing cool and attractive outdoor areas, and the use of plants to create shade.

☺ *Many of these issues are covered in 'Building for Tomorrow Today (BFTT) – Sustainable Design and Construction' Supplementary Planning Document which is the Council's guidance document for sustainable development. For example food growing is encouraged in the BFTT doc. There are instances namely 'Greenhouse' and LILAC (p24 of the report) where developers incorporated allotments within developments. In addition the Core Strategy (CS) contains Climate Change policies EN1 and EN2. The City Centre team have been asking for EN1 and EN2 compliance since the CS was adopted. This approach could be expanded to other areas.*

In terms of food outlets there is currently a review of Planning guidance around Hot Food Takeaways the outcome of which will be reported to the Plans Panel.

Appendix 3
Equality, Diversity, Cohesion and Integration Screening

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

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

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

Directorate: Public Health	**Service area: The Office of the Director of Public Health**
Lead person: Dr Ian Cameron	**Contact number: 0113 247 4414**

1. Title: Director of Public Health Annual Report 2016: 1866 – 2016 150 years of Public Health in Leeds – a continuing story of challenges
Is this a: ☐ **Strategy / Policy** ☐ **Service / Function** ☒ **Other** **If other, please specify DIRECTOR OF PUBLIC HEALTH ANNUAL REPORT**

2. Please provide a brief description of what you are screening
The Director of Public Health is required to produce an Annual report on the health of the population. This year the report focuses on the first 150 years of Public Health in Leeds; a review of current health status indicators and an update on recommendations from last year's report.

3. Relevance to equality, diversity, cohesion and integration

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

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

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

Questions	**Yes**	**No**
Is there an existing or likely differential impact for the different equality characteristics?	x	
Have there been or likely to be any public concerns about the policy or proposal?		x
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	x	
Could the proposal affect our workforce or employment practices?		x
Does the proposal involve or will it have an impact on • Eliminating unlawful discrimination, victimisation and harassment • Advancing equality of opportunity • Fostering good relations		x

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

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

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

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

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

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

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

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

The section in the Annual Report on the current health status of Leeds is based on the seven health status indicators within the new Leeds Health & Well Being Strategy 2016 – 2021 plus those public health issues identified in the Strategy. This Strategy was launched in April 2016 and included an Equality, Diversity, Cohesion & Integration screening. The report merely describes the health status based on that Strategy.

- **Key findings**

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

The report identifies that the health of the whole of Leeds is behind that of England. Gender differences are noted.

- **Actions**

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

Recommendations in the report centre around using changes in locality working within the Council, plus the emphasis on Breakthrough projects as a means of improving the health status of the whole Leeds population in relation to overall national position.

5. If you are **not** already considering the impact on equality, diversity, cohesion and integration you **will need to carry out an impact assessment**.	
Date to scope and plan your impact assessment:	
Date to complete your impact assessment	
Lead person for your impact assessment (Include name and job title)	

6. Governance, ownership and approval Please state here who has approved the actions and outcomes of the screening		
Name	**Job title**	**Date**
Dr Ian Cameron	Director of Public Health	22 September 2016
Date screening completed		**22/09/2016**

7. Publishing

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

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

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

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

For Executive Board or Full Council – sent to **Governance Services**	Date sent: 22.09.2016
For Delegated Decisions or Significant Operational Decisions – sent to appropriate **Directorate**	Date sent:
All other decisions – sent to equalityteam@leeds.gov.uk	Date sent: 22.09.2016

Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: (0113) 247 4707

Report of Head of Governance Services

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

Date: 25 October 2016

Subject: Sustainability and Transformation Plan – briefing and update

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. At recent meetings, members of the Scrutiny Board have raise and discussed the requirements of local NHS commissioning organisations to develop and submit place-based local Sustainability and Transformation Plans.

2. The purpose of this report therefore is to introduce a general overview on the requirements and progress to date.

3. Appropriate NHS representatives have been invited to the meeting to discuss the requirements in more detail and address questions from members of the Scrutiny Board.

Recommendations

4. That the Scrutiny Board considers the details presented and agrees any specific scrutiny actions or activity that may be appropriate.

Background documents[1]

5. 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.

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Leeds CITY COUNCIL

Report author: Steven Courtney
Tel: (0113) 247 4707

Report of Head of Governance Services

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

Date: 25 October 2016

Subject: Care Quality Commission Report: The State of Health Care and Social Care in England 2015/16

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 members of the Scrutiny Board with details of the Care Quality Commission report: The State of Health Care and Social Care in England 2015/16, published on 13 October 2016.

1.2 The report also introduces 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 On 13 October 2016, the CQC published its annual overview report on the state of health and social care services provided in England. A summary of the report is appended to this report. A full version of the report is available at: http://www.cqc.org.uk/sites/default/files/20161013b_stateofcare1516_web.pdf[1].

2.3 Representatives from the CQC have been invited to attend the Scrutiny Board to help members consider the Leeds context to the overall report.

[1] *Printed copies of the full report will be provided for all members of the Scrutiny Board.*

CQC Inspection reports

2.4 In addition, to help ensure the Scrutiny Board maintains a focus on the quality of health and social care services across the City this report also aims to provide members of the Scrutiny Board with details recently published CQC inspection reports for providers of health and social care services across Leeds.

2.5 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.

2.6 A summary of the inspection outcomes across Leeds published since 1 April 2016 will be provided prior to the meeting. This will include details of the most recent inspection reports.

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[2]

None used.

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

Care Quality Commission

The state of health care and adult social care in England 2015/16

SUMMARY

STATE OF CARE

Foreword

This year's *State of Care* report shows that, despite increasingly challenging circumstances, much good care is being delivered and encouraging levels of improvement are taking place. However, the sustainability of this position is in doubt. We are also beginning to see some evidence of deterioration in quality, and some providers who are struggling to improve their rating beyond 'requires improvement'.

The fragility of the adult social care market and the pressure on primary care services are now beginning to impact both on the people who rely on these services and on the performance of secondary care. The evidence suggests we may be approaching a tipping point. The combination of a growing and ageing population, people with more long-term conditions and a challenging economic climate means greater demand on services and more problems for people in accessing care. This is translating to increased A&E attendances, emergency admissions and delays to people leaving hospital, which in turn is affecting the ability of a growing number of trusts to meet their performance and financial targets.

While large numbers of care homes and home care agencies are providing good quality care – and three-quarters of those that we had rated as inadequate, and then re-inspected, improved – this still left a quarter of services originally rated inadequate that did not improve enough to change their overall rating on re-inspection.

Through our market oversight function in adult social care, we also know that profit margins are reducing – both due to pressures on fees, and cost pressures that include the national living wage. Already we are seeing some providers starting to hand back home care contracts as undeliverable; local authorities predict more to come. Until recently, the growth in demand for care for people with greater care needs had been met by a rise in the number of nursing home beds, but this bed growth has stalled since April 2015.

The financial challenges in the NHS have been extensively documented. Despite this, we have found much good and outstanding care – particularly in children's and young people's services and critical care – which we highlight and celebrate. We have given outstanding ratings to five acute trusts and two mental health trusts, and five trusts have exited special measures since April 2015.

However, we have also found too much acute care that we rated inadequate – particularly urgent and emergency services and medical services. And it will be increasingly difficult for trusts to make improvements to these services unless they are able to work more closely with adequately funded adult social care and primary care providers.

The quality of care received in NHS mental health trusts is broadly similar to that in acute trusts, but with an even higher level of variability within providers as well

Peter Wyman
Chair

David Behan
Chief Executive

as between them. Community services are more likely to be rated good and outstanding than inpatient services such as wards for working age adults and psychiatric intensive care units. In particular, we have concerns about the safety of acute mental health services. Problems with the physical environment frequently contributed to a rating of requires improvement or inadequate for inpatient services.

The quality of care provided by primary medical services remains high. Despite a context of increased demand, coupled with a shortage of GPs and increasing vacancy levels, 83% of the GP practices we have rated so far are good and 4% are outstanding.

The challenge for this sector, as for the rest of the system, is to consider what responses to increasingly difficult conditions will maintain quality, now and in the future. Some general practices have formed new models of care, including joining together in federations, and have involved people who use their services in their conversations from an early stage.

Last year we said that, to meet the challenges ahead, services needed to collaborate and leaders needed to think outside traditional organisational boundaries. We have since seen some cases where this is starting to happen, so we know it can be done. It now needs to happen more consistently, and faster.

Our evidence suggests that finance and quality are not necessarily opposing demands; many providers are delivering good quality care within the resources available, often by starting to transform the way they work through collaboration with other services and sectors. We cannot ignore the impact of tough financial conditions on providers – but our focus will always be on quality and we will always act in the interest of people who use services.

We will continue to highlight good and outstanding care, to support improvement and to take action to protect people where necessary. And we will continue to use the unique and detailed information we hold on quality to help those that lead, work in, and use health and care services to make the right decisions.

People have a right to expect good, safe care from their health and social care services. Working with our partners, we will offer the system whatever support we can to make the changes necessary to ensure high-quality care into the future.

Summary

1. Many health and care services in England are providing good quality care, despite a challenging environment, but substantial variation remains

- 71% of the adult social care services that we had inspected were rated good and 1% were rated outstanding.
- 83% of the GP practices we inspected were rated as good and 4% as outstanding.
- 51% of the core services provided by NHS acute hospital trusts that we inspected were rated as good and 5% as outstanding.
- The quality of care still varies considerably, both within and between different services. We rated a minority of services as inadequate: 2% of adult social care services, 3% of GP practices and 5% of hospital core services as at 31 July 2016.
- It is a time of unprecedented demand and financial challenge for health and social care, driven by the growing numbers of older people in need of care and support, and those with complex health and care needs. By the end of 2015/16, NHS providers had overspent their budgets by £2.45 billion. Local authorities were reported to have spent £168 million more than they budgeted for, often drawing on their reserves to do so.
- Delivering high-quality care while achieving good financial management is, therefore, more important and more challenging than ever.

2. Some health and care services are improving, but we are also starting to see some services that are failing to improve and some deterioration in quality

- About three-quarters (76%) of those that we re-inspected following an initial rating of inadequate achieved an improved rating: 23% went from inadequate to good and 53% went from inadequate to requires improvement.
- Almost half (47%) of those services that we re-inspected following a rating of requires improvement did not change their rating. In 8% of cases, the quality of care deteriorated so much that we rated it inadequate.
- Strong, visible leadership continues to be a major factor in delivering and sustaining high-quality services, and in making improvements.
- The best providers often had a stronger drive to improve, were focused on how to make services better for people, and were committed to collaborating with others to achieve this.

3. People's views of services broadly remain positive, but this masks significant variation in experiences of care

- On the whole, public opinion of health and care is positive. Around three-quarters (74%) of people agreed that local NHS services in general were good. Almost two-thirds (62%) of people receiving adult social care services paid for by their local authority said they were extremely or very satisfied with their care and support.
- But this is only a partial picture: between a quarter and a third were not satisfied with their care, and there are no equivalent surveys to capture the views of people who pay for their own social care, or of those who have to rely on their families or informal care arrangements.
- CQC hears directly from people who use services, and families and carers – two-thirds of their comments were to report a problem, and a third were to compliment the care they received.
- People from different backgrounds and with different needs receive variable quality of care – for example people with mental ill-health and younger people, who say their experiences of using NHS acute hospitals are not as good as others.

4. The majority of GP practices are providing good quality care and leading the change in service design

- The majority of GP practices provide a good quality of care to their patients. We have rated 83% of practices as good and a further 4% as outstanding.
- Where we have re-inspected, three-quarters of practices (153 out of 203) that needed to improve have done so. However, this means that a quarter of these practices did not improve.
- We have started to see substantial changes in GP practices, with informal and formal federations being created to achieve economies of scale in care provision and to transform the services they offer.
- We expect to see the first multi-specialty community provider being set up shortly – likely to be the first of many – that will seek to integrate provision of care more closely for population groups. We will continue to monitor their progress and support the sharing of best practice as it emerges.

5. Adult social care services have been able to maintain quality, but there are indications that the sustainability of adult social care is approaching a tipping point

- Many care homes, home care agencies and other adult social care services are providing good quality care (71% rated good and 1% rated outstanding).
- Of those services rated inadequate that we re-inspected, more than three-quarters (399 out of 520 initially rated inadequate) had improved enough to receive a higher rating. This means that nearly a quarter of these re-inspected services did not improve.
- Half of services rated as requires improvement that we re-inspected (904 out of 1,850) had no change to their rating. In 153 cases (8%), we found that the care had become inadequate.
- Until recently, the growth in demand for care for people with greater care needs had been met by a rise in the number of nursing home beds. However, this bed growth has come to a halt in the last 16 months.
- We have seen profit margins reducing – both due to pressures on fees that funders of care are able or willing to pay, and cost pressures that include the impact of the national living wage. We have seen examples of large providers starting to hand back home care contracts that they think are uneconomic and undeliverable.
- While so far the sector has been more resilient than some anticipated, we are concerned about the fragility of adult social care and the sustainability of quality.
- This is concerning for the continuity and quality of care of people using those services, and for the knock-on effects across the whole health and care system: more emergency admissions in A&E, more delays for people ready to leave hospital, and more pressure on other services.

6. Hospitals are under increasing pressure

- While many hospital core services were rated good or outstanding, especially services for children and young people (63% rated good and 4% rated outstanding) and critical care (57% good and 8% outstanding), some need to improve, including urgent and emergency services (38% rated good and 5% rated outstanding) and medical care (39% good and 5% outstanding).
- The difficulties in adult social care are already affecting hospitals. Bed occupancy rates exceeded 91% in January to March 2016, the highest quarterly rate for at least six years.
- More than eight out of 10 NHS acute trusts were in financial deficit at the end of 2015/16 and steps have been taken to address these. Our analysis shows that better ratings are associated with a better median year-end financial position (a smaller deficit or even a surplus).
- Overall, the quality of care received in NHS mental health trusts is broadly similar to that in acute trusts. There is a high level of variability within mental health providers as well as between them – community services are more likely to be rated good or outstanding than inpatient wards such as those for working age adults and psychiatric intensive care units.

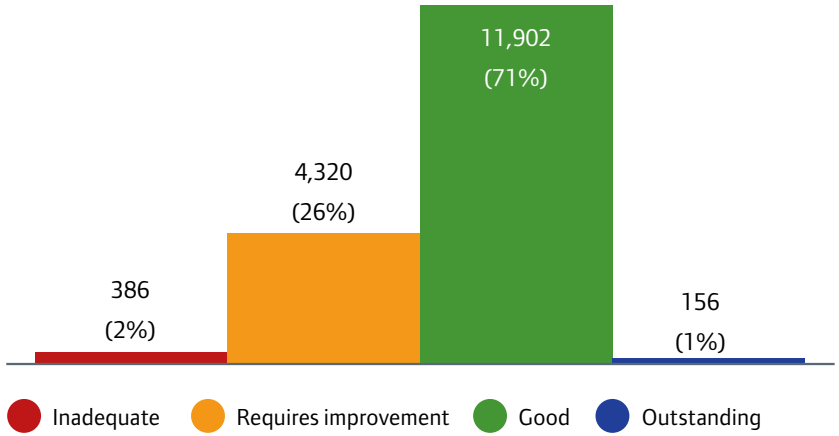
7. While we are seeing some improvement, we are concerned about the sustainability of quality

- Maintaining quality while demand increases and budgets are under pressure is going to be challenging, even for the best-led services.
- Some providers are navigating the demand and financial pressures by starting to shift towards new models of providing care.
- All parts of local health and care systems – commissioners, providers, regulators and local people – need to work together to help transform local areas.
- Working with our partners, CQC will offer the system whatever support we can to make the changes necessary to ensure high-quality care into the future.

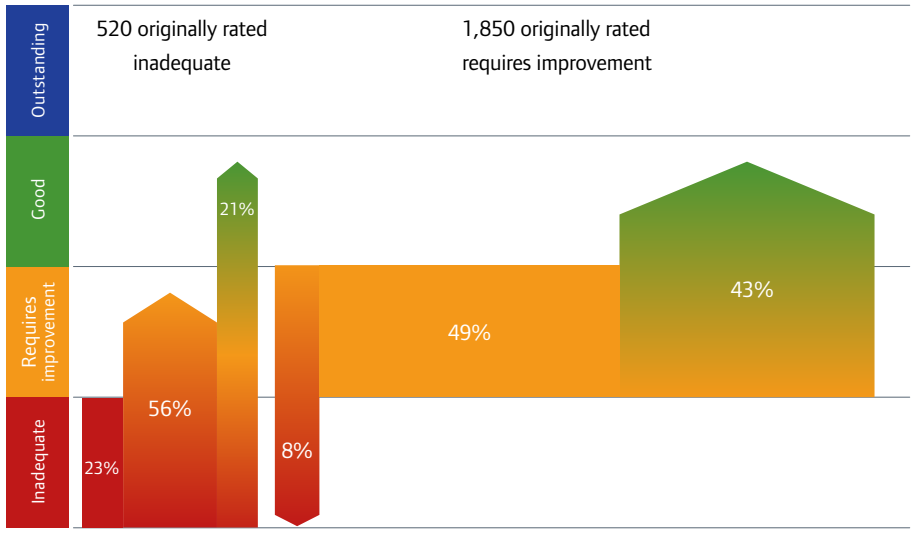
Adult social care

- Services that were rated good and outstanding engaged well with people who use services, their families and carers, and the community to design care plans, facilities and activities that meet people's diverse needs and preferences.
- The quality of care continued to vary. Particularly striking was the difference between the key question about caring, which performed best, and the comparatively lower performance of safe and well-led. Good systems and management are important drivers that support caring staff to deliver better services.
- The adult social care sector continues to experience financial strain. Further efficiencies are difficult to achieve, due to staffing being a high proportion of costs, and profitability is reducing, leading to some services exiting from the market. The potential impact of these exits are people having less choice or experiencing a lack of continuity of service, and delays in securing them a package of good quality care that meets their needs and preferences. It is also likely to lead to greater use of unpaid care.
- Some of the services we rated inadequate have subsequently closed and are no longer operating. Of the inadequate services we re-inspected, more than three-quarters (77%) were able to show us that they had improved the quality of their care. This improvement is closely linked to good leadership that helps shape a more positive culture within a service.
- Of services that we re-inspected after initially rating them as requires improvement, 43% were able to improve, while 8% had deteriorated to inadequate.

The majority of adult social care services were rated as good (71%) or outstanding (1%)



Three-quarters (77%) of the services that we rated as inadequate, and then re-inspected, improved



Strong, visible, person-centred culture

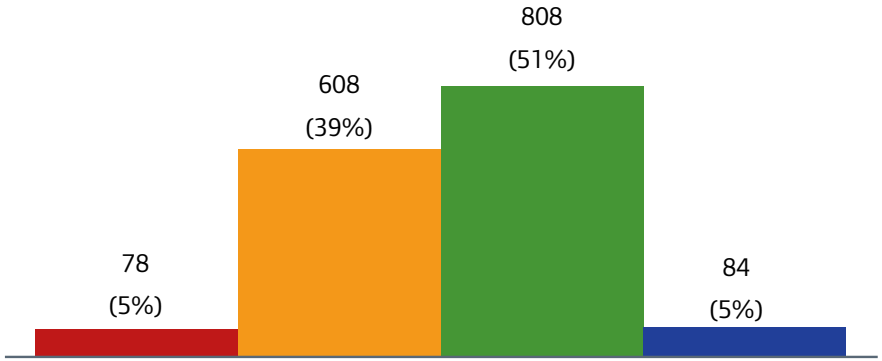
ClarkeCare Limited, Suffolk

ClarkeCare Limited (Suffolk) is an outstanding service providing care to people in their own homes. It supports people recovering from an illness or operation as well as people living with life changing conditions such as dementia, multiple sclerosis and Huntington's disease. When we inspected in September 2015, the service had a strong, visible person-centred culture. A relative said how their family member "looked forward to [the care workers'] visit". They put this down to the care workers giving them "a sense of importance, [since the family member] makes the decisions" which validated them as a person, making them feel they were "worth something". Another spoke about how well they "matched their staff" with people and provided examples such as shared interests, which enabled them to "sit and chat, to take the [person's] mind off what is going on". One of the people using the service told us, "I've struck lucky with the carers. They are lovely, I can't fault them, everyone is so nice, I feel when something is good I should sing their praises."

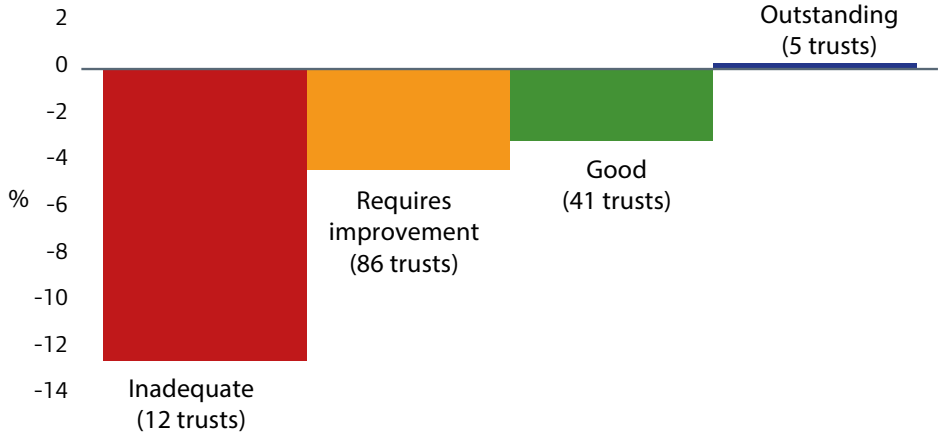
Acute hospitals, community health services and ambulance services

- NHS trusts are up against real challenges that are set to continue, as hospitals face increasing demands on their services and deal with ongoing financial pressures.
- As at 31 July 2016, 51% of core services across NHS acute trusts were rated as good and 5% were rated as outstanding.
- However, there is considerable variation within and between trusts, hospitals and core services. Five per cent of acute core services were rated as inadequate.
- Safety is our biggest concern. All hospital settings had the largest proportion of inadequate and requires improvement ratings for safety, and our inspections highlighted some poor safety cultures.
- Hospitals that achieved good or outstanding ratings effectively planned and coordinated care and treatment with other services, addressed issues from the patient's point of view and had a strong drive to improve services for patients.
- Some acute trusts improved their overall rating on re-inspection. We found that effective leadership and a positive, open culture are important drivers of change. The trusts rated as good ensured that staff at all levels were engaged in learning and improvement.

More than half of NHS acute core services were rated as good (51%) or outstanding (5%)



NHS acute trusts with higher ratings tended to be better at balancing their budgets (or have smaller deficits)



Left hand axis is the median financial outturn for 2015/16 as a percentage of operating income

Inadequate · Requires improvement · Good · Outstanding

Inspirational leadership

Northumbria Healthcare NHS Foundation Trust

Northumbria Healthcare NHS Foundation Trust was rated outstanding in 2016. The trust has four main hospitals that were all rated as outstanding. Berwick and Alnwick Infirmaries were rated as good. The trust's community services were also rated outstanding.

The consistency of outstanding ratings across all four hospitals was remarkable. To achieve this across so many sites was a first. It shows that it is possible to achieve excellence even when services are widely dispersed geographically.

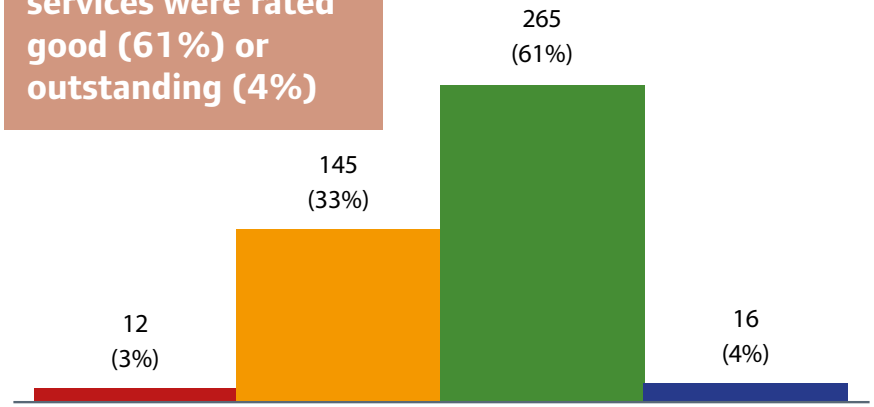
There were many factors that contributed to the outstanding rating including:

- Inspirational leadership and strong clinical engagement had ensured that a recent reconfiguration of services had been managed effectively.
- There was strong integration of all services between the hospital and community, particularly in end of life care services.
- Staff delivered compassionate care, which was polite and respectful, going out of their way to overcome obstacles to ensure this.
- The number of consultants was higher than average, and the trust used advanced nurse practitioners to support doctors.

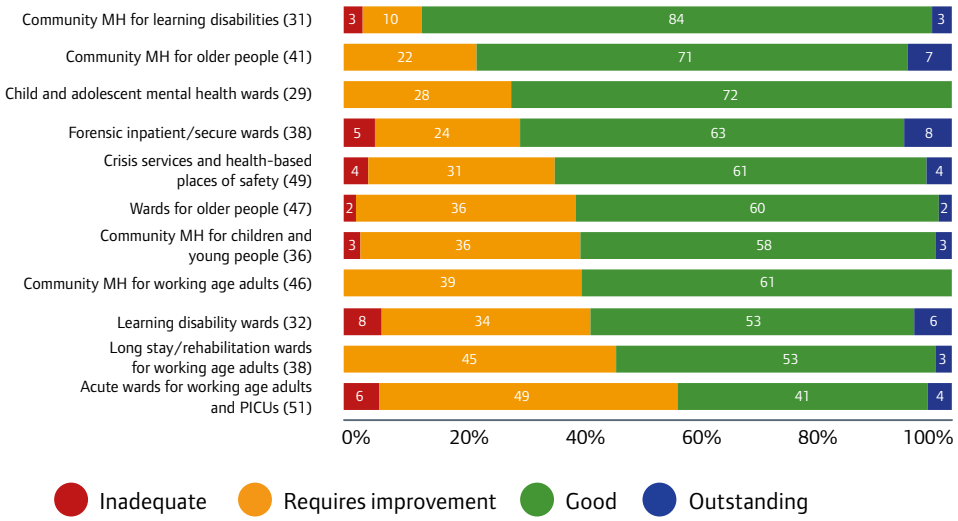
Mental health

- We have seen some excellent examples of good practice over the last year, with 16 NHS trusts rated as good as at 31 July 2016. We are pleased to have rated our first two NHS trusts as outstanding in September 2016.
- We have also seen good and outstanding practice in independent mental health providers, with 103 rated as good and seven rated as outstanding.
- Good leadership – both at a provider and ward level – is key to both providing a good service and helping organisations to improve.
- However, overall our ratings suggest that care for people with mental health problems is not good enough and needs to be improved.
- In particular, the safety of patients in NHS trusts remains an area of concern, with 40 rated as requires improvement and four rated as inadequate for the key question 'are services safe?'.
- Other areas of concern include:
  - the safety of ward environments
  - the safety of patients withdrawing from alcohol and opiates
  - long-stay patients in mental health wards
  - providers continuing to apply to register residential services that are not consistent with the new service model for people with a learning disability.

Two-thirds of NHS mental health core services were rated good (61%) or outstanding (4%)



We inspect and rate 11 core services for mental health. These are the ratings for NHS core services



Collaboration with local stakeholders

2gether NHS Foundation Trust, Gloucestershire

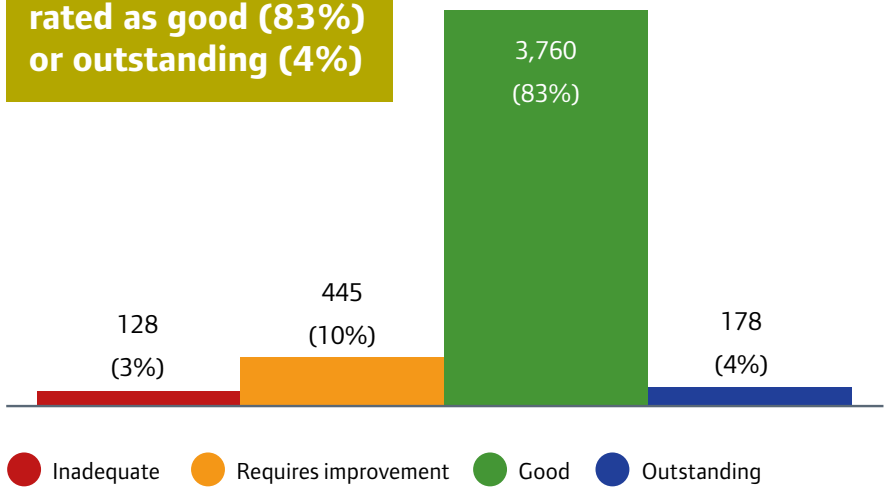
2gether was highlighted as an example of a mental health trust working well in close partnership with other agencies. It has a social inclusion team that works closely with NHS providers, voluntary sector organisations, clinical commissioning groups, local authorities (social services and education).

2gether was viewed as innovative, notably for working with schools and in other local organisations to raise awareness of mental health and the profile of mental health services. It was seen as an example of good, joined-up thinking – not just seeing a patient, but also seeing the person in their entirety. Inspectors highlighted its focus along care pathways and across a range of providers to ensure there were no out of area placements for adults. This ensured bed availability and transitions between services were monitored and managed well. Inspectors thought that this had a huge impact on bed availability, as support systems keep people healthier in the community.

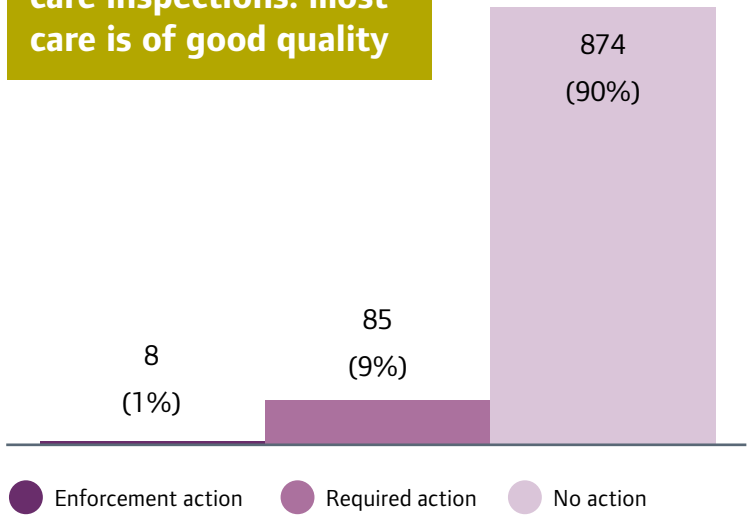
Primary medical services

- The vast majority (83%) of GP practices we inspected were rated as good and 4% were rated as outstanding. However, there is variation in the quality of care across general practice, ranging from outstanding to inadequate.
- Where improvements are needed, general practices have shown that most of the time they do improve after a CQC inspection (75% of inadequate ratings were improved on re-inspection). It is too soon to know if improvements are sustainable.
- Safety remains a problem. Although most GP practices deliver safe care, there is a small number of practices where we had concerns: more than 800,000 people are registered with services that are rated inadequate on our question of safety.
- Some general practices came out of special measures when they improved communication between staff and introduced systems to enable learning – better quality improvement processes, including incident reporting, analysis and action were seen as factors behind ratings that went from inadequate to good.
- CQC monitors the quality of all dental practices across England and inspects 10% every year. Although CQC does not give ratings to dental practices, the vast majority (90%) that we inspected were providing safe care. The care provided by larger dental practices tended to be better quality, particularly on safety.
- Integration of services involving primary medical care is happening in some places and there are some good outcomes for people but it is too soon to fully assess their impact because new models of care are only just emerging.

The vast majority of GP practices were rated as good (83%) or outstanding (4%)



Outcomes of dental care inspections: most care is of good quality



Compassionate care for homeless people

Bevan House, Bradford, West Yorkshire

Rated outstanding in all areas of our inspection, Bevan House is an exemplar in meeting the needs of people in all the population groups that we identify.

This practice serves homeless people and people in temporary or unstable accommodation, refugees, people seeking asylum and others who find it hard to access the health and care they need.

After the CQC inspection, it was described as "one of the best practices in England". Among the many positive examples of its work, inspectors commented on staff at the practice, who were described as "motivated and inspired" to offer kind and compassionate care.

Risks to patients were assessed and well managed. And the practice has improved access to services in numerous ways.

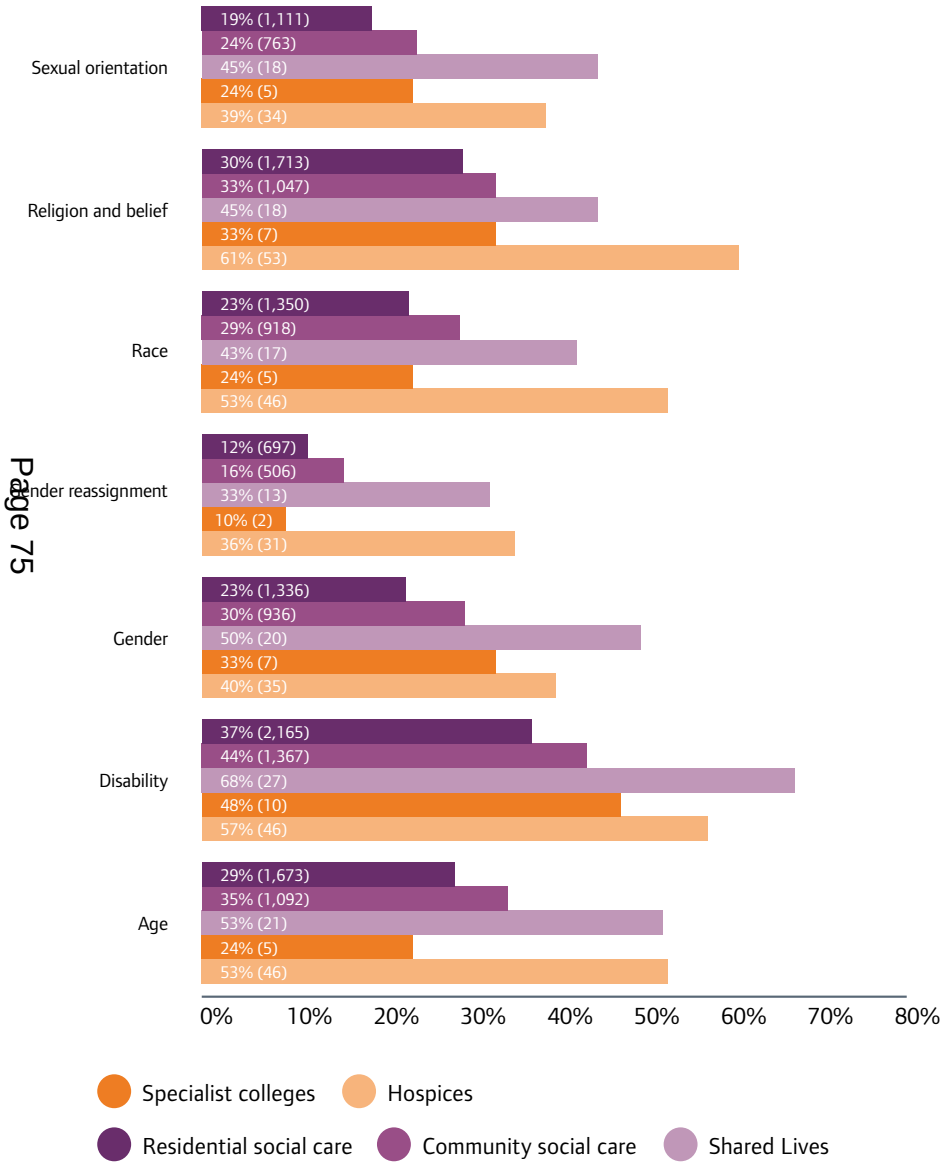
An example of extending access is its street medicine team, which holds mobile outreach clinics in city centre locations for vulnerable people. There is also a late night (until 11pm) clinic for female sex workers, as well as an early morning clinic, in liaison with a local women's support team.

Among inspectors' findings, they noted how patients were given 'cold weather packs' consisting of gloves, socks, a hat and scarf, water and a bar of chocolate. Several staff told the inspection team that on winter mornings they would take a pack to people they had noticed sleeping rough on their way to work, and encourage them to come to the surgery. A similar and appropriate pack was available for the summer.

Equality in health and social care

- We continue to see variation in the access, experience and outcomes for people in equality groups using health and social care services.
- The link between equality for staff working in services and the quality of care is now well-established. Providers need to reduce the difference in experiences and outcomes for their staff and to learn from best practice, such as through the NHS Workforce Race Equality Standard.
- People in particular equality groups are more likely to get their specific needs and preferences met if they are involved in planning their own care and the service delivers more personalised care.
- Action on equality also needs to be taken at a service level. This requires leaders to embed equality into working practices to achieve good quality care for all, including those who are often less-considered by services such as lesbian, gay, bisexual and transgender people using adult social care services.
- Good practice in equality means that services are more likely to be rated good or outstanding for being responsive.
- Equality in health and social care cannot be achieved by providers alone. The whole system needs to be involved, including through commissioning and joint working such as Sustainability and Transformation Plans.

Adult social care services that reported work on equality

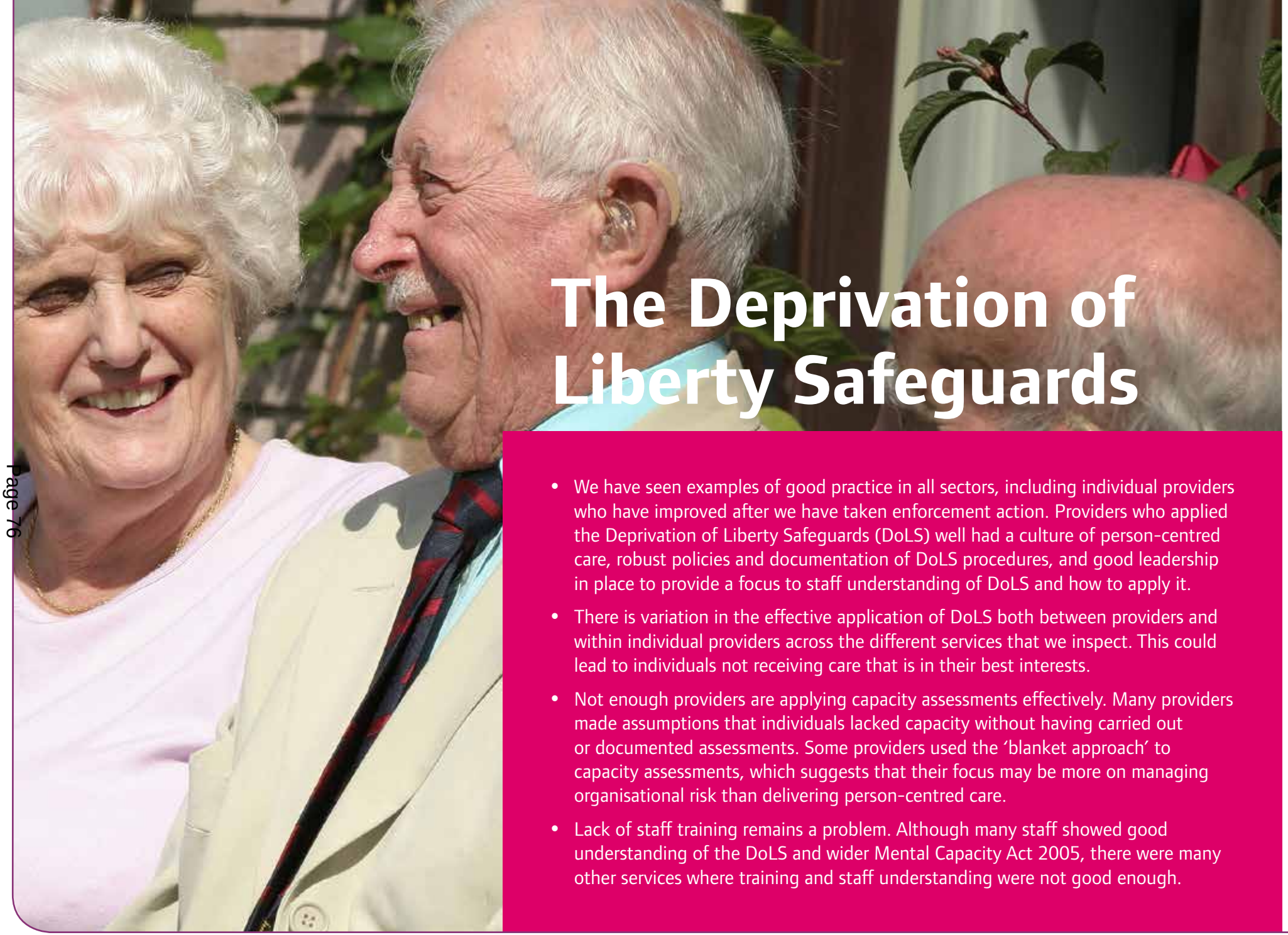


Addressing equity of experience from board to ward

Mersey Care NHS Foundation Trust, Liverpool

We inspected Mersey Care NHS Foundation Trust and rated it as good in October 2015. We found that the trust was committed to equality across all protected characteristics and was piloting the use of a human rights-based approach. The trust was using the NHS Equality Delivery System effectively. It had an equality and human rights steering group, chaired by a non-executive director. Coordinators were in place across the trust to oversee how local action plans were implemented for each service. There had been visible effects on frontline services, for example:

- The trust had been awarded a Navajo Merseyside and Cheshire LGBT Charter Mark for recognition of its approach to lesbian, gay, bisexual and transgender (LGBT) people.
- A human rights-based approach in older people's services had resulted in developing a person-centred assessment tool incorporating the values of human rights law. We saw this being used on the ward.
- People had good access to interpreting services. The dietary requirements of people were met, with a choice of food available that was appropriate to different religious and cultural needs.
- There was an active learning disability advisory group that promoted the involvement of people using the service and used human rights principles. The group had produced a booklet about human rights for people with a learning disability, written by people with a learning disability.
- The trust had been improving its recording of incidents of discrimination for both people who use the service and staff.



The Deprivation of Liberty Safeguards

- We have seen examples of good practice in all sectors, including individual providers who have improved after we have taken enforcement action. Providers who applied the Deprivation of Liberty Safeguards (DoLS) well had a culture of person-centred care, robust policies and documentation of DoLS procedures, and good leadership in place to provide a focus to staff understanding of DoLS and how to apply it.
- There is variation in the effective application of DoLS both between providers and within individual providers across the different services that we inspect. This could lead to individuals not receiving care that is in their best interests.
- Not enough providers are applying capacity assessments effectively. Many providers made assumptions that individuals lacked capacity without having carried out or documented assessments. Some providers used the 'blanket approach' to capacity assessments, which suggests that their focus may be more on managing organisational risk than delivering person-centred care.
- Lack of staff training remains a problem. Although many staff showed good understanding of the DoLS and wider Mental Capacity Act 2005, there were many other services where training and staff understanding were not good enough.

Improved training

One provider had made significant progress in implementing DoLS and the wider MCA since our last inspection. Previously, we had reported staff "not really knowing what it [DoLS] was". When we re-inspected, we found that training had been completed, assessments of people's capacity to consent to necessary arrangements were being made, and authorisation was now appropriately sought from the local authority. The manager in charge of the service said that the main driver for improvement in their handling of DoLS applications was the increased understanding across the service that they had fostered through training.

Focused on solutions

A woman with strong religious beliefs was admitted to a care home. The home applied to the relevant local authority to deprive her of her liberty, in her best interests. This was authorised under DoLS.
While being deprived of her liberty, the woman had a strong desire to continue to practise her faith. The care home tried different options, consulting with a family member (who was also her Lasting Power of Attorney for health and welfare) to minimise the possible restrictions on her human rights, despite the need for authorisation. However, the lady concerned was distressed by each option and did not find them suitable.
A best interests meeting was held to find a solution. A decision was made that attempted to minimise her anxiety about "strangers" taking her to church and that also gave her more freedom to live as she wished. The care home and the woman's daughter involved the church community, and the lady is now picked up by the minister at the care home and taken to church for a communion service. She is accompanied by a carer, who does not wear a uniform, reducing the likelihood of her being singled out among the congregation.
To minimise as far as possible restrictions on her human rights, the provider, together with her Lasting Power of Attorney for health and welfare, sought ways to enable her to attend her church as she wished to do. This has enabled her to continue to practise her faith as she wishes, has increased her happiness and has had a positive effect on her wellbeing.

42%
increase in DoLS applications in 2015/16

73%
of applications approved

How to contact us

Call us on > 03000 616161

Email us at > enquiries@cqc.org.uk

Look at our website > www.cqc.org.uk

Write to us at >

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NE1 4PA

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STATE OF CARE

CQC-348-1300-102016

Report author: Steven Courtney
Tel: (0113) 247 4707

Report of Head of Governance Services

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

Date: 25 October 2016

Subject: Leeds Community Healthcare NHS Trust – update

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 introduce a general update on key issues and progress update from Leeds Community Healthcare NHS Trust. Attached is the Chief Executive's report presented to the Trust Board at its meeting on 7 October 2016.

2. Appropriate representatives have been invited to the meeting to discuss the details of the report and address questions from members of the Scrutiny Board.

Recommendations

3. That the Scrutiny Board considers the details presented and agrees any specific scrutiny actions or activity that may be appropriate.

Background documents[1]

4. 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.

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Leeds Community Healthcare NHS
NHS Trust

AGENDA ITEM 2016-17 (40)

Meeting Trust Board 7 October 2016	**Category of paper** *(please tick)*	
Report title Chief Executive's report	**For approval**	
Responsible director Chief Executive **Report author** Chief Executive	**For assurance**	√
Previously considered by Not applicable	**For information**	

Purpose of the report

This report sets out the context in which the Trust works and helps to frame the Board papers.

Main issues for consideration

On this occasion, the report focuses on a number of local and national developments some of which are covered in more depth in later items, namely:

- Recent CQC inspections of child and adolescent mental health services
- Working with primary care and partner organisations
- System pressure across Leeds
- Staff engagement and communications initiatives
- Compliance with the *well-led* governance framework
- Newly issued planning guidance

A further verbal update will be provided at the Board meeting.

Recommendation

The Board is recommended to:

- Note the contents of this report

1. Purpose of this report

1.1. This report sets out the context in which the Trust works and helps frame the Board papers. The paper describes a number of local developments and, in addition, refers to a small number of external or national announcements that have the potential to impact on the Trust.

2. Child and adolescent mental health services: Care Quality Commission visits

2.1 The Care Quality Commission (CQC) has recently inspected two aspects of the Trust's services as part of its regular programme of visits and inspections.

2.2 The CQC inspected Little Woodhouse Hall the Trust's eight bedded child and adolescent mental health services (CAMHS) in-patient unit. The inspectors felt that there were some areas of concern and asked that the Trust address these matters. The areas of concern related to: compliance with guidance about mixed sex accommodation, risks associated with potential ligature points and cleanliness. All matters have been actively addressed.

2.3 The CQC inspectors also visited the CAMHS community services. The inspection team were very positive about the services and were keen to receive evidence of good practice and successful implementation of improvements; they particularly cited initiatives to reduce waiting times.

2.4 The Trust has received the reports on both of these inspections. Little Woodhouse Hall has attracted a rating of 'requires improvement'; reflecting some of the concerns mentioned above. The community services however received a rating of 'good' which was warmly welcomed by the Trust and reflects well on all members of the team.

3. Working alongside primary care

3.1 The Trust is working closely with all providers in the city on defining a model for the future delivery of 'care outside of hospital'. It was agreed at the partnership executive group that Leeds Community Healthcare NHS Trust would lead these discussions on behalf of all providers and Leeds South Clinical Commissioning Group (CCG) on behalf of all commissioners. It is planned to have an outline vision for mid-December 2016.

3.2 In particular, the Trust continues to work closely with primary care and supporting the development of the federations/networks. The Trust is hosting the West Leeds network in Stockdale House. The Trust is also working closely on back office functions; in particular the utilisation of estate between primary care and this Trust and Leeds and York Partnership NHS Foundation Trust (LYPFT) and a range of clinical and workforce priorities.

3.3 The Trust continues to work in partnership with: LYPFT on developing new models of primary mental health care; Leeds South and East CCG on a new model of care for the elderly frail; Leeds West CCG on the care homes model and Leeds North CCG for musculo-skeletal and diabetes care.

3.4 All of this work is "feeding" the development of the overall vision within which the Trust is working as a convenor and integrator.

4. Multispecialty community providers

4.1 NHS England has published (6 September 2016) *Multispecialty community provider emerging care model and contract framework* which brings together features and lessons learned from the 14 multispecialty community providers (MCP) vanguard initiatives.

4.2 The logic of the new care model is to create more efficient, joined-up pathways that focus on preventative (rather than reactive) care, with the intention of improving health, treatment and care, whilst also reducing avoidable hospital admissions.

4.3 The framework is not intended as a definitive policy, but a useful guide which provides insight into new opportunities for integration, building on the vision set out in the five year forward view. It focusses on the drive to transfer specialist care out of hospitals and into the community; bridging the gaps between primary, social care and community services.

4.4 The Trust is working closely with the emergent GP federations and the GP "super practice grouping" in North Leeds exploring the possibilities of the new framework. In line with the Trust's emergent strategy, it is clearly an important area of development and the Trust is looking closely at the issues linked to being the holder of the MCP contract at level one, two and three as outlined in the guidance.

4.5 South Leeds Federation and the CCG are particularly interested in pursuing this model and the Trust is in early discussions. It would be fair to say however that within the GP community there are wide variations in terms of their enthusiasm for taking on the new contractual form with Leeds Local Medical Committee not supportive.

5. System-wide pressures on the NHS in Leeds

5.1 Performance figures for July 2016 published on 8 September 2016 by NHS England once again revealed the continuing pressure on NHS services.

5.2 Nationally, the long-term trend is one of greater volumes of both urgent and emergency care and elective activity. Emergency admissions were up 3.8%, diagnostic tests up 6.1% and consultant-led treatment up 4.2%, while A&E attendances have seen a 4.1% rise. The figures also revealed record numbers of patients who were medically fit for discharge remaining in hospital beds. The summer is usually a quieter time for the NHS but these figures show continuing growth in activity on a year round basis.

5.3 In a more local context, the Senior Management Team has recently held a joint meeting with colleagues from other trusts to discuss the Leeds urgent and emergency care strategy for 2016/21; a key element of addressing local pressures. The session focused on:

- Prevention and proactive care
- Urgent out of hospital care and rapid response to crisis
- Targeted acute and specialist emergency care

5.4 The Trust continues to work closely with Leeds Teaching Hospitals NHS Trust (LTHT) to address current service pressures. Recently, the Trust has worked collaboratively and responded positively to pressurised situations for example when LTHT's pressures are declared as particularly onerous and REAP (resource escalation action plan) level 4 or 5 (severe or critical pressure) is declared.

5.5 During the week beginning 19 September 2016, LTHT's main laboratory information system was impacted following a middleware fault. This meant there was a significant delay in processing and accessing pathology test results. LTHT prioritised clinically urgent and emergency requests. The pathology system problems also impacted on primary and community care in Leeds. LTHT worked with organisations across the health and social care community and together contingency plans were put in place to ensure the continued provision of safe care for our patients.

6. Junior doctors' industrial action

6.1 The BMA Council has confirmed its intention not to continue with plans for three five-day stoppages scheduled to take place in October, November and December 2016. The Trust has only 10 doctors in training and whilst the immediate impact would have been limited, the Trust was participating in citywide coordination of the wider impact across the health economy through the resilience processes.

6.2 Nationally, a number of junior doctors have recently challenged (through judicial review) the introduction of the new contract for doctors in training. Whilst the claims were dismissed, the judgement does not remove the position of the dispute.

7. Junior doctors: guardian for safe working hours

7.1 A revised employment contract for junior doctors will be introduced during 2016/17. The contract establishes a guardian role as a critical appointment within trusts (with more than 10 doctors and dentists in training) to ensure monitoring, reporting and governance of safe working by junior doctors.

7.2 Staff fatigue is considered as being a hazard to both patient safety and staff and systems of organisation and governance the guardian role will provide safeguards around doctor's working hours under the new contract to ensure that this risk is effectively mitigated. The new junior doctors' terms and

conditions of service describe how the safeguards will be implemented and illustrates how the guardian will work within trusts including providing assurance to the employer and host organisation on compliance with safe working hours by the employer and the doctor.

7.3 The Senior Management Team has considered options for appointing a guardian and will be implementing these from November 2016. Alongside the appointment, consideration is to be given to reporting arrangements for reports from the guardian on safe working in the Trust.

8. Freedom to speak up guardian

8.1 In August 2016, the Board heard about the recommendations of the freedom to speak up review commissioned by the Secretary of State and chaired by Sir Robert Francis QC. The review provided independent advice and recommendations on creating a more open and honest reporting culture in the NHS. The review followed on from the public enquiry into the Mid Staffordshire NHS Foundation Trust which exposed unacceptable levels of patient care and a culture that deterred staff from raising concerns.

8.2 During the course of early 2016, the CQC and NHS England produced publications that provided more detailed guidance to trusts on implementing local arrangements to support a culture where lessons are learnt and services improved from any concerns that may be raised.

8.3 Under the auspices of the CQC, an office has been established for a national guardian; Dr Henrietta Hughes has been appointed to the role. The national guardian is to be supported by a network of local guardians.

8.4 As reported previously, trusts are expected to have plans in place to appoint local guardians. The Trust has implemented an approach to appointing a freedom to speak up guardian, comprising:

- Internal awareness raising to include information sharing with Leaders' Network, 50 voices group and Joint Negotiation and Consultation Forum
- External involvement with Healthwatch
- Local refinement of national model role specification
- Invitation of expressions of interest
- Selection and appointment from a shortlist drawn from the nominees
- Once appointed, the guardian (who will report to the Chief Executive) will need to agree objectives, monitoring and reporting arrangements, staff communications etc and participate in the national network of guardians to be established by the national guardian

8.5 The recruitment activity raised considerable interest across the Trust with expressions of interest in the role coming from a number of staff from a variety of professional backgrounds. As part of the wider engagement in the initiative the Chief Executive of Leeds Healthwatch was invited to participate in the selection process. Interviews were scheduled for Thursday 6 October 2016 (an update on the outcome may be available for the Board meeting on Friday 7 October 2016).

8.6 In addition, the Trust is to harmonise the existing whistleblowing policy with the freedom to speak up national model policy to form one policy and process.

9. 50 voices

9.1 This initiative was begun in July 2015 and brought together a group of 50 staff from across the organisation who had volunteered to be a part of the group. The group worked directly with the Chief Executive and the Director of Workforce to help shape the Trust's approach to staff engagement and involvement and to share views and opinions on topical issues. Through interactive discussions, group meetings have discussed views on how to:

- Develop better understanding of the Trust's vision
- Improve services
- Move forward in thinking about and delivering services differently
- Shape change so that it reflects understanding of the frontline
- Be a driver for change
- Be part of the solutions
- Improve communications
- Provide a voice direct to senior leaders

9.2 The first group of 50 was set up for a six months period. A new cohort of 50 took over in early 2016 and the Trust is currently 'recruiting' a third group of 50 staff to take up the challenge for the next six months.

9.3 The groups have provided essential feedback and observations. For example, the groups have been instrumental in the development of the 'creating the working life you want' initiative, the Trust's 'our 11' comprising the vision, values and magnificent behaviours and developing the 'you said, we pledge to, you can help us by….' pledges arising from the 2015 staff survey results.

9.4 More information on the 50 voices initiative and other aspects of staff engagement are contained in the update paper on the implementation of the Trust's organisational development strategy.

10. 'Hello my name is…..'

10.1 On Monday 12 September 2016, at the local conference for allied health professionals the Trust formally launched #*Hellomynameis…*The campaign was launched by the late Dr Kate Granger following her experience as a terminally ill patient when she noticed that health professionals regularly failed to introduce themselves. She introduced the #hellomynameis… campaign via Twitter and blogs, and it immediately took off.

10.2 This is a fundamental part of compassionate care but when staff are busy and stretched, sometimes this element seems to be forgotten. The message behind this is simple but can make a huge difference to how a patient feels.

10.3 Senior Management Team debated long and hard as to whether the Trust should acquire new #hellomynameis… badges for staff and an intranet based poll of staff was conducted to canvass views. Over one third of staff responded to the poll and an overwhelming majority was not supportive of buying badges which would have attracted a cost of £10,000. The senior team have endorsed this result; the message and the meaning of using the words being far more powerful.

11. 'Healthy You' day and annual general meeting

11.1 On 27 September 2016, the Trust held its annual general meeting and stakeholder engagement events at Shine in the Harehills area of the city.

11.2 The annual general meeting provides an opportunity for the organisation's Chair, Chief Executive and Executive Director of Finance and Resources to present the Trust's annual report and accounts for 2015/16 with a particular emphasis on the challenges encountered and achievements accomplished during the course of the year. There was time allocated for members of the public and staff to ask questions of the Board too.

11.3 This year the formal meeting was organised alongside two events for stakeholders. In the morning the session was open to patients, service users and carers, whilst the afternoon session was dedicated to partner organisations. The aim of each session was to gain feedback and input from participants about community health services in the city.

12. Allied Health Professions (AHP) Conference

12.1 On 12 September 2016, a conference entitled 'Our Voice Our Impact, an Allied Health Professions (AHP) Conference' took place. The event had been developed by the Trust in partnership with Leeds Beckett University. Key note speakers were: Suzanne Rastlick, Chief Health Professionals Officer and Linda Hindle, Lead for AHPs at Public Health England. The focus of the well-received conference was to celebrate achievement of local NHS and University staff and the role of AHPs in supporting strategic developments in the NHS. As a consequence, the Trust is taking the lead in building on the professional networking and aims to set up a professional forum.

13. Compliance with the well-led framework

13.1 The Trust continues to demonstrate compliance with the Well-Led Framework (established by the former NHS regulator, Monitor) which is fully aligned with the CQC's key lines of enquiry for the well-led domain. The Trust believes that by robustly assessing itself and aligning improvement against the Well-Led Framework, the Trust is also aligning itself with the requirements to achieve a 'good' CQC rating for the well-led domain.

13.2 The Trust undertook a self-assessment in September 2015 and identified six priority action areas. At the meeting in June 2016, the Board was updated on progress around one action area (learning and development). On this occasion, the good progress against the remaining action areas is reported.

13.3 ***Learning and Development:*** A centrally co-ordinated approach to analysis of training needs is being built; the new appraisal system introduced in April 2016 is more specific about identified training needs being forwarded to the OD team for collation and consideration for inclusion in the training and development programme. The mandatory training compliance grid continues to be reviewed and updated. Adults' services have a competence matrix for different posts and provide in-house training to meet these requirements. The overall approach to staff support includes coaching strategy, mindfulness training, clinical leadership events and includes the launch of the new LEAD programme. The apprenticeship approach, in alignment with other health and social care providers, in advance of the introduction of the new Apprenticeship levy in May 2017 is being developed.

13.4 ***Accountability and leadership:*** There has been significant team and leadership development support for the Neighbourhood Teams. Quality and safety boards have been set up in in-patient units and within neighbourhood teams and services with monthly reporting. Quality Challenge Plus has been rolled out across all services and peer assessments commenced. The Executive Director of Nursing and Executive Medical Director led a series of workshops to better understand the main concerns form the annual national staff survey; the results informing the Trust's action plan. The Quality Committee has reviewed the professional strategy for clinical staff. The new Quality Committee sub-structure is being embedded. And finally, the magnificent seven behaviours have been embedded within the new appraisal process.

13.5 ***Staff engagement:*** There has been a very significant investment of time and effort in developing and implementing staff engagement, recent initiatives including the BME, disability and carers' networks, refreshing leadership development offer and development of the engagement star. Senior Management Team has challenged itself as to whether there was more that could or should be done, recognising that there are pockets across the organisation where staff morale remains low. Senior Management Team concluded that more support should be given to managers in managing sickness absence and poor behaviour. It was also considered important to develop the branding of *Our Working Lives* and *How We Work* so that it is widely recognised and understood by staff and becomes a part of working lives.

13.6 ***Performance:*** Senior Management Team has considered whether issues and concerns are escalated appropriately and concluded that whilst incident reporting has improved considerably, there continues to be instances of issues not being escalated on a timely basis. It was felt that escalation through Trello is not as robust as it could be and that there is potential to learn from LTHT's escalation systems (work led by the Executive Director of

Operations). The first phase of a system to provide services with a single integrated source of all performance will go live in December. There will be and communications programme supporting the launch as it will be a transition to a self-service system of accessing information. Significant progress has been made in relation to improving data quality. The work to validate waiting lists has also been completed.

13.7 ***Risk Management:*** progress has been made to strengthen risk management and reporting. Strategic risks in the board assurance framework have been thoroughly reviewed and a framework for testing assurance developed. The risk management strategy was reviewed and an updated policy and procedure approved April 2016. Staff awareness and understanding about effective risk management is being developed through ongoing training, targeted coaching, a dedicated newsletter and content on the intranet.

13.8 ***Strategy and Planning:*** there has been good progress against several workstreams. The Quality Strategy was refreshed and approved by Board (February 2016) and there has been sustained focus on ensuring consistent reinforcement that quality is paramount and drives the Trust's strategy. Governance and reporting in relation to business developments has been significantly strengthened. Work to refresh and develop the service strategy; the work is being developed through the current planning round.

14. Sustainability and transformation plan 2016/21

14.1 In line with national planning guidance issued to all NHS organisations, the Trust, working alongside partner organisations, has been developing a sustainability and transformation plan for the local health and social care economy. It should be noted that the Leeds plan is 'nested' within a wider West Yorkshire sustainability and transformation plan(one of 44 across the country) and that current plans will continue to evolve. To meet the planning timetable, a plan was submitted at the end of June 2016 (as circulated to Board members on 4 July 2016).

14.2 All partner organisations (including NHS providers, commissioners, GP groupings, the local authority and Healthwatch) have committed to work hard to establish a shared vision for transformed health and care and to describe what the area plans, hopes and aspires to achieve for the population over a period of five years to address the three major 'gaps' faced by all health and social care economies, namely:

- **Health and wellbeing gap:** Not everyone lives the same amount of time due to a range of social, demographic and opportunity issues. There are pockets of deprivation and affluence but health inequalities persist. In Leeds, the average life expectancy varies by 10 years from the north to the south of the city. Plainly put, people are more likely to die earlier living in some areas south of the city than in the north.
- **Care and quality gap:** Variation in care and health outcomes, diagnosis and recovery rates across the city vary. There is high use of emergency care. These are some of the 'care' gaps that economies are asked to look at and to consider how they would bridge the gap.

- **Finance and efficiency gap:** Health and social care systems are required to say how they will ensure money is used collectively across health and social care over the next five years and achieve financial balance by 2020/21.

14.3 The plan describes approaches to improving health and wellbeing, improving the quality of care services and addressing the financial challenges and aims to capture both the issues facing provider organisations and the challenges facing funding organisations.

14.4 Throughout there is a consistent set of themes that lead to a vision where:

- Every place will be a healthy place, focusing on prevention and health inequalities
- Local communities will build community assets and resilience for health
- People will be supported to self-care as a standard offer
- Technology will be key to supporting people in communities
- Care will be person centred, simpler and easier to navigate
- Joined-up community place-based services across mental and physical health and social care including close working with voluntary and community sector will be the norm
- Acute needs will be met through services that are “safe sized”
- Resources are used to innovate and build a better future

14.5 The plan has developed a number of the themes reflecting the outputs from workstreams, for example:

- **Prevention, proactive care and rapid response to changing needs:** Services closer to home will be provided by integrated multidisciplinary teams working to reduce unplanned care and avoidable hospital admissions. They will improve coordination for getting people back home after a hospital stay. These teams will be rooted in neighbourhoods and communities, with co-ordination between primary, community, mental health and social care. They will need to ensure care is high quality, accessible, timely and person-centred. Providing care in the most appropriate setting will ensure the health and social care can cope with surges in demand with effective urgent and emergency care provision.
- **Efficient and effective secondary care:** This is ensuring that there are streamlined processes and only admitting to hospital care those people who need to be admitted. As described above, this needs population-based, integrated models of care, sensitive to the needs of local communities. This must be supported by better integration between physical and mental health and care provided in and out of hospital.

14.6 Underpinning all of this are three key enabling approaches:

- A new conversation with the public: empowering each patient and client individually; putting them at the heart of their care.
- Shifting resource from hospital care to community and primary care
- Thinking ‘Team Leeds’: working across organisational boundaries

14.7 The final Leeds STP will have to describe the financial and sustainability gap in Leeds; setting out the plans Leeds will be undertaking to address this and demonstrate that the proposed changes will ensure that the system is operating within likely available resources. In order to make these changes, Leeds will require national support in terms of local flexibility.

14.8 In terms of 'next steps', further development of the STPs, at both Leeds and West Yorkshire levels, and active engagement with citizens, service users, carers and staff on the right solutions to address the gaps will continue through to October. After which final STPs will be prepared for submission on 21 October 2016. Finalised versions will be made available to partner organisation's boards later on in the Autumn.

15. NHS Operational planning and contracting guidance 2017-2019

15.1 NHS England and NHS Improvement published planning guidance on 22 September 2016. This year's operational and contracting planning guidance has been released three months earlier than normal to help local organisations plan more strategically. For the first time, the planning guidance covers two financial years, to provide greater stability and support transformation. This is underpinned by a two year tariff and two year NHS standard contract.

15.2 The guidance recognises that the NHS is in transition from a service focused on individual organisations to one focused on local health and care systems. The guidance sets out helpful, but appropriately flexible, guidance on how two year operational plans interact with sustainability and transformation plans. The timetable has been brought forward to enable earlier agreement and, in summary, is as follows:

Action	**Date**
Planning guidance, draft NHS standard contract, national CQUIN scheme and national tariff issued	22 September
Commissioner allocations, provider control totals and sustainability and transformation fund allocations published	21 October
Sustainability and transformation plans submitted	21 October
Initial contract offers issued by commissioners	4 November
Full draft 2017/18 and 2018/19 operational plans submitted	24 November
Contracts signed and final approved 2017/18 and 2018/19 operational plans submitted	23 December

15.3 Each provider's operational plan (finance, activity and workforce assumptions) has to be consistent with the sustainability and transformation plans submitted on 21 October 2016.

15.4 The guidance gives priorities for the coming year, these are:

- Implementation of sustainability and transformation plan milestones
- Financial control totals: reconciliation of finance with activity and planned contribution to efficiency savings
- Sustainability of general practice including workforce and access
- Urgent and emergency care: access standards for A&E and ambulance waits and delivery of seven day services
- Referral to treatment and elective care standards
- Cancer care, including waiting standard, earlier diagnosis and improving one year survival rates
- Mental health access and quality including reduction in out of area
- Care for people with learning disabilities including enhanced community provision and access to health services
- Improvements in service quality

16. NHS Improvement: single oversight framework

16.1 In line with the expectation of greater collaboration between organisations locally, there will be a single NHS England and NHS Improvement oversight process. The framework, published on 13 September 2016 sets out how information will be collected (both directly and from third parties) on trusts' performance, the metrics to be used, how concerns will be identified and a model by which trusts will be categorised in one of four segments according to the scale of issues and challenge each trust faces. The segments range from 1 to 4 whereby 1 equates to 'no evident concerns' and 4 indicates 'critical issues'. The level of monitoring of a trust by NHS Improvement will be determined linked to the segment ie from greater autonomy and lower frequency monitoring for segment 1 to mandated support with directed improvement actions and recovery trajectories at segment 4.

16.2 To determine the segmentation, NHS Improvement will scrutinise a range of performance measures and indicators across five areas:

- Quality of care: using ratings from four of the CQC domains (safe, caring, effective and responsive)
- Finance and use of resources: including financial efficiency and progress against financial control totals
- Operational performance: reflecting existing national targets and standards including waiting, referral to treatment and response times
- Strategic change: focusing on progress in implementing strategic change
- Leadership and improvement capability

17. Recommendation

17.1 The Board is recommended to note this report.

Report author: Steven Courtney
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Report of Head of Governance Services

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

Date: 25 October 2016

Subject: Autism Assessment Waiting Times – progress update

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 an update from Leeds Community Healthcare NHS Trust in relation to the waiting times for autism assessments in Leeds and progress against the associated recovery plan.

2 Summary of main issues

2.1 In January 2016, the Scrutiny Board considered Leeds' Local Transformation Plan (LTP) in relation to children and young people's emotional and mental health support and service provision, key areas of discussion focused on the provision of autism assessments and the associated waiting times, and included:

- Concern about the waiting time for children to be assessed for autism
- Concern about the lack of capacity to deliver support and undertake assessments.
- Concern about a longer term reduction in funding for clusters and the impact of this on services.
- Concern about the lack of preventative work being undertaken.
- Significant concern about the availability of information regarding the number and location of autism assessments undertaken.
- Concern about the lack of patient and public involvement, and engagement with the Scrutiny Board around the commissioning of additional capacity outside of Leeds.

2.2 In March 2016, the Scrutiny Board considered the recovery plan for autism assessments and service delivery. Key areas of discussion at that time included:

- Clarification sought regarding assistance received from other providers. The Board was advised about a one off occurrence to utilise provision at Huddersfield. It was not anticipated that there was a need to utilise provision elsewhere in the future.
- Confirmation that referrals into the service were mainly from GPs and school clusters.
- The support provided by schools and CAMHS prior to assessment.
- The reasons for delays to autism assessment waiting times, which included; national efficiencies, shortage of trained staff; and a commitment to addressing routine assessments.
- An update on research undertaken to help plan for the future. The Board was advised that publication of the national prevalence survey may help address issues.
- Issues associated with changes to the school cluster funding model.
- A request for information about work being undertaken by academies to address matters associated with children and young people's emotional and mental health.

2.3 In June 2016, the Scrutiny Board received an update on recent service developments leading to improved waiting times for children to be assessed for autism. At that meeting, the Board also discussed the 'single point of access' for Child and Adolescent Mental Health Services in Leeds and requested a breakdown of referrals across Leeds. The Board resolved:

(a) That the Board receives a breakdown of autism waiting times across Leeds.
(b) That the Board receives a breakdown of referrals into Child and Adolescent Mental Health Services across Leeds.

2.4 The purpose of this report is to introduce a further update from Leeds Community Healthcare NHS Trust on performance and progress of the service developments.

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

3. Recommendations

3.1 That the Scrutiny Board considers the information presented and determines any future scrutiny actions or activity.

4. Background papers[1]

4.1 None used.

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

Report author: Steven Courtney
Tel: 247 4707

Report of Head of Governance Services

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

Date: 25 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 At its meeting on 4 October 2016, the Board was advised that the NHS England's Specialised Services Sub-Committee had met on 27 September 2016 to consider the review of Children's Epilepsy Surgery Services in England and consider the proposed future provision of services.

2.2 It was hoped the outcome of the NHS England's decision would have been published in order for the Scrutiny Board to start to consider any local/ regional impact for children and families. However, notification of the decision had not been made available.

2.3 At the time of writing this report, notification of NHS England's decision is still to be published, but it is hoped this will become available prior to the meeting.

2.4 An update will be provided at the meeting and NHS England representatives have been invited to attend to help the Board's consideration.

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.